Five steps towards a more effective global drug policy

Introduction

We are at an interesting global juncture for drug policy, with an increasing volume of literature critiquing a zero tolerance approach, arguing that it has made little impression on either the production or consumption of illegal substances, and has caused a number of serious unintended consequences for both drug users and the societies in which they live. At the same time, increasingly liberal systems of drug policy have emerged. Portugal, for example, decriminalised the possession of all drugs for personal use in 2001. More recently, in the United States, Colorado and Washington have already established fully regulated cannabis markets. Alaska, Oregon and Washington DC have emerging regulated markets; and others such as Nevada, California, Arizona and Maine are widely expected to propose similar systems by 2016. Similarly, in Uruguay, legislation has been approved which will provide the first nationwide regulated cannabis market, and the pressure for international treaty reform from Latin American governments in general is growing. Nevertheless, Reuter (2011) has noted the difficulties that any government has in breaking out of the traditional drug policy mould. Any significant change requires the employment of sometimes radical new solutions which, if not found to be successful, would amount to political suicide for those involved in having pushed through their implementation. Thus, global drug policy often appears to be in a position of stalemate – the evidence of failure mounts, but the appetite for alternatives remains muted. This chapter offers five steps that we need to take if we are to effect any substantial change in drug policy on a global scale, and produce policies that are both more effective and more humane.

1. **Acknowledge the failure of a war on drugs strategy, and the unintended consequences it has produced.**

Until the early 1900s, few countries in the world had any form of national drug legislation: the use of specific substances - such as cocaine or opium - was not likely to be considered either unduly harmful to the individual, or worthy of the intervention of national or international governments. This, however, was to radically change from the date of the first international opium convention,

held in Shanghai in 1909 at the behest of the Americans, which saw the birth of an international approach to drug policy, as well as the emergence of prohibition style policy as the accepted way to deal with drug problems (Bruun *et al.*, 1975). The 1909 Shanghai Convention was to become the first in an increasingly influential series of international agreements on the topic of drugs, the most important of which is the 1961 Single Convention on Narcotic Drugs. The 1961 convention commits all signatories to the recognition that "addiction to narcotic drugs constitutes a serious evil for the individual and is fraught with social and economic danger" (United Nations, 1961: 1). On these grounds, the manufacture, import, export and possession of substances such as cannabis, cocaine and opium, must be prohibited, and is usually criminalised. Ultimately, the policy of prohibition aims to deliver a 'drug free world' operating under the assumption that "criminalization deters drug use, and therefore reduces harm to health" (Mena & Hobbs, 2010: 61).

The policy of prohibition enshrined in the international conventions has, since the outset, been championed most heavily and most consistently by America. In 1971 President Richard Nixon escalated the nature of American national drug policy to that of a 'war on drugs'. Drugs were designated as the number one public enemy, a state of national emergency was declared, and mandatory sentences and a huge increase in federal funds were implemented (Woodiwiss, 1998). This initial declaration of war was intensified, first by Ronald Reagan who declared drugs (inspired by the crack cocaine epidemic) a national security threat, and then by George Bush senior who shifted the focus to countries that supply drugs and channelled American efforts into curbing drug production (Bullington, 2000). These successive strategies have drawn much of the rest of the world into the 'war on drugs' and ensured that the stringently prohibitionist aim of a drug free world has been the continued focus of global drug policy.

More recently, general recognition of the failure of the war on drugs strategy has grown in certain circles. In the first instance, the available evidence suggests that the number of drug users, rather than being eradicated or significantly reduced, has grown significantly since the 1960s, and now remains at a consistently high rate (EMCDDA, 2015; UNODC, 2014). Alongside this, global data reports that drugs have become increasingly easy to obtain over the years and prices have generally decreased (EMCDDA, 2015; UNODC, 2014). The lofty aims of a drug free world, or a significant reduction in the use and supply of drugs, have therefore come to seem a distant possibility, in favour of the emergence of a multi-billion dollar market for illegal substances which remains in the

hands of criminals. This failure to make headway in the 'war on drugs' has been accompanied by a growing awareness of the unintended and harmful consequences that it can bring. Kebhaj *et al.* (2013) report on significant increases in the number of people being arrested and incarcerated for drug offences which leads to an overall increase in the number of people, particularly young people, being criminalised, and clogs up the courts and the prisons. The link between contact with the criminal justice system and race is now well documented (Alexander, 2010; Provine, 2007) resulting in disproportionate numbers of black men being sanctioned for these offences. An overriding emphasis on prohibition has ensured that funding goes to law enforcement efforts rather than treatment, and means that the users of drugs themselves have become a group who are "criminalised, marginalised and stigmatised" (Global Commission on Drug Policy, 2011: 9), and who remain at significant risk of drug related disease and/or death. These problems can be seen most starkly in America where prohibition has been most stringently interpreted, but can also be seen to a greater or lesser extent in most other nations characterised as net consumers of drugs.

There are even more devastating consequences for countries which are characterised as the traditional producers of drugs. Bush senior conceptualised the drugs issue as a problem that was external to America – if other countries weren't producing and marketing these products, then vulnerable Americans wouldn't be lured into becoming dependent on them. This is a line of argument that has been generally adopted wholesale throughout the Western world in relation to producer countries, and has resulted in the implementation of extremely harmful policies. These harms include the corruption of governments in countries where organised criminals are more well resourced than the governments themselves, rising levels of drug use, significantly increased levels of violence, armed violence and homicide, environmental problems caused by, for example, aggressive crop spraying programmes, and human rights abuses such as the routine shooting of child cannabis farmers in Iran (Amnesty International, 2012; Bowling, 2011; Mena & Hobbs, 2010). In spite of these efforts, Youngers & Roisin (2005) report that, globally, levels of coca production have remained steady. Many (Bowling, 2010; Costa, 2008) have attributed this to the phenomenon of displacement whereby efforts concentrated against drug production in a particular geographical location can be effective in the short term, but ultimately lead to a displacement in activity to a different geographical location, which then also experiences the problems brought by illegal drug production. Bowling (2011), inspired by the work of Jock Young in 1971 on drug control and deviancy amplification, has conceptualised the situation described above as an example of iatrogenic harm whereby the drug problems have worsened, not in spite of prohibition policies, but, in some

cases, because of them: in other words, the countries which have implemented these policies have themselves become the producers of harm.

There is increasing evidence of disillusionment with a 'war on drugs' policy: president Obama publically abandoned the term in 2005, regulated cannabis markets are being trialled in some US states and Uruguay, there are increasing calls for reform of the UN international drug conventions, and the heads of some drug producing countries are beginning to speak out about the role of consumer countries in contributing to the problem. There is also, however, much to suggest that a stringent interpretation of prohibition continues to persist. For example, a United Nations General Assembly special session on drugs in 1998 recommitted to the goal of a drug free world by 2008 and, when this date was reached without success, only modified the aim to a world in which the use and supply of drugs was significantly reduced. Similarly, successive European Union drug strategies and action plans have consistently maintained their primary aims as the significant reduction of drug use and drug supply. Finally, the global reaction to the recent emergence of New Psychoactive Substances (NPS) has almost universally been to implement 'war on drugs' style emergency legislation and, in Poland, Ireland and the UK, to introduce blanket bans, in what Stevens and Measham (2014) have referred to as a 'drug policy ratchet'.

While we continue to cling to these extreme versions of prohibition that prioritise law enforcement efforts over all other types of intervention, we cannot see real progress in global drug policy. In order to improve the way that we control the use of illicit substances, the first step ought, therefore, to be to accept the global failure of the 'war on drugs' strategy, and to acknowledge the many harms that it has produced. Such an acknowledgement does not mean the end of prohibition – reducing the demand for and supply of illicit substances is still a worthy goal. There are, however, many ways of implementing prohibition based policies that do not make enemies out of the users, suppliers and producers of illegal substances, and which rather seek to achieve these goals without producing further harm or contravening human rights legislation.

2. Recognise the importance of reducing drug related harm, of upholding human rights, and of giving public health a more prominent role in the formulation of policy.

The problems with a war on drugs strategy and an exclusive focus on law enforcement have been outlined above. As we have seen, waging war on the supply of drugs can do much to damage vulnerable people in producer countries, and waging war on the demand for drugs can criminalise, stigmatise and marginalise the users of drugs. It is not enough, however, to abandon these strategies: we need to develop alternatives for controlling illicit substances, that can be employed alongside, or in place of, law enforcement strategies. These alternative strategies should aim to reduce or minimise the harm done to the users and producers of drugs, to promote and protect public health, and to uphold the human rights of those who use drugs.

Harm reduction is broadbrush terminology which describes "interventions, programmes and policies that seek to reduce the health, social and economic harms of drug use to individuals, communities and societies" (Rhodes & Hedrich, 2010: 21). The over-arching aim of a utopian (de Jarlais, 1995) 'drug free society' is replaced by an acceptance that illicit drug use is part of our world, and a primary goal of reducing the harm done by the use of drugs (Lenton & Single, 1998). These may be the primary harms caused by the use of drugs themselves, or, more usually, the secondary harms that are done to the users and suppliers of drugs because of the policies that have been put in place to control the criminalised substances. For example, one of the strategies to control the use of injecting heroin has been to limit access to the needles which are used to inject the drug. This strategy, however, has caused considerable harm in that users of heroin have often, due to their scarcity, shared needles, opening themselves up to increased rates of infection from serious diseases such as HIV, AIDS and Hepatitis C. Hawks & Lenton (1998) suggest that most drug policy initiatives have been implemented without due consideration of the harms or unintended consequences that they may cause, and harm reduction can thus be conceptualised as an attempt to remedy that by retrospectively revisiting drug policy initiatives in order to reduce those harms that have been caused.

Harm reduction is by no means a new concept within the drugs field: in the 1920s, addicts in the UK were prescribed heroin and/or morphine (Spear, 1994), in the 1960s methadone maintenance treatment was introduced in the United States (Eriksson, 1999), and in the early 1980s groups of

Dutch drug users came together to form the 'Junkiebond' campaigning for the rights of dependent drug users (Chatwin, 2010a) to both needle exchange services and substitution treatment. In particular, throughout the 1980s, the value of harm reduction strategies was highlighted in response to the threat of AIDS (Hunt, 2004). Due, in part, to the sharing of needles and the unsanitary injecting practices of many heroin addicts, levels of HIV and AIDS infection were relatively high amongst the dependent drug using population. At this time, many dependent drug users also worked as prostitutes to fund their drug habit, and thus the infection rate was at risk of spreading to the general population. Services which provided addicts with clean needles and services which, in some cases, actually supplied drug users with 'safer' versions of their drugs (such as methadone maintenance programmes) were therefore authorised on a fairly widespread scale, in an effort to reduce or minimise the harm done by the criminalisation of drugs.

In these early beginnings, providing drug addicts with needles to inject their drugs, or giving them access to versions of the drugs themselves through substitution treatment, were seen as rather controversial and in direct contradiction to the main aim of global drug policy: prohibiting the use and supply of drugs. Now, however, needle exchange programmes and substitution treatment are relatively standard provisions in consumer countries throughout the Western world. In order to become a member state of the European Union, for example, it is now necessary to show that you have implemented both of these harm reduction strategies (Rhodes & Hedrich, 2010). New harm reduction approaches have since developed, such as street level nursing (showing injecting drug users the safest ways to inject), the provision of drug consumption rooms (safe places to use drugs), the provision of heroin to the most severely addicted users, the testing of pills and powders, and the decriminalisation of cannabis. These newer measures are more controversial and do not yet enjoy widespread implementation. For example, the International Narcotics Control Board (1999) has deemed the provision of drug consumption rooms as being against the terms of the international conventions on drug control. Others, however, argue that much of the world could do more to provide even the basic harm reduction measures. MacGregor (2011), for example, suggests that more harm reduction work is urgently needed on a global scale in relation to the prevention of hepatitis and the reduction of drug-related harm for vulnerable groups such as those working in prostitution, migrant populations, and people in prison.

Harm reduction has been hampered by a persistent perception that it condones and, in some cases, enables, the use of illegal drugs (Rehm et al, 2010), and has long been, wrongly, associated with the legalisation movement. Governments are thus consistently worried that it 'sends out the wrong message' (DuPont, 1996). On the other side of the coin, Bourgois & Schonberg (2009) contest that harm reduction resonates well with middle class users but actually alienates street users as they are incapable of incorporating harm reduction practices into their daily routines. He invokes Foucault's ideas about a 'discourse of science' to explain how drug users can become further marginalised by well meaning harm reduction practices as they publicly fail to discipline their abnormality . There are also problems surrounding the definition of 'harm' which can make it difficult to effectively evaluate initiatives (Hall, 2007). Finally, criticisms have been made about the ideological limitations of harm reduction as being restricted to policies that reduce the harm of other, already existing, policies (Keane, 2003).

Because of these long standing critiques, Hall (2007) suggests that we should move away from harm reduction terminology and, instead, attempt to implement an approach that is based on the principles of public health more broadly, allowing the introduction of strategies that are concerned with improving health from the outset, rather than as an anti-dote to a law enforcement oriented policy. In this way, the values of public health can underlie drug policy in the provision of a four pillar system of drug control comprising prevention, treatment, enforcement and harm reduction. Stevens (2011a) further suggests that drug use disproportionately affects vulnerable people and is often rooted in inequality, and that this would continue to be the case even if drugs were decriminalised or legalised. Even public health policies can ignore these wider inequalities and Strang et al (2012: 71) have therefore introduced the concept of 'public good' which suggests that effective drug policy "should aim to promote the public good by improving individual and public health, neighbourhood safety, and community and family cohesion, and by reducing crime".

Despite the growing academic appetite for basing drug policies on principles of harm reduction, public health and public good, Portugal remains one of the only countries in the world to have designed their national drug policy centring on these concepts. Portuguese policy has been promoted as humanistic and pragmatic (Council of Ministers, 1999), and encompasses, not only the decriminalisation of the possession of all drugs for personal consumption, but also the provision of treatment for all who seek it, the extension of harm reduction programmes, the reintegration of

dependent drug users into society, and, where possible, the abandonment of imprisonment as a punishment for drugs use (van het Loo et al., 2002; Chatwin, 2011). Elsewhere, harm reduction and public health/good strategies have gained ground, but have ultimately been limited to 'add ons' to the primary law enforcement orientated policies, and have often been viewed as being in direct conflict with, and secondary to, the aims of significant reduction in the supply and demand of drugs.

Alongside these developments, but receiving much less attention, has been the recognition of the importance of human rights in the development of drug policy. Every UN member state has now ratified nine human rights treaties (Jensema, 2015) which promote and encourage respect for human rights and for fundamental freedoms for all without distinction. This means that everyone involved in the illicit drugs market is protected by human rights laws and any drug control measure "that violates their basic human rights is illegitimate" (Jensema, 2015: 1). Numerous examples, however, can be found of drug control policies throughout the world that do violate human rights: military operations against farmers who produce drugs, the chemical spraying of swathes of crops in attempts to eradicate drugs, the use of the death penalty for those involved in the drugs trade, and racial discrimination within systems of drug control.

Bartilow (2014) describes how counternarcotics policies often work towards actually increasing human rights abuses. For example, aid coming from the US and Europe has been used to fund the Nigerian Drug Law Enforcement agency which engages in inhumane practices such as "routine shooting of cannabis farmers and the standard arrest of drug offenders deported after completing their prison sentences in other countries" (Klein, 2011: 225). Amnesty International has drawn attention to the executions in 2011 of 488 people, including children, for drug trafficking offences in Iran (Amnesty International, 2011), which has been assisted in its 'war on drugs' by significant amounts of aid from the EU. As Barratt (2010: 142) comments, the drug conventions "cannot displace human rights law" or put themselves above it, and by tolerating or knowingly ignoring abuses, international systems of drug control become complicit in human rights violations (Mena & Hobbs, 2010).

In order, then, to move forward in a more effective global drug policy, we need to replace the kind of prohibition which invokes a 'war on drugs', with the kind of prohibition which is linked to and tempered by the promotion of harm reduction, public health and public good. A good starting place

for incorporating these philosophies into drug policy is by seeking to reduce the harm done to drug users, predominantly by stringent enforcement strategies. Drug policy, however, should ultimately aim to evolve from this position to one where the intrinsic values of public health and public good are used as the building blocks for drug policies. It is not enough to include these strategies as an adjunct to law enforcement oriented policies – they must be given equal footing, or even placed at the centre, as we have seen is the case in Portugal. Furthermore, aims must not be limited to the promotion of harm reduction and public health/good goals: discussions must also be framed in terms of fundamental human rights (Bewley-Taylor, 2005).

3. Encourage the development of innovative strategies of drug policy control

As part of the effort to implement alternatives to prohibition, it is important to recognise that there is "considerable room for manoeuvre" (Bewley-Taylor & Jelsma, 2011: 9) under the international treaties in the way that individual nations respond to many aspects of drug control, particularly around the field of drug use and drug users. Given that, to date, no strategy of drug control that has been employed anywhere across the globe has been unilaterally successful in eradicating the drug problem, or even in significantly reducing the use and/or supply of drugs, in many ways it makes sense to allow a diversity of innovative drug policy strategies to bloom in the effort to find effective ways to reduce the harm caused by drug use and the policies employed to control them. Rather than seeking to close down the available drug policy options, international drug policy regimes ought to be concerning themselves with opening "up the possibility of policy experimentation at the national level or...at subnational levels" (Room & Mackay, 2012: 8). These sentiments were echoed at the recent Cartagena summit in Colombia in 2012, at which Latin American leaders called for "open and frank discussions of alternatives to US drug enforcement" (Bartilow, 2014: 42).

The most well known 'innovative' alternative to a war on drugs approach to the control of drugs is the decriminalisation, depenalisation or regulation of certain drugs in certain situations. These terms are often used interchangeably, but actually represent distinct points on a drug policy continuum from criminalisation to legalisation. Depenalisation denotes a policy where a particular behaviour (e.g. use of cannabis) remains criminal but the punishment of imprisonment has been removed, decriminalisation denotes a policy where a behaviour is no longer criminalised but punishments (e.g. fines, warnings) can still be applied, and regulation denotes a policy where a behaviour is not criminalised and cannot be punished, but where certain restrictions apply (e.g. as is

the case for use of alcohol and tobacco). These 'decriminalisation' options are not new strategies – Rosmalin & Eastwood (2012) describe how some countries never criminalised drug use and possession in the first place and others have had decriminalisation policies in place since the early 1970s.

In the past fifteen years, however, many more countries have moved towards the decriminalisation model, mainly in relation to cannabis, but sometimes in relation to the possession of all drugs for personal use. Within Europe for example, Belgium and Luxembourg have effectively removed criminal sanctions for the possession of cannabis for personal use. Germany, Estonia and Lithuania, meanwhile, have written the possibility of waiving prosecution in the case of small amounts for personal use of any drug into their penal codes. Spain, the Czech Republic and Latvia have gone one step further making administrative sanctions the norm for possession of small amounts of illegal drugs for personal use (Chatwin, 2010b). Elsewhere Armenia, Chile and Mexico have all adopted some form of decriminalisation policy as part of this new wave. Perhaps the most well known recent example of decriminalisation comes from Portugal where the possession of all drugs for personal use was decriminalised in 2001 as part of the overhaul of national drug laws to align them with public health principles.

An important point to note here is that different countries have interpreted decriminalisation in radically different ways. Thus, in contrast to Portugal, the coffeeshop model which developed in the Netherlands in the 1970s, is only concerned with the decriminalisation of cannabis in an effort to 'separate the market' (Boekhaut van Solinge, 1999) for this drug from other more harmful ones. To this end, coffeeshops provide a semi legal environment in which the sale and purchase of cannabis is tolerated on a small scale, but, rather confusingly, no provision is made for the legal supply of coffeeshops themselves (Korf, 2008) leaving the wholesale end of the market firmly in criminal hands. Different again are the newer systems of 'cannabis clubs', originating in Spain but quickly being adopted elsewhere, (Decorte, 2014) which take advantage of national legislative loopholes tolerating the growth of one or two cannabis plants for personal consumption, to allow the collective production of much larger amounts of cannabis.

In the last couple of years, some countries have taken even more innovative steps in relation to their cannabis policies, surpassing the decriminalisation of this drug by implementing fully regulated

markets. Although the American systems share the general aim of creating a regulated cannabis market, there are important differences in how they have implemented this legislation (see Room, 2014 for a discussion of these), lending an exploratory nature to the venture of finding a workable alternative to criminalisation. Different again is the more paternalistic and less commercialised (Room, 2014) situation in Uruguay.

While there is little indication that this kind of policy will be extended to drugs other than cannabis, a range of potential options for creating regulated markets for all prohibited drugs have been developed (Rolles, 2009). Indeed, many of these options are already being partially incorporated in various parts of the world. For example, one option for developing a regulated market for very harmful drugs such as heroin, would be to provide access to them via prescription. This could be either for them to take home to consume later (as practised in Britain from the 1920s-1960s) or to consume on specially provided premises (as trialled recently in Switzerland and the Netherlands. Another option, perhaps suitable for some stimulant drugs, would be to adapt pharmacies to be able to sell these substances under strict regimes controlling amount and providing medical advice. The regulated cannabis market in Uruguay will partially operate under such a system. Finally, those drugs perceived to be considered less harmful could be sold either by those holding licenses granted by the government (as is the case with alcohol and tobacco) or in licenses premises (as with coffeeshops in the Netherlands or drug consumption rooms around the world).

The main point to emphasise from this discussion is that this diversity of strategy in dealing with either the decriminalisation of drugs in general, or the regulation of cannabis in particular, should be seen as a strength. In relation to the different developments in cannabis policy, Uchtenhagen (2014: 357) suggests that a "policy allowing for experimentation alongside credible documentation and evaluation of effects not only improves the chances for evidence-based decisions, but also the chances for public acceptance". In other words, it is only through experimentation with innovative policy options that we will discover effective and appropriate drug policy solutions. International systems of drug control should therefore seek to open up the existing drug policy options and "somehow show more flexibility in order to allow this irreversible dynamic of reform to influence, adapt and modernise the system" (Vasconi, 2013: 23).

4. Ensure that drug policy innovations are evaluated and evidence on their effectiveness is shared widely

As Uchtergang (2014) argues above, drug policy innovations are only useful in a system that also allows for evaluation of novel strategies and which has the resources to disseminate the results widely. Traditionally, the gap between evidence and policy has been particularly striking in the field of drug policy, with war on drugs policies continuing to operate in stark contrast to the significant evidence that has been gathered about their ineffectiveness (Wood et al, 2010). Recent years have seen much discussion of the importance of 'evidence-based policy' in building effective drug control strategies (Boaz & Pawson, 2005), alongside a counter debate about the low value that is usually placed on evidence in drug policy making (Stevens, 2011b). Most research in this area now suggests that "good policy is presumed to be based on a solid evidence base" (Ritter, 2007: 70), with the caveat that evidence must also compete with political and public opinion in the actual implementation of policy. More specifically, Wood et al (2010: 311-12) suggest that "reorienting drug policies towards evidence-based approaches that respect, protect, and fulfil human rights has the potential to reduce harms deriving from current policies and would allow for the redirection of the vast financial resources to where they are needed most: the implementation and evaluation of evidence-based prevention, regulatory, treatment, and harm-reduction interventions".

In global terms, both the United Nations Office on Drugs and Crime (UNODC) and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) have concerned themselves with the collation and dissemination of statistical information on the nature of the illicit drug situation in different countries and global regions, in an effort to improve the evidence base on which drug policy is founded. Typically, data is collected by individual countries in areas such as the number of drug users and the frequency of use, drug related deaths and disease, and the number of police arrests and drug seizures. This data is then collated and disseminated widely. This is important work, but there is much that could be done to improve it were evidence gathering to be prioritised and resources to be made available.

Cross-national comparative research conducted on this scale is often hampered by different research methods and cultures (Galtung, 1990; Hakim, 2000). Additional problems include scarce data of poor quality from many countries, as well as the inherent problems faced when attempting

to uniformly define complex concepts such as drug-related death, disease, or crime (MacCoun & Reuter, 2001). Another problem arises because there are no universally accepted indicators of success by which to judge individual drug strategies (Flynn, 2001). This point can be illuminated by considering the respective evaluations of Swedish and Dutch drug policies. In Sweden, for example, the generally low levels of prevalence of drug use (EMCDDA, 2015) have been attributed to the uniformity and totality of their zero-tolerance approach to illicit drugs, which have been deemed to be a strong indication of the 'success' of their policy in global terms (UNODC, 2007). In the Netherlands meanwhile, where levels of prevalence are generally higher, the decreasing number of dependent drug users and the health and longevity of those who are dependent on drugs (EMCDDA, 2015), have been similarly drawn upon to indicate the 'success' of the Dutch approach (Grund & Breeksema, 2013). Furthermore, while the evaluation of drug demand reduction initiatives is now well established, there has been very little attempt to evaluate the impact of supply reduction initiatives. Traditionally, initiatives directed towards disrupting the supply of drugs have been presumed to be necessary and effective in controlling hte drug market, but, there is no shared understanding of what defines 'success' in this field (Stevens, 2011c) and no concrete evidence that a net benefit is being achived from these policies. A recent external evaluation of European drug policy describes a "lack of progress" (Rand, 2012: 59) in developing these indicators.

If we want to be able to use this kind of data to make informed decisions about what kinds of drug policy intervention are likely to be successful in specific circumstances, we need to invest more time and resources in producing common definitions of drug related problems, common indicators by which to judge the success of initiatives, and common methods and practices for data collection. We could also do more to improve the ways that we share and disseminate this information on a global scale. Rather than aiming to 'discover' the best overall method of drug control and then forcing its worldwide implementation, we could accept that there is often little relationship between style of drug policy and nature of the drug problem (Reinerman et al, 2004). Instead, dissemination efforts could focus on encouraging policy emulation by making existing robust policies available to new locations experiencing similar problems, by making incidences of best practice and national drug strategy evaluations widely available, and by bringing networks of experts together, for example from consumer and producer countries, to discuss issues of common interest.

Standring (2012) provides evidence to suggest that Europe, via the EMCDDA, is starting to take this kind of data dissemination seriously, but it is not yet a global practice and is in danger of becoming under-funded. The value of the innovative drug strategies outlined above depends on this kind of research commitment. Innovations must not be produced in isolation but must be implemented within a framework that allows for their thorough evaluation and which brings networks of experts together to discuss their efficacy. Under such a regime, we can begin to build up a picture of which strategies are appropriate in which different locations and situations. So, just as the rejection of 'war on drugs' requires an alternative aim of drug policy to fill the vacuum (commitment to harm reduction, public health and human rights), so must the encouragement of a variety of innovative drug strategies be underpinned by the provision of a framework that improves both evidence building and the way in which we share information.

5. Broaden the horizons of the drug policy debate

The final piece in the puzzle to determine what we should do about drugs, is recognising the need to broaden our horizons in terms of what is considered a relevant part of the drug policy debate today. Much of this chapter has described the tensions between the drug problems as perceived by predominantly Western consumer countries, and predominantly producer countries from the rest of the world. The war on drugs approach has long encouraged the US, and by extension the UK and much of Europe, to conceptualise illicit drugs as a problem that is coming from the outside, and which is perpetuated by poor control strategies in those countries from which drugs often originate such as West Africa and Latin America. This chapter has described a growing involvement in global drug policy debates from, in particular, Latin American heads of state who often put forward the viewpoint that many drug related problems present in producer countries are caused, at least in part, by overwhelming demand from consumer countries in the West. There is a growing sense within the field of criminology in general that much of the academic body of knowledge in this field comes from a Western centric viewpoint (Aas, 2007), and this debate has been readily extended to the illegal drugs field (Youngers & Roisin, 2005). In order to produce a more effective global drug policy, this problem must be overcome and effective strategies must be implemented within a global framework that considers the problems of both producer and consumer countries, and which designs strategies that can bridge them both.

It is not, however, only a greater variety of geographical locations which need to be given an equal footing in drug policy debates. It is arguably no longer appropriate to base discussions around the usual substances (e.g. cannabis, MDMA, cocaine, heroin, crack cocaine, amphetamines). For a long time there have been calls to consider legal substances, namely alcohol and tobacco, alongside illegal substances (Gable, 2004; NICE, 2010). Professor David Nutt, formerly head of the UK's Advisory Committee on the Misuse of Drugs (ACMD), has done much work on this issue. Together with a range of scientific colleagues and experts, Nutt has produced evidence in support of these calls by developing a scale of harm that considers the physical harms (damage to organs and bodily systems, toxicity, route of administration, immediate and chronic health problems), the dependence harms (addictive qualities including psychological dependence, withdrawal symptoms) and the social harms (harm to families and societies, costs to systems of health care, social care and police) of different substances in an effort to produce a universal classification of substances by harm (Nutt et al, 2007; 2010).

Alongside illegal substances, both alcohol and tobacco are also considered, and the latest research (Nutt et al, 2010) has alcohol at the top of the list as the most harmful substance, while tobacco is placed sixth out of twenty. Cannabis appears around the middle of the scale of harmful substances while LSD, ecstasy and magic mushrooms, usually classified as very harmful drugs, are at the bottom. These findings lend support to the idea that alcohol and, to a lesser extent, tobacco, ought to be targeted at least as hard as illegal substances under harm reduction/public health oriented strategies, and that the various systems of drug harm classification ought to be updated and based on scientific evidence. It is perhaps unsurprising that Professor Nutt was summarily sacked as head of the ACMD by the Tory part for producing this evidence and expounding his view that the use of ecstasy is less harmful, to both individuals and society, than popular sporting activities such as horse riding (Nutt, 2009).

The last decade has revealed, therefore, that we need to broaden our horizons by recognising the relative harm of alcohol and tobacco in comparison to illegal substances. The latest phenomenon to catch the attention of drug policy makers and practitioners around the globe has been the rise in the popularity, availability and use of New Psychoactive Substances (NPS) - a catch all term for chemical compounds that have been modified and developed to mimic the effects of drugs that are already prohibited. Latest figures from the EMCDDA indicate that more than 280 potentially harmful NPS

and more than 690 online sites and headshops are now being monitored in Europe (EMCDDA & Europol, 2012), leading the European commission to claim that NPS "are emerging at an unprecedented rate" (European Commission, 2011). On a global scale, the International Narcotics Control Board (INCB) has declared that this situation is causing "increasing concern" (INCB, 2011: 97) and the United Nations Office on Drugs and Crime (UNODC) is in the process of developing an early warning advisory (EWA) to share information on NPS on a global scale (UNODC, 2013).

Also relevant to ongoing debates are other kinds of substances often broadly described as Human Enhancement Drugs (HEDs), although these substances have received much less popular and academic attention. Evans-Brown et al (2012) describe how these are divided into six categories: muscle drugs such as steroids, weight loss drugs, image enhancing drugs (e.g. Melanotan), sexual enhancers, cognitive enhancers (e.g. Ritalin), and mood and behaviour enhancers (e.g. Diazepam). The increasing range and scope of development of these substances has huge implications for the kind of policies that can be implemented, and also adds to the evidence that prohibition based policies can have significant unintended consequences. For example, the ease of developing NPS, has meant that national governments have had to think of new strategies to supplement traditional systems of legislation that list prohibited substances one by one via a lengthy and bureaucratic process. Going forward from this point, it seems sensible to include a much greater range of substances than the traditional illegal drugs, even with alcohol and tobacco added in, when implementing holistic substance use policies.

Finally, in another example of the limited ability of prohibition policies to effectively control drugs, drug markets have radically changed, with the advent of internet markets for not yet criminalised NPS and HED. While the development of these kind of novel substances is not a new problem *per se* it is generally accepted that the internet has played a significant role in their marketing and distribution (Seddon, 2014) which has led to an increase in their "range, potency, profile and availability" (Winstock & Ramsey, 2010: 1685). Over and above this significant development, has been the rise of the darknet, accessible through Tor anonymising software which encrypts computer IP addresses, as an illegal drug market place (Barrat, 2012; van Hout & Bingham, 2013a). Van Hout & Bingham (2013b: 389) have described accessing darknet drug markets places (e.g. Silk Road, Agora) as "a joyful 'child in a sweet shop' type experience by virtue of its host of quality products and vendors, and its capacity to offer an anonymous, safe, and speedy transactioning without any of the

risks associated with street drug sourcing". Taken together, these significant changes in types of substance available and types of markets operationalised have meant that there is much to do in terms of adding to the body of knowledge in these areas, as well as considering intersections between the old and new, exploring how these developments change our understandings of traditional drug markets, and inspiring appropriate lines of policy improvement.

Conclusion

The discussion provided above therefore provides a clear outline of the steps that must be taken by global drug policy if it is to become a more effective and more humane process. The first step must be to publicly and comprehensively acknowledge the failure of a 'war on drugs' approach to drug policy, and the many unintended consequences that have been caused by this approach. Once this has been acknowledged, we can move forward in implementing new aims in global drug policy to sit alongside, or in place of, stringent law enforcement strategies: the reduction of the harm caused by either drug use itself, or the policies employed to control drug use; the implementation of strategies that promote public heath or public good; and the importance of operating within the terms of human rights legislation. At the same time, we should be opening up drug policy possibilities and seeking to employ experimental or innovative strategies of drug control in an effort to become more efficient and effective in our pursuit of these aims. These drug policy innovations must be underpinned by robust frameworks for evaluation and the networks must be in place to ensure that the results can be easily and widely shared. In this way, countries, regions or localities, will all be able to peruse the range of strategies being employed across the globe and pick those most likely to provide successful outcomes for their particular situation. Finally, all this must be done while keeping in mind the need to focus the debate on both producer and consumer countries, on alcohol and tobacco as well as illegal substances, on the new range of semi-legal substances such as New Psychoactive Substances and Human Enhancement Drugs, and on emerging markets such as those provided by the clearweb and the darkweb.

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