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International Security Meeting Summary

Illicit Drugs and International Security: 21st Century Alternatives to the Global Drug Problem

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INTRODUCTION

The roundtable discussion on 'Illicit Drugs and International Security: 21st Century Alternatives to the Global Drug Problem' on 6 December 2012 at Chatham House was held as part of an International Security project that aims to highlight the significance of drugs and organized crime for domestic and international security agendas. Through its work, the project explores the multifaceted and interconnected nature of the challenges associated with drugs and organized crime, and explores evidence-based policy options for the future.¹

This meeting summary is a record of the day's proceedings, held under the Chatham House Rule, and aims to reflect the nature and topics of discussion rather than any specific point of view. It highlights the key themes and findings of the event, during which participants discussed different national experiences in the field of demand reduction and the role of public education and prevention in reducing both the supply and demand for drugs globally.

CONTEXT: SUBSTANTIAL PROGRESS ON BOTH SIDES OF THE ATLANTIC

Although there have been positive developments concerning drug supply and consumption in the United States and in the United Kingdom, the so-called 'War on Drugs' is often considered a failure. The term itself poorly describes the complex drug problem and encourages polarized discussions and a misleading debate between securitization and legalization approaches. In addition, it suggests that the distinction between producer, transit and consumer countries is no longer adequate to describe the reality on the ground.

Over the past few years, the use of cocaine and methamphetamine has gone down and progress has been made in countries like Colombia where the production of cocaine has been reduced and the overall security situation has improved.

In the United States, there has been an increased focus on a 'third way', with a growing emphasis on public health. Although participants conceded that the process of reviewing the White House strategy on drug policy was not as open as it could have been, some noted that a wider array of stakeholders

¹ For more information on the Drugs and Organized Crime project, see <http://www.chathamhouse.org/research/security/current-projects/drugs-and-organized-crime>

have since lent their voices to the debate, including practitioners and experts from drug treatment, recovery, prevention and law enforcement.

Some participants argued that passage of the Patient Protection and Affordable Care Act (PPACA), commonly called 'Obamacare', has helped make progress, giving 30 million Americans health insurance, including coverage for screening, briefing and intervention for drugs and alcohol and all forms of addiction treatment. It has also allowed for a shift in moving drug treatment into primary care. The quality of services is also likely to increase as a result, although there is some concern over future resources given persistent budgetary pressures.

In the United Kingdom there is a slightly different story. Discussions at the roundtable event focused on England, where statistics of drug use suggest policy success:

- Overall drug use has been falling since 2001,² which is a consistent trend across Europe;
- It is decreasing especially quickly among young people;³
- Fewer people are injecting (103,000 in 2009-10 compared to 130,000 in 2005-06) and among those who are still injecting fewer are sharing needles;
- And treatment has improved: 60% of those being treated also stop injecting within the first six months of treatment; the number of successful treatment completions almost tripled since 2005; and the average waiting time for treatment went down from nine weeks in 2001 to five days today.

It can be argued that in the public mind, drug users are primarily young but the evidence shows that it is mostly an issue affecting middle-aged people. For instance, levels of heroin users among younger people are now much lower than 20 years ago and those people who use heroin (and have used heroin for years) are getting older: the over-40s are now the only age group whose treatment numbers are going up, and more over-40s are dying from drug misuse (802 in 2011 against 504 in 2001). One participant suggested

² The number of 16-59 year olds who said they had used drugs in the past 12 months dropped from 3.3 million in 2005 to 2.9 million in 2011; and the number of heroin and crack users has gone down from 332,000 in 2005-06 to 306,000 in 2009-10. (Source: NHS)

that this is a problematic trend as these individuals have often been using for more than 20 years, are sicker, with more entrenched problems that are more difficult to treat, and are dying at a faster rate.

In the past decade in England, investments in drug treatment have been primarily driven by concerns over crime, as heroin addicts are particularly prone to violent behaviour. The numbers show signs of success, as the National Health Service (NHS) and the National Audit Office estimate that drug treatment prevents 4.9 million crimes every year, and saves £960 million in costs to the public, criminal justice and the NHS. In other words, for every £1 taxpayers spend on drug treatment, they save £2.50 in reduced crime and lower costs to the NHS.

SIGNIFICANT CHALLENGES REMAIN

However, many problems persist internationally. As acknowledged by the United Nations Office on Drugs and Crime, the international drug control regime has created a number of unintended consequences, including:

- The creation of a criminal black market,
- 'Policy displacement' (or opportunity costs related to the investments on law enforcement to respond to the expansion of the criminal market at the expense of public health measures),
- Geographic displacement (commonly called 'balloon effect' as squeezing in one place produces swelling in another place – in other words, measures may reduce a problem in one country or region only for it to reappear somewhere else),
- Substance displacement (from supply and consumption of a drug to another), and
- The marginalization and stigmatization of drug users.⁴

While the UN and many governments consider that the advantages of the international drug control regime outweigh the negative externalities it

³ Fewer 18-24s need treatment for heroin or crack (12,320 in 2005-06, 4,690 in 2011-12); fewer under-30s are dying from drug misuse (677 in 2001, 299 in 2011) (Source: NHS)

⁴ UNODC, *World Drug Report 2008*, pp. 215-17.
http://www.unodc.org/documents/wdr/WDR_2008/WDR2008_100years_drug_control_achievements.pdf

creates, a rising number of NGOs and former and current leaders consider the UN conventions to be counterproductive and have called for a radical reassessment. For instance, some argue that the blanket ban on all drugs has created inconsistencies and is not adequate to the current situation. A number of new issues have indeed emerged including a wider range of drugs available, new routes of supply and increasing polydrug use.⁵

Crucially, persistent security problems in Latin America have also led to calls for policy reform. The balloon effect of supply strategies has been accompanied by a rise of violence in various places. In Mexico, approximately 60,000 have died of drug-related killings over the past six years following the deployment of the army to crack down on drug cartels,⁶ while other countries like Guatemala, Honduras, and El Salvador continue to suffer from violence resulting from drug transit. As a result, there are growing claims that policy gains on the demand side have in fact been cancelled by an overreliance on law enforcement and the military, and the unintended consequences that go with them.

It was argued during the discussions that legalization and regulation have many limits too. Current regulatory models of other addictive substances have proved largely insufficient. Alcohol regulation has been poor in controlling the damages caused by consumption, which takes more lives than cocaine and heroin combined every year, while smuggling of legal drugs remains a significant problem (e.g. tobacco and medicine in particular).

In addition, several participants pointed out that a strategy focusing on only one part of the problem is unlikely to improve the whole situation. In Latin America in particular, organized criminal groups have been challenging the territorial control of the state in many areas, which requires a law enforcement response from government. Although the drugs business is an important part of the revenue stream of organized crime, it is one among several others including extortion, kidnapping, prostitution, counterfeiting and the smuggling of legal substances as well. This suggests that only a comprehensive policy response can help tackle the wide-ranging problems of drugs and organized crime.

⁵ This refers to the 'use of more than one drug, often with the intention of enhancing or countering the effects of another drug'. See Drugscope, <http://www.drugscope.org.uk/resources/drugsearch/drugsearchpages/polydruguse>

⁶ These groups should be more precisely referred to as 'organized crime groups', as drug trafficking is only part of their criminal activities.

QUESTIONS AND GUIDELINES FOR THE FUTURE OF POLICY

A number of principles emphasized in the discussions could guide more successful policy in the future. First, given the politically sensitive and polarized nature of the debate, there is a great need for policies to be strongly based on evidence. For instance, it is still unclear what causes changes in levels of consumption (compared to variations of drug addiction, which are more easily accounted for, namely some types of treatment). Already in 2001, the US National Research Council published a report with the subtitle *What We Don't Know Keeps Hurting Us*, a claim which is still relevant today.⁷ In addition many terms are used to describe different situations and policies, which hampers progress and compromise on policy (e.g. decriminalization, depenalization, legalization, and harm reduction mean different things to different people). More efforts from governmental and non-governmental organizations and experts in the field to clarify and explain clearly what is meant by various labels would help the debate in government, parliament and the media to be more focused on details of policies and realities on the ground. Given budgetary pressures, this approach would also allow for more robust cost-benefit analyses to inform future policy. In this regard, review processes in different regions of the world in parallel to the one currently underway at the Organization of American States would be most beneficial.

Second, an increased focus on evidence could help manage expectations, as highlighted in the discussions – an important requirement in public policy. Effective drug treatment will not in itself solve the organized crime problem, as much as organized crime policy will not solve the problem of drug consumption. These two issues are very complex. As previously discussed, organized crime can survive and thrive without illicit drugs; in addition, a narrow focus on drug consumption may ignore other kinds of harm caused along the drug supply chain, including on opium farmers and people whose security is jeopardized by drug trafficking. Finally, a treatment approach not accompanied by measures to tackle the socio-economic context in which drug use has developed will not be successful in substantially improving the overall problem. Similarly, the security situation in Mexico and other countries affected by drug trafficking can only be resolved by a wide-ranging approach to strengthen institutions including judicial, public health, economic and social ones.

⁷ *Informing America's Policy on Illegal Drugs: What We Don't Know Keeps Hurting Us*, Committee on Data and Research for Policy on Illegal Drugs, National Research Council, 2001. <http://www.nap.edu/openbook.php?isbn=0309072735>

Third, there was overall agreement among participants that a collaborative approach, both involving a number of governmental agencies and in cooperation with local, regional and international partners, would help policy on drugs and organized crime move forward. At a local level, the introduction of police and crime commissioners in the United Kingdom is likely to alter the way drug law enforcement is conducted. At a regional level, a number of initiatives are underway including the review of drug policies in the Americas as part of the Organization of the Americas, and the West Africa Commission recently launched by the Kofi Annan foundation. However it remains to be seen what will come out of these efforts at a policy level, and whether similar actions will be set up in more orthodox regions of the world including South East Asia and Eastern Europe. At an international level, cooperation is essential in order to address the related problems of arms trafficking, supply of chemical precursors and money laundering. Crucially, a substantial amount of political and cultural dialogue will be needed to convince the most orthodox players to alter their approach with regard to drug-related activities.⁸

⁸ For example, the death penalty is still regularly enforced for drug offences in China, Saudi Arabia, Iran, Malaysia, Singapore and Vietnam. The UK Foreign and Commonwealth Office estimates that there were 590 executions for drug offences worldwide in 2010. See *Drugs: Breaking the Cycle*, UK Home Affairs Select Committee, 10 December 2012. <http://www.publications.parliament.uk/pa/cm201213/cmselect/cmhaff/184/18405.htm#a15>