

RESHAPING DRUG POLICY IN THE AMERICAS:
In Search of a Multilateral Approach¹

Eduardo Posada Carbó
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On 1 August 2008 representatives of Latin American and Caribbean countries, including the heads of states of Colombia and Mexico, subscribed the Cartagena Declaration, the most recent document in the region to acknowledge that illicit drugs constitute a global problem of shared responsibility, thus requiring a balanced and integral multilateral approach. The Cartagena Declaration reiterated the commitment by the different represented governments to combat drugs, and pledged further inter-state collaboration to that end, while appealing for more financial and technical assistance from the international community. It is hard, however, to identify in this document any concrete, new initiative in an area that is generally perceived as suffering from policy failure.

The “War on Drugs”, as it is commonly known, faces increasing criticism –except from a few quarters- for the apparent lack of results, measured in terms of either the availability of illicit drugs on the market or its demand from consumers. In spite of considerable efforts, there is a growing acceptance that the current strategy is not working. This is particularly the case when the problem is judged against the ambitious goals - set by the United Nations General Assembly Special Session of 1998 – of “eliminating or significantly reducing the illicit manufacture, marketing and trafficking of psychotropic substances”, and of “achieving significant and measurable results in the field of demand reduction”. The fact that the Cartagena declaration did not suggest the need to re-examine the current strategy was for some academics and opinion makers an additional motive for

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frustration: It was dismissed by *El Tiempo* –the leading Colombian daily– as a languid document, full of commonplaces, and far short of finding “serious solutions to one of the severest problems in the region” (*El Tiempo*: 2008).

Yet the Cartagena summit serves as an introduction to the theme of this paper: The identification of alternative multilateral approaches to the existing strategies towards illicit drugs in the Americas. What gathered in Cartagena was certainly a multilateral grouping, bringing together representatives of 19 states. They recognized their adherence to multilateral regimes – be they within the United Nations (UN) or the Organization of American States (OAS) parameters. And they seemed to agree on pursuing a multilateral strategy to fight illicit drugs.

Multilateralism has been generally defined as “the practice of coordinating national policies in groups of three or more states” (Robert Keohane quoted in Ruggie: 1993). But this definition, according to Ruggie, “misses the *qualitative* dimension of the phenomenon that makes it distinct”, what should distinguish nominal from substantive cooperation among three or more states. There is no need to enter into complex theoretical discussions here, though it is important to underline that a search for a “genuine” multilateral approach, as proposed by this project, should go beyond nominal arrangements that hide unilateral purposes. Under the desired collective action in multilateralism, states “agree to treat themselves, on the relevant matters, as indivisible”, while subscribing to “principles that apply to each” with “expectations of diffuse reciprocity” (Morgan in Ruggie 1993; and Ruggie: 1993). Although the notion of multilateralism is traditionally restricted to cooperation among states, it is also worth considering the role of civil society organizations, which have increasingly become notable actors of the international community.

What should then be the most appropriate and effective multilateral framework in relation to the problem of drugs in the Hemisphere? Is not there already a multilateral system

in place? If this is not working, what are its major shortcomings? Could a multilateral effort work with a participation of just a few countries, and if so, which countries should be involved? Is it possible to conceive of an effective hemispheric approach isolated from other regions? This paper examines these and other related questions in an attempt to provide alternatives to the existing arrangements for the problem of drugs in the Americas. It is neither concerned with ongoing debates on policy definitions –whether or not drugs should be legalize or decriminalize- nor with practical policy issues, such as alternative development and employment programmes: These are the subject of other papers within this project. It rather looks at the possible ways the countries in the Hemisphere could gather together precisely to define or redefine a common policy, and collectively design and implement strategies to tackle a serious problem that affects the whole region. To this end, I first offer some general and brief observations on the problem of drugs, including its relation with organized crime. I then move on to review the existing international regime of drug control, and to question the nature –multilateral, bilateral, unilateral?- of the approach hitherto pursued in the Hemisphere to deal with the problem. Finally, I discuss various options that could be considered in search for a genuine multilateral approach.

The Global Problem of Drugs

The first, fundamental thing to observe is that we are dealing here with a truly global phenomenon. In order to appreciate this feature, as Juan Gabriel Tokatlian has warned us, we need to avoid false dichotomies, like the commonly assumed division between “producing” and “consuming” countries, which helps little to foster inter-state collaboration (Tokatlian: 2007, and IDB: 2007).

From the perspective of some individual drugs, such a distinction might make sense at a first sight. One single country, Afghanistan, is responsible for over 80 per cent of the

global area under opium poppy cultivation. Three Latin American countries – Colombia, Bolivia and Perú – account for the overwhelming proportion of coca leaf production in the world. But the problem of illicit drugs is not just confined to heroine and cocaine. The cultivation of cannabis – so pervasive that it “dominates the world’s illicit drug market”, according to the 2008 UN report – is concentrated in North America: Mexico, the United States and Canada. The manufacture of synthetic drugs, such as amphetamines or “ecstasy” predominantly takes place in North America, Western Europe and Oceania (UNOCD: 2008b).

Similarly, there is no simple world division when it comes to drug consumption. The largest opiate population is in Asia (57 per cent), followed by Europe (22 per cent) and the Americas (13 per cent). When it comes to cocaine, such regional distribution varies: North America (45 per cent), Europe (19 per cent), and South America (19 per cent), where there is concern for the increasing consumption in countries such as Brazil and Argentina. Consumption of cannabis again gives a different regional variation: Africa and Asia accounting for more than 50 per cent, followed by the Americas (24 per cent) and Europe (18 per cent), while the largest markets for amphetamines are in South-East Asia.

The distinction between “producing” and “consuming” countries blurs even further when the whole market chain is taken into consideration, including the provision of chemical precursors and arms, money laundering, transit routes, and street distribution. Over time, these distinctions have become somewhat meaningless as the various manifestations of the problem tend to move from country to country – what has been referred to as “geographical” and “substance displacement”. A country like Turkey, for example, which by 1975 thought its drugs problems were solved, later evolved “from a producer to a predominantly transit country” (Robins, 2007?). New trafficking routes have been recently established through Africa or Venezuela. ATS manufacturing is shifting from Western to Eastern Europe.

An appropriate multilateral approach towards illicit drugs in the Americas therefore needs to start from a basic premise: Producing, trading and consuming illicit drugs are global activities with a widespread presence throughout the Hemisphere. This does not mean, of course, that the design of policies should just be based on a generic definition of the problem, leaving out the specific circumstances of each country -regarding the different types of drugs or their different involvement in the market chain. But it does mean acknowledging a common problem that requires a common approach.

Whether drugs constitute a health or a security/crime problem is another false dichotomy that needs to be questioned. Bitter divisions exist around this issue, with ideological undertones, are at the heart of policy choices that are sometimes presented as mutually exclusive. According to the latest UN report, drugs are “ultimately [...] a public health problem”. As things stand today, however, drugs are also a security problem of major significance, even if this is understood as an “unintended consequence” of the drug control system.

The relationship between drugs and violence, or drugs and organized crime -included that involved in internal armed conflicts- is indeed open to question. Peter Reuter notes that the link between violence and the drug market is prominent in countries that already suffered high crime rates, such as Brazil, the United States, Mexico and Colombia (Reuter: 2002). As Svante E. Cornell has observed, countries that produced opium and coca in the 1960s – Turkey, Iran and Bolivia-, did not experience armed conflict at the time (Cornell: 2005).

Yet a recent review of the literature by Cornell himself shows a complex nexus between drugs and armed conflict. The duration of the latter, for example, may be increased “by the presence of narcotics”, which could also explain mutations in the motivation of insurgents. Cornell provides a circular explanation, where drugs and armed groups feed each other: “The overwhelming conclusion of the literature is that conditions of armed conflict

boost, exacerbate, transform and occasionally shift pre-existing patterns of narcotics production. Where narcotics production exists, armed conflict is likely to fundamentally alter its dynamics – and to be fundamentally altered itself”, expanding the capabilities of insurgents to challenge the state. The circularity of the problem has been recently illustrated for Colombia by Daniel Pécaut (in IDB: 2007). Colombia and Afghanistan are the most prominent cases where illicit drugs have converged with armed conflict and terrorism. Such a drug nexus, posing serious security problems, is not limited to politically motivated groups. During the 1980s and early 1990s, it was the powerful Medellín cartel that posed perhaps the most serious challenge to the Colombian state. Brazil and Mexico are today suffering from the consolidation of powerful drug cartels in their respective countries.

The convergence of illicit drugs and crime is thus a reality, whose international recognition was reflected in the merger of two UN agencies –the Drug Control Programme and the Centre for International Crime Prevention- into the United Nations Office on Drugs and Crime (UNODC) in 1997. The “Political Declaration”, adopted by the special session of the UN in 1998, linked drug production and trafficking with terrorism.

From an economic perspective, it is often argued that it is the criminalization of the market in drugs what explains the expansion of criminal groups as a result of the large profit margins of the trade. This indeed may be so. However, their consolidated existence is a current problem that will not go easily away. Even if drugs were legalized, we are still left with powerful criminal groups –whose assets are probably diversified- that will continue to pose serious threats to states and societies.

In a changing climate of opinion, where drugs are increasingly perceived in the public debate as being above all –and for good and justifiable reasons- a health problem, it is important to underline their existing security dimension. This is not to suggest to privilege

the latter over the former. A balanced approach needs to keep the two dimensions of the drugs problem in mind.

In sum, a search for a multilateral strategy towards illicit drugs in the Americas should acknowledge some basic premises:

- Drugs are a global problem, with a pervasive presence in the Western Hemisphere.
- Although some individual drugs affect some countries more than others, the overall picture of illicit drugs throughout the market chain touches practically all countries in the region.
- Drugs constitute a complex, multi-faceted problem, involving both health and security issues.

There is another basic premise to consider: There are already multilateral mechanisms in existence. These require separate attention.

The Existing “Multilateral Architecture”

Any attempt at looking for a multilateral approach towards the problem of drugs not only does not start in a vacuum, but has to take into account the existing arrangements to which the states of the region are bound – namely those within the UN and OAS. In addition, there is a growing involvement of civil society organizations, a reflection of the changing nature of the international community –no longer exclusively defined by states.

What is referred to as the “international drug control” had its origins in 1909, when the first world conference to discuss the problem of drugs gathered in Shanghai, leading to the International Opium Convention of The Hague in 1912 (McAllister: 2000, and UNODC: 208b). Since then, efforts to establish collaboration among states to tackle drug issues continued, expanding the scope of control to other substances. The current system developed

within the framework of the UN. In 1961, a “Single Convention” unified a series of previous treaties on the subject. This was followed by further protocols and conventions, including those of 1971 and 1988 – all examined in the survey of “A Century of International Drug Control”, published with the *2008 World Drug Report*. At the 1998 special session, already referred to, the year 2008 was selected as “the target date by which significant and measurable results” in the various areas of drug control should be achieved. The review process –which will culminate in 2009- is on its way but it is precisely the UN international control system that has become increasingly under criticism.

Defenders of the current system seem to be scarce, aside from UN officials themselves. “We have an image problem”, Antonio Maria Costa –the head of UNODC- observed in answer to repeated critiques, while lamenting the lack of recognition of the achievements of the drug control system over the last century. Costa outlined several reasons to believe that the world has seen improvements during the last decade: Illicit drug use has been contained; deaths due to drugs are limited; world-wide drug cultivation has been slashed (except in Afghanistan); the adherence to the international control regime is almost universal, with the principle of shared responsibility unanimously accepted. His office report, however, presented at the 2008 meeting of the Commission on Narcotic Drugs in Vienna, accepted that the “fundamental objective” of the drug conventions “has not yet been achieved”, and that the ambitious targets of UNGASS “remain elusive”. It also warned that as evidence of the drug problem in the developing world is gathered in more detail, “we must thus be prepared for another uncomfortable truth – that the problem may, in fact, be bigger than we had hitherto anticipated and that it may become worse before it gets better”. Yet the report expanded the positive vision outlined by Costa in his speech during the same meeting in Vienna. It reiterated the view that, given its international nature, the solution to the drugs problem must be international, and stated that “the current multilateral system provides the only viable

framework for such global solution”. Of particular relevance seems to be the fact that a vast majority of UN member states are parties to the conventions, “among the highest rate of adherence to United Nations multilateral instruments”.

All states in the Americas are parties to the UN conventions –although some with expressed reservations. The Hemisphere also counts on its own multilateral arrangement through an OAS agency, the Inter-American Drug Abuse Control Commission (CICAD), established in 1986 following the recommendations of the conference of the Ministers of Justice that met in Rio de Janeiro that year. The Commission, defined as a “technical agency” of the OAS, see its mission regarding “illicit drug control, not as a stand-alone issue, but firmly in the context of socio-economic development, environmental protection, human rights and respect for the traditions and customs of national and regional groups”. Since its inception, it has broadened its scope to incorporate other issues closely tied to illicit drugs, such as firearms trafficking, money laundering or transnational organized crime.

Among CICAD’s initiatives, the establishment of a Multilateral Evaluation Mechanism (MEM) in 1999 deserves particular attention. Designed as a “standardized system to measure periodically the evolution of anti-drug efforts by the 34 CICAD member states”, the first reports of the agency were praised in 2001 as a “highly professional effort” by Viron Vaky and Jorge I. Domínguez, who were also of the view that through this work, CICAD had “created the foundation for extending collaboration into the planning and execution of anti-drug policies” (Vaky and Domínguez: 2001). Six years later, in 2007, Michael Shifter also acknowledged the “technically sound and professional evaluation system” devised by CICAD, but pointed out that “the political will to convert this system into high-level, effective policy coordination has been notably lacking” (Shifter: 2007).

A multilateral forum that raised some hopes at the time of its inauguration in 1994 is the Summit of the Americas. Described by Richard E. Feinberg as “the highest form of

regional multilateralism in the Western Hemisphere”, this is the periodical gathering of heads of states that has so far met four times: In Miami (1994), Santiago (1998), Quebec (2001) and Mar del Plata (2005), plus on other two occasions to discuss special issues, in Santa Cruz (1996) and in Monterrey (2004). (The fifth Summit of the Americas will take place in Trinidad, in April 2009). The organizers of the Summit process claim “concrete results” in the area of drugs: The adoption of a “common agenda” and the establishment of the MEM. Both “results” might have been facilitated by presidential commitments during the summits. But references to drugs are often lost amidst a large and broad rosary of initiatives and action items –70 in the latest Mar del Plata Plan. (A total of 812 mandates, in the account of one critique of the summits –Roberts: 2008). Their implementation, in any case, does not depend on the summits, for as Feinberg points out, no new independent body emerged from these meetings (Feinberg: 2006). It was left to “existing institutions, particularly the two main pillars of the Inter-American System”, the OAS and the Inter-American Development Bank. Indeed in the Quebec Summit, the OAS officially became the Secretariat of the Summit process, ending thus perhaps with what was perceived by Robin S. Rosenberg as “the anomaly of two competing forces for hemispheric multilateralism” (Rosenberg: 2001).

The apparent general lack of scholarly interest in the work on drugs by the OAS’s agency makes hard to provide a comprehensive assessment of its activities, including the extent to which they represent an effective multilateral approach to tackle the problem. Furthermore, subscription to the relevant international conventions, and the participation of countries in both the UN and the Inter-American System hide major national differences regarding drug issues. Judged from the origins of the external funding of CICAD in 2007 – the sources of 68 per cent of its total revenues- there does not seem to be major national commitments to this multilateral effort: Almost half of the cash contribution come from the United States, followed by Canada and the European Union (each contribution with 10 per

cent), and then, with much less participation, Spain, Colombia, Mexico and France (OAS: 2008).

It is the lack of consensus on the problem of drugs among member states that, according to Carolyn M. Shaw, explains why the OAS “has not taken effective multilateral action” on this front, in contrast to other areas –such as some responses in defence of democracy during the 1990s (Shaw: 2003). “Latin American states and the United States”, Shaw notes, “cannot agree whether the problems are supply – or demand-induced, or what the most effective strategies to address them might be”. As a result of this lack of agreement –which extends to issues of human rights and US military involvement- the United States has preferred unilateral and bilateral actions.

One such initiative, and one that provoked resentment and ill-will in the region, was the U.S. drug certification or decertification process, introduced in 1986, by which the United States administration produced a yearly list of all countries that cooperated, or failed to cooperate in the efforts to fight drugs following the 1988 UN convention. Those “decertified” then faced withdrawal of economic and military aid, including assistance from multilateral development banks. Under heavy criticism, particularly from Latin America, the certification system underwent changes in 2002, partly as a result of the introduction of the MEM within the OAS –sanctions, for example, have been curtailed. Indeed the OAS review mechanism has been seen as an alternative to the certification system in the Americas, though according to Julie Ayling, the 2002 reforms were “for the most part cosmetic, designed to ensure that the process is more palatable because it is more nuanced” (Ayling: 2005). In her view, the changes introduced to the certification process did not signal U.S. movements “down the multilateral path”.

Not all policies, however, share the unilateral features of the certification process. In 1989, President George Bush launched the “Andean Drug Initiative”, which was followed in

1990 by the first Andean Drug Summit in Cartagena, where the presidents of the United States, Colombia, Bolivia and Perú met to discuss drug cooperation among the four countries. Bush's strategy was broadly conceived and, in its development, the Congress passed the Andean Trade Preference Act (ATPA) in 1991, with the aim of enabling the Andean economies "to overcome the destabilizing effects of eliminating cocaine, a major source of income". As Raphael F. Perl notes, "multilateral initiatives" were "an integral part" of a strategy that seek "support of the European Community (EC)", and multilateral cooperation in actions against money laundering and precursor chemicals (Perl: 1992). The U.S. fiscal support for Bush's plan waned as years went on. According to a paper by the Congressional Office Budget, "a brief burst of fiscal enthusiasm" was followed by "a two year plateau and a two year decline". Political considerations, particularly developments in Fujimori's Peru, may also help to explain the decline of the initiative. In any case, by 1993 the Clinton administration proposed a new strategy, shifting the emphasis –as Perl puts it- "from international to domestic programs", while pursuing law enforcement policies in "source" countries –namely those that produce coca and cocaine. The "Andean" approach was left aside to favour arrangements with individual countries, the most prominent being those towards Colombia, first through the tough stand taken against the Samper administration (1994-98), and then through the adoption of Plan Colombia under the subsequent Pastrana administration (1998-2002). George W. Bush extended Plan Colombia, launched its own Andean Counterdrug Initiative and, more recently, joined the Mexican government in the "Mérida Initiative", a US\$1.4 billion plan to fight drugs.

In all the programmes just outlined above, The United States was of course the driving force, pursuing an agenda of law enforcement that has traditionally identified its foreign policy on drugs. In all the programmes too, Latin American countries have been unequal partners, recipients of conditional aid. It would be wrong, however, to assume that

there were no convergence of interests at all, or that they only reflected a simple unilateral view –that of the United States. The 1989 initiative, for example, came at a time when the Medellín cartel had increased its vicious attacks against Colombian state and society, and President Barco was a leading party in the Cartagena summit in 1990. Plan Colombia - initially designed to count on European assistance- would not have been possible without the enthusiastic support of both the Pastrana and Uribe administrations. (Since April 2002, the favourability rates of Plan Colombia have never been below 64 per cent among Colombians, according to the Gallup polls). Similarly, the “Mérida Initiative” also reflects shifts in the Mexican policy towards drugs, led by the new President Felipe Calderón.

None of these drug programmes led by the United States in the region, however, added to a multilateral approach –the closest to it was perhaps the 1990 presidential Summit. They lacked comprehensiveness, targeted as they were to individual countries or sub regions. The overall picture in the past two decades is then one of patchy efforts, with only limited and partial results: Reduction of coca leaf acreage in one country, for example, were followed by expansion of cultivation in another, the so-called -by UN officials- unintended consequence of “geographical displacement”. But if the United States have failed to promote an effective multilateral approach on drugs, so have the other countries in the Americas. The most recent Cartagena Summit this year had the merit of bringing together several presidents of the region, though, as already suggested, no concrete new initiative came out of that meeting. And the absence there of key countries –such as the United States or Brazil- is in itself a sign of an unsatisfactory multilateral approach.

Multilateralism –as most aspects of international relations- continues to be a concern of states and international bodies set up by states. Yet the international community has been increasingly redefined to incorporate civil society organizations. This trend is certainly visible in the drug policy debate. A report from the International Drug Policy Consortium

(IDPC) –a global network of NGOs that “specialise in issues related to illegal drug use”- highlighted the “significance increase in the involvement and influence of NGOs”, as a notable feature of the latest annual meeting of the Commission on Narcotic Drugs in Vienna, in 2008 (IDPC: 2008). While there were some 70 NGOs delegates attending the conference, ten countries included NGOs in their delegations. Some of the most active NGOs –and indeed the most critical voices of current U.S. policies- are based in the United States.

The extent, shape and influence of civil society initiatives in Latin America directly engaged in the drugs debate remains to be assessed. A recent initiative of some prominence – led by former presidents Fernando Henrique Cardoso, César Gaviria and Ernesto Zedillo- is the Latin American Commission on Drugs and Democracy, which held its first meeting in Rio de Janeiro in April 2008. Formed by 18 members from various countries of the region -a mixed group of politicians, judges, writers and journalists- the Commission’s aim is “to evaluate the effectiveness and impact of current drug policy in Latin America and to contribute towards more efficient, safe, and humane policies”. The Commission has announced a review of the world drug policies to encourage a wider debate within the current UNGASS review process. In their first assessment, “the members of the Commission agreed that the policies implemented in Latin America had different impacts in the countries of the region, but failed in general”.

In Search for Alternative Approaches

As shown in the previous section, there is thus in existence a “multilateral architecture” set up to deal with illicit drugs. This is founded on the international control system developed through a series of UN treaties. UN agencies are particularly charged with the duty to oversee that the norms contained in these charters are implemented. The countries of the Western Hemisphere are not only bound by their signature to the UN treaties but have also

developed their own institutions, policies and instruments. The “Anti-Drug Strategy in the Hemisphere” reaffirms the “important role” of CICAD, and “recognizes the need to implement this Strategy in harmony with the plans and programs of other concern multilateral institutions”, while outlining an ambitious plan of 42 points, combining a wide range of demand and supply measures and accepting the principles of shared responsibility “for ensuring that a comprehensive and balanced approach is taken on all aspects of the phenomenon”. Over the last two decades, however, this agenda has been far from being implemented by multilateral action, in spite of a few initiatives. In practice, the strategies to deal with illicit drugs in the region have been led by the United States, following unilateral policies or bilateral arrangements with particular states.

The emerging general consensus seems to be that the current drug policy is a failure. This paper is not concerned with the drug policy itself but rather with the ways the Hemisphere goes about formulating and implementing drug policies. What is then to be done?

A first option is to continue working within the existing parameters. As the UK delegate to the 1998 UN special session expressed, “We have the machinery; we need now to make it work better... This is an instrument with teeth, and we need to make it bite” (in Jelsma, 2003). That is of course the line of the UNODC and its Executive Director, Antonio Maria Costa. His 2008 report stressed that the international drug control system is “extremely valuable piece of political capital”, but acknowledged that there was “a spirit of reform in the air” (Costa: 2008). The way forward, in the UNODC’s view, is “to make the conventions fit for purpose and adapt [report’s emphasis] them to the reality on the ground that is considerably different from the time they were drafted” (UNODC: 2008). Costa’s suggestions were threefold: Firstly, to renew the principles of multilateralism and shared responsibility, while bringing the principle of public health “back to centre stage”; secondly,

to improve the performance of the system by working simultaneously on all fronts; and finally, to mitigate the unintended consequences of drug control in three particular areas – crime prevention, harm reduction and human rights. These proposals may indicate shifts in the directions of policies. They do not include changes to the international arrangement: The “multilateral machinery”, according to the UNODC “is in good working order”.

Translating the UNDOC’s logic into the Hemisphere –making the existing institutions of the Inter-American system “fit for purpose”- would imply, however, some changes to the machinery within the OAS, building over the 20 years experience of its Drugs Control Commission, CICAD. This would require firm additional commitments from member states towards an strengthened multinational body. A radical step in this direction would be to pass the responsibility of enforcement -ceding sovereignty- to a regional institution, either to an empowered CICAD or to an entirely new agency “with teeth to bite” within the OAS.

A second contrasting option –instead of creating a supranational entity within the existing parameters of the UN and the OAS- would be to abandon them altogether. This in itself does not necessarily mean turning the back to multilateralism, but just a different multilateral approach – one in which the states may agree to cooperate without the interference of multinational bodies. Of course a hands-off approach may also be the negation of multilateralism. Some anti-prohibitionists, like the Cato Institute, oppose a “more multilateral approach to fighting the drug war – through the United Nations or the Organization of American States”. In this view, the policy seems to go in tandem with the approach, since the problems associated with drugs –“corruption, political violence, the destruction of civil society, the distortion of economic activity, and increased financing of terrorism”- are perceived as being “created by prohibition”. From this perspective, “involving more governments and bureaucracies” will not serve to solve the problems. The Cato Institute therefore favours a “worldwide shift away from statism toward the creation of

markets and civil society” – which for the United States would mean “ending its international crusade against drugs and opening its markets to drug-source countries’ legal goods”.

(Carpenter and Vásquez: 2005).

In between these two opposing poles, there is a continuum of options worth exploring. Let us just look at two possible approaches that would fall into this middle way category.

The first is suggested by the European experience, as studied by Caroline Chatwin, who proposes a drug policy based on “multi-level governance” (Chatwin: 2007). Under this approach, the role of regional institutions is limited to regulate and oversee, rather than implement policy, “with power being diverted to the increasingly local level”. Such an approach seems advisable when “an issue appears particularly complex without apparent uniformity of solutions”. Drug policy is precisely a divisive area among member states of the European Union. While some countries –the Netherlands, Spain or Portugal- have accepted more tolerant policies towards drug consumers, cannabis in particular, others –France or Sweden- take a more restrictive stand. Chatwin notes that the European Union has been unable to harmonize a drug policy: though there is convergence about how to face drug traffickers, this is far from being the case when it comes to policies towards drug users. In these circumstances, drug policy seems “a suitable candidate” for “multi-level governance”, under which “collective directives and frameworks agreements would made at the European level, but room would be made for Member States, together with their social partners, to fill in the details”.

Viron P. Vaky and Jorge I. Domínguez have suggested a multilateral approach to tackle the narcotics problem that seems close to the “multi-governance” model just outlined (Vaky and Domínguez: 2001). Their point of departure is the recognition of an existing framework with room for reform: “The Western Hemisphere, more than any other region, has developed the basic foundations for multilateralizing the anti-narcotics effort. Standards,

norms, and even the identification of actions that need to be taken are already in place and subscribed to by the region's governments". Their suggestion is to develop further the CICAD process within the OAS, by establishing a "Western Hemisphere Inter-Governmental Narcotics Commission", that would evolve out of the CICAD's experience. "Reshaped and expanded", the latter could "provide the Commission with necessary technical and substantive services, and generally act as its secretariat". Such a Commission would have the function of establishing norms, developing strategies and coordinating the action plans. Vaky and Domínguez consider that "enforcement" would be "crucial" to this renewed "multilateral structure", but enforcement based "on collective judgements, not on unilateral determinations". But instead of turning responsibility of enforcement to a regional entity, they propose a hemispheric alliance, where "enforcement of collectively-established rules and criteria are left to member states. A multilateral alliance is a way to obtain the active commitment of all sovereign governments to the waging of the anti-narcotics fight". Their approach is probably more centralist than Chatwin's, and they seem to assume that there is a relatively high degree of policy convergence around drugs in the Western Hemisphere. Yet both approaches point in the direction of "multi-level governance" to guarantee collaboration among states in the face of extremely complex issues.

A final option would be to devise a parallel informal process which –without abandoning the existing architecture- looks for ways to intensify collaborative efforts among a few interested parties. This could take the shape of a selective group of states in the Hemisphere, at the highest levels, with the capacity to lead the rest of the region as the strategy develops. Such an approach maybe a variation to what Miles Kahler labelled "minilateralism", or multilateralism with small numbers. There are shortcomings in this approach, including the challenges it represents for a successful multilateralism, but Kahler himself manages to show some cases that "demonstrate the value of a reduction in numbers,

with minilateral decision making and negotiating occurring within the multilateral framework". He adds that, when conceived "horizontally" rather than "hierarchically", the form of small group collaboration "can serve as a 'broker' creating a focal point for a negotiating equilibrium"; it can also become a "two-track model of extending a regime", thus offering "a safety valve for organizations that would otherwise face exit by those wishing to forge ahead or by minorities that cannot accept an accelerated pace" (Kahler, in Ruggie: 1993).

This last explored option could be based on the following premises. Firstly and above all, priority: The saliency of drugs and the severity of their related problems –be they health issues such as HIV or organized crime- requires a special high-level forum specifically devoted to their examination and solution. Drugs are just lost in the wide embracing agenda of the Summit of the Americas, while member states have not shown to have the political will to empower the OAS on drugs beyond CICAD's limited mandate. Secondly, although the drugs problem is global, it presently affects some countries more than others –subsequently some countries seem to be more interested in tackling the issue than others. Thirdly, the difficulties of reaching consensus or high levels of collaboration may be in direct relation with the number of parties involved in the agreement. Finally, with proper incentives in place and the eventual achievement of results, a selective leading group of countries may motivate further collaboration from some of those which would not be originally included.

This option would build on the route of summitries, underscoring "the value of regular, high-level consultations and their contribution to building personal relations among leaders, and the opportunity to address common problems when the timing is good" (Feinberg: 2006). It would be, however, conceived as a single issue summit: drugs. There have been of course summits on drugs – such as the recent meeting of Cartagena, with which this paper was introduced, or the 1990 Andean summit. But they have failed to become

regularized, occasions; the participants have been varied in numbers and irregular in their attendance. This option would also build on the existing history of collaboration but expanding the scope to possible key interested partners. The selection criteria would need further thought, but such group should include the United States, Canada, Brazil, Colombia, Mexico, Perú and Bolivia -call it the G7 Drugs Group.

Conclusion

“In the Western Hemisphere”, Robin L. Rosenberg has noted, “multilateralism remains, simultaneously, an unattained ideal and an established practice” (Rosenberg: 2001). This paper has looked at the two aspects of this paradox in an attempt to suggest alternative multilateral approaches to the problem of drugs. In the particular area of drug policy in the Americas, however, multilateralism certainly remains an unattained ideal but also a practice that is yet to be fully established. The dominant strategies in the continent have been the unilateral or bilateral actions led by the United States.

None the less, the Hemisphere has experienced some significant multilateral initiatives, such as the MEM within CICAD, the OAS’ specialized agency on drugs. Any search for alternative multilateral approaches ought to start by properly assessing the achievements and shortcomings of the work carried on in this area by the Inter American system in the last two decades – very little independent research seems to have been done in this field. It should also always bear in mind that all the countries in the Hemisphere are already part of a “multilateral machinery” to which they are bound, what UN officials refers to as the “international control system”, the present normative context of any possible multilateral action. It was mostly within this framework that this paper outlined some multilateral options, from minimalist to maximalist actions, with plenty of room for work in the middle ground.

When it comes to identifying culprits for the lack of a genuine multilateral approach on drugs, most of the blame in the academic literature and the public debate tends to be directed at the United States. There are good reasons for this, since the United States took the lead to fight drugs in the Hemisphere using either unilaterally or through selective bilateral arrangements. This is of course a reflection of a structural problem that any attempt at multilateralism will face, in a situation of unequal power relations. What remains to be additionally assessed is the extent to which other countries in the Americas, faced with severe drugs problem at home and pressed to conform under international pressures, have taken serious and systematic initiatives to look for alternative multilateral approaches. The most recent Cartagena summit might have been a step in that direction, but the news that came out of this event does not seem to indicate this to be the case: It appeared as a one-off meeting, with no further plan of action to build a genuine multilateral strategy.

As we approach the final assessment of UNGASS' goals, in April 2009, the world debate on drugs is bound to intensify. Much of the discussion has so far tended to focus on the definitions of the policy –for example, whether the problem we face constitutes a health or a crime problem- which may or may not motivate a shift in emphasis or direction. Less attention seems to have been given to how the different parties should come together to develop a genuine concerted plan. As Vaky and Domínguez have pointed out, “building multilateral machinery is basically different from the question of what overall strategic concept would best counter” the drugs problem. I have been concerned here with the former not with the latter question. The issue is of paramount importance, for without effective multilateral action, any policy, of whatever orientation, is likely to continue on the path to failure - worldwide and in the Americas.

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