

THE BECKLEY FOUNDATION
DRUG POLICY PROGRAMME

A DRUGSCOPE REPORT



LAW ENFORCEMENT
AND SUPPLY REDUCTION

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REPORT THREE

DrugScope

Law enforcement and supply reduction

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SUMMARY

The first two reports for the Beckley Foundation Drug Policy Programme (BFDPP) have raised questions about the effectiveness of current policies for the control of illegal drugs, both national and international. We now move on to examine the reasoning and evidence base that is used to support different policies, initiatives and activities.

The next three BFDPP reports will articulate the thinking behind a particular approach to reducing drug-related harm, as well as looking at the objectives set within each drug policy approach, the means by which these objectives have been pursued, and the extent to which these objectives have been achieved (if at all). It makes sense to begin this investigation by looking at the approach to drug policy that has dominated the field for much of the past 40 years, and is sometimes characterised – and, to some degree, caricatured – as the ‘war on drugs’ approach.

INTRODUCTION

For the ‘war of drugs’ paradigm, the fundamental objective of drug policy is to reduce the scope and scale of drug markets (it targets ‘prevalence’), and the preferred *means* is through supply-side initiatives, particularly tough and uncompromising law enforcement (often combined with the promotion of a strong ‘anti-drug’ social consensus, education and prevention with a strong ‘just say no’ message and other interventions that are modelled on a law enforcement approach – such as extensive drug testing in schools and the work place). In addition, the champions of this approach to drug policy are often – although not universally – suspicious of harm reduction measures that to some extent accept continued drug use (such as information on avoiding drug related harms, needle exchange schemes, or supervised consumption facilities). They tend to view these initiatives as signalling an admission of defeat on prevalence reduction, and a form of accommodation to a drug culture.

A word of caution, however: this policy *paradigm* should be viewed as an *idealised type* that has been implemented – to a greater or lesser extent – by different national and international strategies. There is a tendency for the discussion and analysis of drug policy to divide a range of approaches into two diametrically opposed camps – pitching ‘supply reduction’ against ‘harm minimisation’. This division is not unhelpful for illuminating *broad* trends and trajectories, but it presents an over-simplified and excessively polarised view of the complex and interconnected range of policy options.

In reality, policy makers and opinion formers who champion supply reduction believe this is the best way of reducing the *harms* drugs cause to users, families, communities and society

as a whole. There is a clear and common sense attraction to this argument: if there is less heroin produced and distributed, there are likely to be less heroin users, there are therefore likely to be less heroin addicts, and this will result in a reduction in the associated health, social and crime problems. Conversely, harm minimisers recognise that reducing prevalence is *one* effective way of reducing drug-related harm, but point out that the relationship between prevalence and harm is not straightforward (for example, the relationship between the number of heroin addicts and the incidence of health problems will depend on a range of mediating factors, such as the extent of safe injecting practices). Questions about the current approach are also raised by those who are sceptical about the scope for, and effectiveness of, supply reduction.

Furthermore, those drug strategies that are held up as epitomising a law enforcement driven approach – such as the UN Drug Strategy and the current US strategy – *do* recognise the need for some harm reduction initiatives as well. It is all a matter of degree. What characterizes a ‘war on drugs’ approach most clearly is the dominance of ‘zero tolerance’ messages, and high investment in law enforcement – compared with education, prevention, treatment and harm reduction. For example, the 2003 US Federal drug control budget allocated \$6.2 billion to law enforcement and interdiction from a total of \$11.2 billion, and the UK 2002 *Updated Drug Strategy* estimates that over 60 per cent of Government anti-drug expenditure is targeted at law enforcement (see www.whitehousedrugpolicy.gov and Home Office 2002). These figures do not include the massive costs of arresting, processing and incarcerating people who commit offences under the drug laws. All governments have to work with limited resources. The opportunity costs of concentrating the lion’s share of available resources on supply reduction is that less

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money is available for education and prevention, public health measures and treatment of drug addiction.

So, is this money well spent? A lot depends on the criteria for success. For the war on drugs approach, objectives are focused on an overall reduction in the scale of drug supply or use. Typically, those national and international bodies that have embraced these kinds of drug policies have adopted prevalence reduction targets. Notoriously, the current UN strategy promises a 'drug free world' by 2008. Perhaps we shouldn't take this slogan too seriously as a genuine statement of intent. Nonetheless the aim is clearly to substantially reduce – if not actually to eliminate – the use and availability of illicit psychoactive drugs. Similarly, the current US drug strategy has set five-year goals of a 25% reduction in current drug use among both young people and adults. Most national and international strategies have some form of headline commitment to similar reductions (White House 2004, p. 3).

LAW ENFORCEMENT AND SUPPLY REDUCTION: THE EVIDENCE

Reducing the scale of the illicit drugs market through government action has proven extremely difficult. We have observed in previous reports that, during the last 40 years of international commitment to this objective, the global market has expanded exponentially. There are, however, examples of specific interventions that have – in the short term and within constricted geographical areas – led to the reduction in the cultivation of a particular crop, the scale of trafficking along a particular route or an increase in the price of a particular drug or drugs. There are also some examples where the overall scope of drug markets seems to have been contained and where this has been attributed to strong law enforcement initiatives. But it is hard to find solid evidence for a straightforward link between supply reduction initiatives and sustained falls in the consumption or availability of illegal drugs. In addition, even where there is evidence of a fall in the use or availability of drugs, this will not necessarily be correlated to a reduction in drug-related harm. Finally, in some instances, prevalence reduction appears to have been achieved only through recourse to Draconian policies that violate basic human rights (for example, Thailand and Communist China).

While we have found it difficult to identify documented examples of successful supply-led policies, it may be that there have been achievements that have not been fully recorded – according to the *2004 World Drug Report* from the UN Office on Drugs and Crime (UNODC), over a quarter (26 per cent) of the 95 countries reporting on their progress in 2002 claimed that there had been a decrease in drug abuse in the previous year (9 per cent reporting a 'large decrease') (UNODC 2004, p.

9). The UNODC report does not say which countries reported a fall in drug abuse, nor provide details of the evidence on which these claims were based. By the dominant criteria of prevalence reduction, these should be interesting examples worthy of further study, but the identity of the 25 countries who claimed that drug abuse had fallen remains unpublished, so we have not been able to analyse these examples.

It should be added, in addition, that failure to reduce prevalence does not mean that supply reduction initiatives (and, specifically, law enforcement) are having no impact on drug markets. It is widely – and reasonably – argued that supply reduction *contains* the expansion of drug markets, even if it fails to *reduce* markets. There are also specific jurisdictions where it is claimed that a long period of *comparatively* low prevalence is due to uncompromising supply side policies (notably Sweden).

The UNODC *2004 World Drug Report* itself concludes that 'though there has been an epidemic of drug abuse over the last half century, its diffusion into the general population has been contained. Less than 3 per cent of the global population (or 5 per cent of the population aged 15 and above) – the annual prevalence rate of drug use today – is certainly evidence of containment, particularly when compared with the annual prevalence rate of 30 per cent for tobacco' (UNODC 2004, p. 7). The same point is made in the *US National Drug Strategy Report 2004*, which notes that 'there are 120 million regular drinkers in the United States and some 61 million smokers. The comparable figure for illegal drugs is about 20 million a large number to be sure, but far smaller than would be the case if drugs were legal' (White House 2004, p. 5). The broad thrust of this claim is shared by one of the most incisive critical analyses of drug policy to have appeared in recent years, Robert MacCoun and Peter Reuter's *Drug War Heresies*. Reuter and MacCoun conclude that 'if cocaine or heroin were to become available to adults generally [i.e. if the relevant drug laws were relaxed], use and addiction would substantially increase' (2001, p 10). Whether current levels of enforcement can be held solely responsible for this degree of containment is open to question. The evidence from Sweden examined in more detail later suggests that strong contributory factors to a comparatively low level of drug misuse are a public anti-drug consensus, particularly amongst the young, and those with high income levels.

The precise extent to which prevalence of drug use would increase if the current enforcement controls were removed is, of course, a subject of fierce debate and cannot be accurately predicted empirically, but it is overwhelmingly likely that the result of all the efforts of the authorities during the past 40 years of drug control has – to a greater or lesser extent – contained the level of increase in prevalence.

Wherever there is a fall in the cultivation, trafficking, availability or use of drugs, politicians are quick to claim that this is due to the success of their own policies and proof that the huge sum of money invested in supply reduction is well spent. This is good politics, but poor analysis: invariably the real picture is more complicated. Below, we attempt to analyse the case for supply and enforcement led approaches at 3 levels – production, interdiction and domestic controls – and draw out some policy relevant conclusions.

1. PRODUCTION

Put simply, the argument for a focus on production is that, if the production can be halted, the market is not supplied, so consumers cannot purchase and use the substance. Control of production of cannabis has never been a realistic possibility, as it is grown in many diverse parts of the world and, particularly over the last 10 years, a high proportion of consumer markets are supplied from small-scale producers operating near to the consumer markets. In contrast, the cultivation of both heroin and cocaine has become more concentrated into small geographical areas – in the case of cocaine, the Andean countries of South America, and of heroin in Afghanistan and the ‘golden triangle’ of Myanmar, Laos and Cambodia. Massive political, diplomatic, financial – and, at times, military and scientific – resources have been expended on the task of reducing the production of heroin and cocaine in these areas.

In the case of Andean cocaine production, the respective importance of Bolivia, Peru and Colombia has fluctuated over the years – as production is reduced in one country, then it increases in another. Over the last 5 years, successful reductions of cultivation in Bolivia and Peru have led to an increase in Colombia, resulting in the focusing of eradication efforts in that country through the US-led ‘Plan Colombia’. Despite billions of dollars of investment in recent years, the fact remains that Colombian coca production remains of a sufficient scale to supply the markets on both sides of the Atlantic. Patterns of cultivation have changed in response to enforcement efforts, but consumer demand has consistently been met, and there has been little overall impact on price, purity and availability.

A similar story can be told about the world’s largest producer of opium. The UNODC *2004 World Drug Report* states that Afghanistan has produced three quarters of the world’s illicit opium in recent years (UNODC 2004, p. 43). But in 2001 the Taliban promulgated a decree, which effectively ended opium cultivation in the area of Afghanistan under their control (about 80 per cent of the country). Following the invasion of Afghanistan and the removal of the Taliban, Afghan farmers are now producing bumper opium crops again. An abrupt reduction in the production of drugs may be achievable, then,

where armed soldiers ruthlessly enforce decrees that drive farmers into poverty. Normal service may be resumed after a Draconian regime is removed. Once again, throughout this period, while there were significant upheavals in the pattern and scale of production, and spectacular fluctuations in price and availability of raw opium within Afghanistan, the impact on consumer markets was barely noticeable (International Crisis Group 2001; Burke J 2001; Markus U 2001; Costa A 2002; UNODC 2004; www.fco.gov.uk; Burke J, 2004).

The socio-economic costs of reductions in traditional patterns of cultivation also need to be considered. For example, both Myanmar and Laos have experienced large reductions in opium production as a result of successful elimination programmes. (It has been estimated that there has been a cumulative reduction of 60 per cent in the area under cultivation in these two countries since 1996.)

But this process has not been cost free.

The *2004 World Drug Report* comments that ‘the rapid pace of elimination is ... putting tremendous economic pressure on farmers, often from ethnic minorities, who have relied for so long on opium production as a means of survival. There is evidence in the eastern Shan states of Myanmar, that some of those populations are now facing a serious humanitarian crisis’. It continues: ‘Myanmar and Laos ranked 131st and 135th, respectively, out of 175 countries, on the 2003 Human Development Index; and the ethnic minorities who live in the remote opium producing areas have a standard of living that is even below that of the general population’ (UNODC 2004, p. 43).

Broader social and humanitarian issues need to be considered in formulating and implementing supply-reduction initiatives. A reduction in opium production can result in unanticipated harms in producer countries unless it is accompanied by robust programmes of economic assistance and crop substitution. Western governments are now starting to make significant investments in alternative development programmes in Afghanistan, with the UK Government recently stating that £70 million has been made available over three years for initiatives linked to the Afghan drug control strategy (Home Office 2004, p. 8). This is good for producer countries, but it also makes good sense for donors if it contributes to the development of economic activity that is not reliant on the drug trade.

2. INTERDICTION

The battle to stifle the distribution of controlled drugs on their journey from source country to consumer countries is known as interdiction. As most heroin and cocaine is produced outside

of the countries where it is consumed, the next logical question for the supply reductionist is: can we stop these substances from being imported into our country? We have searched for examples in recent history where the authorities have been able to limit the import of heroin or cocaine into a particular country, to the extent that the availability and use of the substance in that country has been significantly affected, and could only find one. There was a documented and significant shortage of heroin in parts of Australia between late 2000 and early 2002.

This so-called 'heroin drought' has been the subject of heated debate as to its causes and impacts (see Bush W, Roberts M and Trace M 2004 & National Drug Law Enforcement Research Fund 2004). In the summer of 2000, the Australian law enforcement authorities seized 606kg of heroin and dismantled a major drug trafficking syndicate. By the end of 2000, heroin-related deaths had plummeted, the numbers of people arrested for heroin offences was in decline, and heroin was more expensive, harder to obtain and of poorer quality. In 1999 there had been 1,116 deaths attributed to opioid overdoses in Australia - by 2001 this had fallen to 386 (Bush W, Roberts M and Trace M, p. 4). Predictably, the Liberal-National Party Government claimed that the heroin drought showed the success of its 'tough on drugs' strategy. A trend of steadily rising heroin use, which had been evident in Australia for years, appeared to have been reversed by one successful policing operation.

However, a seizure of 440kg of heroin only two years earlier in 1998 'hadn't made much of a dent on the market', according to the Commissioner of the Australian Federal Police (*ibid*, p. 2). Why had there been a heroin drought following a big seizure in 2000, but no drought following a similar seizure in 1998?

There are a number of possible explanations. The sudden availability of methamphetamine was of particular significance, as this drug originated from the same source as the Australian opium supply - crime syndicates based in the so-called 'golden triangle', particularly Myanmar. Reports of the dramatic increase in amphetamine production coincided with dramatic changes in the heroin trade. As early as 1996, the Australian Office of Strategic Crime Assessments (AOSCA) had forecast a fall in heroin imports, with the growing demand in the Chinese market attracting shipments previously destined for Australia. This long-standing trend was exacerbated by sharp falls in the poppy harvest in Myanmar. Faced by a sharp fall in production of heroin, the trafficking organisations directed their reduced heroin stocks to China. According to the Australian Institute of Criminology: 'those individuals will be more concerned with immediate needs to reduce the risks of trafficking and receive optimal returns on their investment. In "lean" years, other markets closer to source, and with lower trafficking costs (for example, the Asian markets) may simply offer a better

proposition' (Morrison S 2003, p. 6).

This does not mean that the seizure of 606kg had no impact. But it does mean that the Australian drought was not so much an unambiguous triumph of supply side control, as the effect of a combination of factors that will influence the marketing decisions of traffickers, including weather conditions and falling harvest yields. The efficiency of Australian law enforcement, as demonstrated by this particular seizure, did play a role in influencing the behaviour of the drug traffickers. It also prevented a sizeable shipment of a harmful drug reaching the Australian market. But the evidence suggests it was an important secondary factor, not the determining factor.

SUSTAINABILITY

A common theme emerges here: even on the rare occasions where enforcement efforts at the production or interdiction level are successful, the consequent impacts on availability and prevalence are difficult to sustain. An authoritative report on the heroin drought by the Australian National Drug Law Enforcement Research Fund, concludes that the heroin market has stabilised since the end of the drought, although it has not yet returned to pre-2001 levels (NDLERF 2004).

There is a simple economic reason why a reduction in the supply of a particular drug is likely to be comparatively short-lived if there is no effective action to tackle the demand side of the market. In an article on Thailand (see below), Pasuk Phongpaichit of Bangkok University sets out a sound general principle: 'it seems to me as an economist that, if you attack the supply but do little about demand, then the result is rising prices, rising profitability, and hence increased entrepreneurship. I suspect that is why such suppression-oriented approaches have persistently failed in other countries' (Phongpaichit P 2003).

For example, in Australia in 2001 the price of a gram of street heroin rose from AU\$220 to \$320 in New South Wales, from AU\$330 to \$450 in Victoria and from AU\$310 to \$350 in South Australia, before falling again as supplies began to increase (NDLERF, p. 43). By 2003, heroin prices across Australia had stabilised, and intravenous drug users were reporting that heroin was "easy" or "very easy" to obtain. The Australian heroin 'drought' had lasted less than two years. This underlines the importance of balancing supply reduction with initiatives to tackle demand. A sudden drop in supply drives up prices and this attracts new entrants to drug markets.

Demand for the most problematic drugs will tend to be least responsive to price changes. The heroin market is largely sustained by a cohort of regular, problem users. It is therefore fairly inelastic. The evidence suggests that, unless heroin addicts are successfully treated, they will either find new ways

(or intensify old ways) of raising the money to buy heroin at higher prices (including crime) or switch to other substances and modes of administration.

In these examples of successful control of production or interdiction, the results in terms of consumption have been short-lived, as new sources and chains of supply are established to take advantage of the increased profits to be made.

3. DOMESTIC CAMPAIGNS

If the authorities cannot sustain a reduction in overall production of heroin or cocaine, and they cannot stop these substances being distributed around the world, then what can be done domestically to reduce availability and prevalence? As we have observed before, governments around the world have approached domestic drug control with widely varying levels of enthusiasm. In recent history, the most concentrated efforts at domestic drug control have been based on a mixture of social disapproval, and deterrence backed up by strong punishments. We have looked for examples where there is evidence that prevalence has been reduced in a particular country, and tried to ascertain if these reductions are linked to government actions, or are due to changes in fashion or other socio-economic factors. Once again, examples of significant and recorded falls in prevalence are rare – most countries have experienced a continual rise in the overall use of controlled drugs over the last 40 years, punctuated by occasional sharp increases or declines for particular drugs or patterns of use. These general trends seem to apply equally in countries that have pursued tolerant or intolerant policies during this period.

In 'western' democratic societies, there is an almost total absence of examples in recent history of an overall significant and documented reduction in the prevalence of the use of controlled drugs. There have been several reductions in the level of use of a particular drug (for example, cocaine in the USA in the 1990s and recent falls in ecstasy use in the UK), but the only overall reduction we could identify was in the USA during the 1980s.

Two notes of caution are necessary on using this example. First, even after the reductions in prevalence in this period, the USA still had prevalence rates for youth drug use that were higher than almost all other countries. Second, the decreases were measured using general population surveys, which do not pick up trends in the use of heroin and cocaine by marginalized groups (the source of most drug related harm) – rates of use by these groups seem to have remained stable during this period.

However, the experience of the USA in the 1980s was real, and did coincide with a period of strong anti-drug political activity

and rhetoric. It is puzzling, however, that these strong social messages continued throughout the 1990s, when prevalence rose again in the USA. Furthermore, the 'deterrence' elements of the US Government strategy – large scale arrests, widespread drug testing, and harsh sanctions for users – were implemented to a much greater degree in the 1990s, so no clear correlation can be drawn between these government actions and the reductions in prevalence.

Researchers seem to agree, however, on one predictive factor for reductions in prevalence – attitudes of young people. During periods where surveys show that the proportion of young people who see drugs as wrong or dangerous is rising, there tends to be a fall in prevalence. This was true for overall use in the USA in the 1980s, and for cocaine use in the 1990s, which came down as overall use was rising. It seems logical that prevention campaigns and political messages that emphasise the badness and dangerousness of drugs will produce more widespread anti-drug attitudes amongst young people, but successive research studies have only found, at best, a marginal impact.

A stronger factor seems to be the cyclical nature of drug trends – in the USA in the 1980s, the fashions and cultures associated with cannabis use (which, as by far the most widely used illegal drug, drives the overall prevalence figures) were in decline, while the 1990s generation of young people had grown up with ample evidence of the destructive impact of crack cocaine on individuals and communities (for further discussion of these and cognate issues, see MacCoun R and Reuter P 2001).

RECENT TRENDS IN THE UNITED STATES

The latest *Monitoring the Future* survey of high school students in the United States shows what may be the early signs of another period of falls in prevalence: an 11 per cent drop in past-month use of illicit drugs between 2001 and 2003. This survey shows a reduction in all of the most commonly used substances, particularly marijuana and hallucinogens. Use of ecstasy has been halved, and use of LSD has dropped by nearly two-thirds (*Monitoring the Future* 2003).

At the same time, the *US National Drug Control Strategy 2004* expresses concern about a rise in the misuse of prescription drugs. Over six million Americans told the *National Survey on Drug Use and Health 2002* that they had used prescription drugs for non-medical purposes, and nearly 14 per cent of young people said they had done so at some time in their lives. Abuse of the prescription narcotic Vicodin among high school seniors in the United States is now double the use of methamphetamine, cocaine or ecstasy. The *National Drug Control Strategy 2004* concludes that the use of this drug 'has become a deadly youth fad, with one out of every ten high-school seniors reporting nonmedical use' (White House 2004,

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p. 24). Some 5 per cent of high school seniors also reported nonmedical use of OxyContin - a powerful painkiller with 'an addiction potential similar to morphine' (*ibid*).

It is surprising that the US *National Drug Control Strategy* does not *bring together* the evidence for a steep rise in abuse of prescription drugs and a fall in use of illicit drugs, and consider whether these two phenomena are related in any way - the rise in prescription drug abuse in the United States illustrates the point that the overall impact of a fall in the use of a *particular* drug or drugs will depend on trends in the use of other substances - whether as direct substitutes or not.

SUBSTITUTION

The evidence suggests that if there is a shortage of one drug, consumers may switch to other drugs. In Australia, for example, the heroin drought led to a sharp rise in stimulant use. Self-reported use of methamphetamine-type substances by injecting drug users increased from 64 per cent to 76 per cent between 2000 and 2001, and frequency of use from an average of 15 to 30 days in the preceding six months (Bush W, Roberts M and Trace M 2004, p. 2). Evidence from other domestic campaigns shows a similar impact - drug users do not become abstinent, but generally switch to another substance.

The Thai 'war on drugs'

This 'substitution effect' appears to hold elsewhere. In February 2003, the Thai Government led by Prime Minister Thaksin Shinawatra, launched a 'war on drugs' (for further discussion, see Human Rights Watch 2004 & Roberts M, Trace M and Klein A 2004). This was a response to an explosion of methamphetamine use in Thailand. By the end of 2003 - with over 2,000 alleged drug dealers killed in the course of the Thai campaign - Prime Minister Thaksin declared that Thailand was 'in a position to declare that drugs, which formerly had been a big danger to our nation, can no longer hurt us'. This was a gross exaggeration. But there is evidence for a fall in the availability of methamphetamines, with the price of a single pill reportedly rising from between \$1.5 and \$2.5 to between \$6 and \$8 (figures provided by Phongpaichit P 2003).

However, the response of many drug users appears to have been *substitution*, not abstinence. A first hand investigation on behalf of the BFDPP reports that 'the drug users who have low income change to volatile substances (for example, lacquer and thinner), as they are legal, cheap and convenient to buy from the shop. For the drug users who have high income, they still use the same kind of drug. Cocaine is new for Thai drug users. Thais have started using cocaine widely in the last year' (Roberts M, Trace M and Klein A 2004, p. 5). The Human Rights Watch report quotes Mr Anurak Boontapruk, co-ordinator of a drop in centre for drug users in Chiang Mai, who comments on another substitution effect, amongst heroin users driven into hiding: 'some drug users have told us that when

they are in hiding, many risky behaviours happen ... I think they're at greater risk of HIV, because it's hard for individuals or organisations to work with this group now, including for research, education or access to health services ... Some heroin users switched drugs but continued to inject. Some started using ya ba [methamphetamine] or other pills. Some just turned to strong alcohol like Whiskey, which can cause accidents. When you're hiding from the police, it's very difficult to have drugs on you, so you need to use them in a hurry. This can cause overdose' (Human Rights Watch 2004, p. 37).

The pursuit of a crackdown on the distribution and use of one substance, with significant impacts on price and availability, seems to have led to users moving to new substances and drugtaking practices, some of which are more harmful than those originally targeted.

The Iranian revolution

The story of Iran's Islamic revolution of 1979 provides an interesting example of what appears to be a similar kind of 'substitution effect'. An article on the impact of the Islamic revolution on drug markets explains that, 'control over the growing of the opium poppy became ineffective at the time of the revolution ... The initial increased availability of the drug, combined with a dramatic curtailment of supplies of alcohol, led to an escalation of drug abuse. The new regime made alcohol a prime target. Newspapers of the time frequently reported the seizure by police and revolutionary guards of home distilleries and of large-scale equipment. As a consequence, alcohol street prices increased to ten times the pre-revolutionary level' (Spencer C and Agahi C 1990-1991, p. 174). After successful law enforcement activity targeted at alcohol production, prices rose and there was substitution of opium for alcohol.¹

PREVALENCE AND HARM

As these substitution effects show, the relationship between prevalence reduction and harm reduction is not straightforward.

The social costs of tough law enforcement

This point is well illustrated by developments in the United States. There has been a significant fall in the use of drugs among high school students, but levels of some forms of drug related harm - particularly those relating to public health and

¹ From a Western perspective the substitution of opiates for alcohol may appear extreme, but this reflects different cultural norms. For example, Spencer and Agahi explain that in Iran 'among drug experimenting adolescents, drug use did not seem to be associated with social deprivation as drug users were not overrepresented among those from the most deprived social background. Nor was it an expression of an adolescent counter-culture as most young drug users had been introduced to the drug within family settings, rather than as a result of encouragement from peers. Cigarette use, in contrast, was predicted more by peer than family smoking patterns' (Spencer C and Agahi C 1990-1991, p. 174).

social exclusion – are increasing. So what has been the overall impact of US drug policy on drug-related harm? All else being equal, less people using drugs will mean less drug related harm. But other factors also need to be taken into account. The issue of substitution has been discussed. Two further points should be noted.

First, the impact of a reduction in the use and availability of drugs on drug-related harms will depend on *which* drugs and *which* patterns of use are targeted. A reduction in the number of heroin addicts is likely to have a greater impact on drug-related harms than an equivalent reduction in the numbers of people experimenting with marijuana. Furthermore, while experimentation with drugs is common among young people from right across the social spectrum, the abuse of hard drugs like crack cocaine and heroin is disproportionately a problem for disadvantaged and marginalised communities.² While occasional and experimental drug use among the better off appears to be falling in the US, many people from marginalised and disadvantaged communities remain locked in a cycle of drug addiction, offending, incarceration and re-offending.

Second, there are negative externalities to a policy emphasis on law enforcement. One of the most worrying phenomena has been the impact of drug policy on the prison population in the USA. In 1970, drug offenders constituted 16.3 per cent of the federal prison population; by 2002 this had increased to 54.7 per cent. With an influx of drug offenders driving up the prison population, the ‘correctional population’ – including every person in jail on probation or on parole – reached 6,732,400 in 2002 (Bureau of Justice Statistics at www.ojp.usdoj.gov/bjs/). The US imprisonment rate for drug offences is now higher than that of most Western European nations for all crimes (Macoun R and Reuter P 2001, p. 24).³ The rise of mass incarceration has had a differential impact on different racial and ethnic communities. In 1992, African-Americans accounted for two thirds of people admitted to state prison for drug offences. The lifetime chance of receiving a prison sentence is 5.9 per cent for white males compared to 32 per cent for black males (for further discussion see Curtis R and Wendel T 2000 & MacCoun R and Reuter P 2001).

More on costs

The histories of both the Australian heroin drought and the Thai ‘war on drugs’ show that there can be a direct relationship between a fall in the availability of a particular drug and other harms – unless measures are in place to deal with the consequences of a sudden fall in availability.

For example, while indicators of health harms fell, there was a sharp increase in robbery and ‘other thefts’ across Australia in 2001. The BFDPP Briefing Paper notes that the price of a gram of heroin rose from around \$40 to \$300 in Australia between 1999 and 2001, and concludes that ‘a reasonable explanation

for some of the rise in property crime during this period is that problem heroin users were adjusting their behaviour in response to massive rises in street prices of heroin’ (Bush W, Roberts M and Trace M 2004, p. 6). The Thai war on drugs was also accompanied by a rise in low-level property crime. As in the Australian case, this appears to be partly a result of small-time drug dealers switching to other sources of illegal income and/or drug users raising money to purchase methamphetamines at increased prices. The Thai ‘war on drugs’ had significant health costs as well. In particular, it drove many injecting drug users into hiding and away from services that could help to protect them from HIV/AIDs and other drug related harms (Roberts M, Trace M and Klein A 2004).

4. LIMITS ON DRUG POLICY

The most significant and sustained control of domestic drug markets have been achieved in closed, authoritarian societies. While these achievements will have kept drug related harm to a minimum, the methods used would not be replicable or acceptable in democratic societies.

THE COMMUNIST BLOC

‘Different from almost every single country in the world, People’s Republic of China had experienced a thirty year period (1949 to 1979) of no illegal drug using and dealing, thanks to its effective and strict governmental control programme under the socialist regime’. So begins an article on Chinese drug policy by Wen Wang of California State University, published in 1999 (Wen Wang 1999, p. 97).

It is impossible to verify his claim that drug markets were virtually non-existent in China for three decades. This seems highly unlikely – if it is true, it is all the more remarkable given estimates that at the end of the 19th century China had around 15 million opium addicts (www.dpf.org/global/drugpolicy/asia/china). But there certainly is evidence for a marked increase in drug use after the 1978 Chinese Economic Reform, and the liberalisation of Chinese society. Wen Wang continues: ‘Since the 1978 Economic Reform, China has re-opened its door to the outside world and the country’s economy has been affected not only by foreign technology, but also by the international illegal drug market ... according to the Chinese Security Bureau, in 1990, there were about 70,000 reported drug dealers in the

² MacCoun and Reuter observe that ‘cocaine dependence is heavily concentrated in inner-city minority communities’, adding that ‘a variety of imperfect data sources point to a dramatic concentration of frequent cocaine use among African-Americans and Hispanics’ (MacCoun R and Reuter P 2001).

³ Nor is there evidence that mass incarceration is an effective policy for reducing drug and drug-related crime. One study reports that of a total of 27,111 persons released from prison in 15 states in 1994, 67.5 per cent had been re-arrested within three years.

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countryside and in cities. This number doubled in 1991, tripled in 1992, and reached 520,000 in 1995. The rate of increase was about 200 per cent' (*op cit*, p. 98).

An explosion in drug availability and use following a transition from communism to market liberalism is not unique to China. The spread of drug abuse in the former Soviet Union was already underway before *glasnost*, but was rapidly accelerated by the structural changes following the demise of communism (see Klein A, Roberts M and Trace M 2004).

Another example is provided in an article by Gustav Kosztolanyi on developments in post-Communist Hungary. Kosztolanyi explains: 'as the grip of Communism progressively relaxed, a new menace was added to our traditional Hungarian vice of partiality to the demon drink with the increasing availability of hard and soft drugs' (Kosztolanyi G 2001). He quotes Dr Andrea Pelle of the Executive Committee of the Hungarian Civil Liberties Union: 'Prior to the 1990s, drug consumption was a sporadic phenomenon, more the characteristic feature of belonging to a particular sub-culture than anything else ... From the beginning of the 1990s, however, the situation began to change. The classical drugs began to be available on the drugs market, and from the mid-1990s onwards the number of people experimenting with drugs, regular users, addicts and victims of drug abuse related illnesses skyrocketed' (*ibid*).

Some of the former communist regimes appear to have succeeded in containing drug use and availability over extended periods of time. This means that some of the best examples of successful prevalence reduction may come from closed societies in which drug offences have been punished in an excessively harsh way, individual liberties curtailed, borders closed, communications controlled by the state and human rights violated.⁴ One of the dilemmas facing democratic societies with market economies is the cost of drug enforcement policy in terms of intervening in the market place and curtailing civil liberties. These problems are less acute for authoritarian regimes. The BFDPP has argued that drug policies should be constrained by respect for human rights and judicial norms.

THE LIMITS OF ZERO TOLERANCE

Drug policies that violate basic human rights can impact on supply, but at an unacceptable cost. This certainly does not mean that harsh policies are *generally* (let alone invariably) effective, even if judged simply as a means of containing – or reducing the scope of – drug production and drug markets. On the contrary, a number of jurisdictions that have relied on harsh punishment for drug offenders in the past are beginning to recognise their limitations.

Iran provides a good example. The Ayatollah Khomeini

government responded to the increase in opium use in post-revolutionary Iran with a national campaign against drug abuse launched in 1979. The early months of 1980 witnessed the extensive use of the death penalty for drug traffickers.

Punishments for drug offences have remained harsh in Iran, including lashings and death penalty sentences (although the latter is now reserved for the most serious drug offences). Yet, according to the UNODC, 90 per cent of all morphine and opium seizures occur in Iran and the past 10 years have seen a year-on-year increase in the number of drug seizures. Iran has responded – against the background of an HIV/AIDS and Hepitis epidemic – with a more progressive approach with a greater focus on public health (see [//cira.med.yale.edu/research/irandrug.html](http://cira.med.yale.edu/research/irandrug.html)).⁵

It is a similar story in former communist countries. In China, the Government responded to the explosion in drug use after economic liberalisation with a zero tolerance approach. In 2002, more than 60 people were executed for drug offences, and possession cases receive 'no less than 7 years imprisonment'. But China's drug problems have continued to increase, and it is now starting to recognise the need for harm reduction initiatives. The Drug Policy Alliance reports that 'illicit drug users are now referred to as "illegal patients" rather than "illegal persons" and according to Chinese law drug users must be rehabilitated. Most recently, China has established a methadone programme for heroin users in an attempt to reduce the spread of HIV/AIDS and hepatitis through injecting drug use' (www.dpf.org/global/drugpolicyby/asia/china).

The law was also tightened in post-communist Hungary in 1999. Illegal drug consumption is now punished by up to two years imprisonment, regardless of the type of drug. Dr Andrea Pelle of the Executive Committee of the Hungarian Civil

⁴ An article by Y L Yao of the Chinese Ministry of the Interior, published in the 1950s, explains that 'recidivist' narcotic addicts 'are liable to imprisonment for from three to seven years for first offence; to imprisonment for a term equivalent to one and two-thirds of the original sentence for the second offence, and to the death penalty for the third offence' (Yao Y L, p. 6). These were the penalties for drug use.

⁵ In the mid-1990s, the Iranian Government introduced a law that exempted drug users who sought treatment from punishment. There have been similar developments in other Islamic states. Saudi Arabia implements strict Islamic sharia law. It has been reported that 35 convicted drug traffickers were publicly beheaded in 2000. However, things may be changing. An article published in the New York Times in 2002, comments that 'the government says the harsh punishment and the kingdom's relative isolation from drug sources make drug addiction less severe than in countries like Iran and Pakistan'. But it continues: 'it is a serious enough problem that the rulers have begun ... to deal with it ... openly. And while the Government treats drug trafficking as a criminal activity it has begun to regard drug, alcohol and nicotine dependency as treatable illnesses' ('In Saudi Arabia, addicts are treated but dealers are executed', San Jose Mercury News, 11 February 2002).

Liberties Union comments: ‘In my opinion, the tightening up of the law from March 1999 onwards is no good to anyone: it has not led to a drop in the number of people taking drugs and the threat of prison does nothing to dissuade youngsters from trying out drugs’ (Kosztolanyi G 2001). Another former communist country, Russia, has recently moved in the opposite direction to China and Hungary. In 2004, after a short-lived attempt to control the explosion of drug use through harsh penalties, it effectively decriminalised the offence of possession of drugs for personal use – defined as no more than 10 times the amount of a “single dose” – which is now dealt with by administrative fines or community service (www.dpf.org/global/drugpolicyby/asia/russia).

THE BIGGER PICTURE

The re-introduction of tough laws in Hungary, Russia and China did not result in a corresponding fall in drug use, and put severe pressure on each country’s criminal justice system. Trends in drug use and the behaviour of drug markets depend on a whole range of economic, social and cultural factors. The rapid increase in illicit drug use in former communist countries following market liberalisation was not simply the result of the removal of oppressive enforcement mechanisms. Borders became more porous, young people tended to adopt fashions drawn from liberal market societies, and the transition to a market economy was accompanied by economic and social problems that have been linked to drug abuse. Drug prevalence within a particular society at a particular time is not simply, or necessarily at all, a product of its drug policies.

An exception may be evident in the analysis of the Swedish experience. Sweden is explicitly committed to the creation of a drug free society, and to the belief that substantial falls in the use and availability of drugs can be socially engineered. It has been vocal in its opposition to ‘harm reduction’, and it claims that the comparatively low levels of drug use in Sweden are the result of ‘tough’ drug laws.

Since the late 1960s, penalties for drug offences have increased and drug use has been penalised (with urine and blood tests for people suspected of using drugs). An EMCDDA publication from June 2002 comments that ‘all forms of illegal handling of narcotic drugs are criminalised in Sweden. It would be hard to find something that could add to the substantial criminal law.’ It continues: ‘Swedish criminal policy is, in general, relatively restrained as far as the use of imprisonment is concerned. This is, however, absolutely not true in relation to narcotic drug offences’ (EMCDDA 2002). For these offences, imprisonment is a ‘frequent’ penalty. At the same time, drug use is comparatively low. A comparative European survey of 15 year old school children established a cannabis prevalence level of 8 per cent in Sweden, compared to 35 per cent in the United Kingdom, and a European average of 16 per cent (Hibell B *et al*

1999). In 2000, around 13 per cent of the Swedish population aged 15-64 reported a lifetime experience with any illegal drug. Lifetime prevalence rates for cocaine, heroin and ecstasy were all below 1 per cent (National Report Sweden 2002, EMCDDA).

Is Sweden an example of what can be achieved by an uncompromising supply side approach? It is once again difficult to disentangle the impact of law enforcement from other elements of drug policy – including Swedish prevention and information initiatives and commitment to ensuring that every drug abuser can access treatment. But what distinguishes Sweden’s position from neighbouring countries with similar socio-economic conditions is the long term creation of a strong anti-drug social consensus. There are grounds for concern about recent developments in the epidemiology of drug use in Sweden, with evidence of increased availability in Swedish drug markets, lower prices and a greater variety of drugs. As with the United States, there are particular concerns about problem drug use. It is estimated that the numbers of ‘advanced drug abusers’ almost doubled between 1979 and 1998, from 15,000 to 26,000. During 2000 around half of the nearly 10,000 people in prison were drug users, and three quarters of this group were severe drug users (*ibid*).

It is also necessary to consider wider contextual factors in evaluating the Swedish situation. There has been a particularly strong anti-drug culture in Sweden. For example, a recent survey of 16 to 24 year olds concluded that over 90 per cent of young people were opposed to the decriminalisation of cannabis (in most European countries, opinion is more evenly divided). It is hard to believe that this culture is itself the product of a tough law enforcement driven approach – so that it would be replicable in other countries that adopted similar drug policies to Sweden – but it has undoubtedly been important for sustaining and supporting those policies. Second, there is compelling evidence from around the world of a link between problem drug use and a range of social problems. Per capita income is substantially higher in Sweden than the European average (115.4 compared to 100), there is less inequality of income (3.4 compared to 4.4) and the unemployment rate is significantly lower (4.9 compared to 8.9) (Data from Country Situation Summaries on the EMCDDA website at www.emcdda.eu.int).

CONCLUSION

The BFDPP has been unable to identify many well-documented examples of successful supply reduction. Those we have identified have tended to be comparatively short-lived and to have occurred in special circumstances. Nor is it easy to demonstrate a clear link between particular law enforcement actions and specific outcomes – not least, as there is a striking

shortage of detailed discussion of these (or other relevant) case studies in the literature.

The BFDPP has not been able to conduct a sophisticated analysis for this report. But a number of key points have emerged from our investigation, and should be noted in conclusion.

Interrogating the evidence. There is a shortage of well-documented examples of supply reduction. The BFDPP is committed to an evidence-based approach to drug policy. We believe that there is a growing body of evidence regarding what policies and activities are (and are not) effective in reducing drug use and drug-related harms, but that this evidence is not being sufficiently taken into account in the current policy debate. It is difficult not to view with suspicion the claims made by over a quarter of a total of 92 countries reporting to the UNODC that they have decreased drug abuse in their jurisdiction. If these claims are well-substantiated, then it would be of enormous benefit for policy development elsewhere in the world to be able to assess independently the basis for these successes. It is regrettable that the identity of these countries are not in the public domain.

Disaggregating the drug problem. The impact of a fall in drug abuse on drug-related harms will depend on which drugs are being used less frequently and which groups of users are adjusting and adapting their behaviour. All else being equal, it is reasonable to assume that a fall in the problematic use of hard drugs will have a greater impact on drug-related harm than an equivalent fall in the experimental use of drugs like marijuana. The contrast between the drug strategies of the United States and the United Kingdom is interesting in this respect. The White House's *2004 National Drug Control Strategy* defends its focus on drug use among high school students – rather than the urban poor – by claiming that ‘marijuana smokers account for the lion's share of Americans who are dependent on illegal drugs – more than four million of a total of seven million individuals whose use of illegal drugs of all types is serious enough to be labeled as abuse or dependence’ (White House 2004, p. 41). This claim would appear to rest on a controversial definition of dependence. By contrast, the United Kingdom's *Updated Drug Strategy 2002* has a clear focus on ‘the most dangerous drugs, the most damaged communities and the individuals whose addiction and chaotic lifestyles are most harmful, both to themselves and others’ (Home Office 2002).

The problems of analysis. The relationship between policies, initiatives and actions and the behaviour of drug markets is far from straightforward. The Australian heroin drought shows that successful law enforcement action can contribute to a reduction in supply – at least in the short-term – by influencing the marketing decisions of drug traffickers. But the impact of

one big Australian heroin seizure on the subsequent decisions of traffickers was mediated by a range of other factors – notably, a sharp fall in production of heroin. Similarly, the United States has experienced a fall in drug abuse among young people, but the precise causal explanation for this reduction is unclear. In particular, the claim by the United States' Government that this success vindicates a massive investment in drug testing in schools is highly controversial. An American correspondent told the BFDPP, ‘I've never seen a rigorous statistical analysis that established a causal relationship between anything the government does and prevalence rates ... on the face of it, such claims would be very hard to make’ (private correspondence). There is also evidence that the scope of drug markets was rigidly contained within some former communist countries. But – leaving aside human rights and cognate issues – this probably had as much to do with the impenetrability of their borders (geographical and cultural) as with their internal drug policies as such. Certainly, a reversion to harsh drug laws after the transition to market liberalism does not appear to have had the desired impact on drug supply. Again, a more detailed historical analysis is needed to disentangle cause and effect.

Supply and demand. The evidence shows that successful supply reduction will tend to be short-lived unless effective action is also taken to address the demand-side (for example, through drug treatment or effective prevention programmes). This is a matter of basic economic laws. If levels of demand are constant, a reduction in the supply of a drug will drive up the street price and make it more profitable for drug traffickers. This economic logic seems to have been borne out – empirically – by recent developments in Thailand and Australia. Another form of market adaptation that occurred in both these countries was the substitution of drugs that were harder to get hold of in local drug markets (methamphetamine and heroin respectively) by other drugs. If people with serious dependency problems are not being treated, they are unlikely to give up using psycho-active substances simply because they are unable to get hold of their ‘drug of choice’. A similar point applies to initiatives to reduce the production of drugs in countries like Myanmar, Laos and Afghanistan – so long as demand for opiates is buoyant, successful initiatives to cut opium cultivation in one area will always lead to an increase in production elsewhere.

Supply reduction and drug-related harm. The BFDPP has consistently argued that the ultimate objective of drug policy should be an overall reduction in drug-related harm. The first BFDPP report argued for a shift in the evaluative emphasis from effectiveness in reducing the use and production of drugs to effectiveness in reducing the harm associated with drug use and drug policy – while also recognising that reducing prevalence is itself an effective way of reducing harm (Roberts M, Klein A and Trace M 2004). The evidence considered for this third BFDPP

report shows that the costs of successful supply reduction initiatives can be high. A good example of this is the trend to mass incarceration and ethnic division that has been a feature of the enforcement of drug policy in the United States. (It should be said, however, that there is no reason to assume – as commentators sometimes do – that the aspects of United States’ drug policy that have helped to reduce drug use among young people cannot be separated out from those elements that have helped to fuel the exponential rise in the prison population.) A reduction in the supply of drugs can also produce a rise in forms of drug-related harms in a direct way, unless demand and harm reduction initiatives are also in place. The case studies considered for this Beckley Report show – for example – that a fall in the availability of particular drugs can be linked to a rise in low level property crime and an increase in risky behaviours among drug users (such as unsafe injecting practices).

In the few examples where supply side interventions have been evaluated the focus is essentially on demonstrating impact on prevalence. Little attention is given to the balance sheet of harms. Enforcement interventions are inevitably intrusive particularly when applied to producer countries and there can be considerable collateral damage not only in terms of human rights but in terms of local and national economies, the environment, the functioning of democratic institutions, health and social exclusion. The net outcome of supply side interventions should be assessed not only on prevalence and containment levels but on whether the anticipated harm from illegal drugs supply would have been significantly higher than the harm resulting from intervention itself. By contrast, prevention and treatment programmes often have a range of incidental benefits in terms of social inclusion which are routinely acknowledged in evaluations.

Draconian drug policy. It appears that some of the most successful attempts to control the production, supply and abuse of drugs have occurred in closed societies and/or as a result of campaigns against drug users and low level dealers that have shown scant regard for human rights or wider humanitarian considerations. The BFDPP has argued that effectiveness in prevalence reduction should not be the measure of policy success, for at least two reasons. First, it is necessary to take into account the costs of these policies. Second, drug policy should be conducted within clear deontological constraints. The pursuit of harm minimisation objectives should ‘respect universal human rights, and subject to this requirement, local judicial norms and practices’. It is salutary to note that some of the more successful recent policies to control and contain the supply of drugs have failed to respect these basic principles.

Critics of the status quo often conclude that a lack of evidence that law enforcement can bring about sustainable reductions in drug supply provides a conclusive indictment of current

approaches to drug policy. Certainly, it reveals some serious challenges for this paradigm. But this is oversimplistic. While the successes of law enforcement in *reducing* the supply of drugs may be few and far between, it is probable that prevalence would be *greater* still in the absence of initiatives targeting the supply side of drug markets. This issue of containment is crucial to drug policy – two questions need much closer research examination:

- to what extent do existing policies and supply reduction initiatives prevent an even higher level of use and harm?
- would this potential increase in use and harm be realized if a more tolerant approach was taken by governments?

There are clearly widely divergent opinions on these questions, but to date very little credible modeling has been undertaken.

Our review of supply reduction policy does raise serious questions about the current trends and trajectories of international drug policy – and the high proportion of drug budgets that continue to be devoted to law enforcement at the expense of demand-side initiatives and harm reduction policies.

NOTE TWO FINAL POINTS:

First, there is little ground for optimism that a substantial curtailment in the scope of drug markets (national or international) is a credible objective – at least, short of a recourse to draconian policies. On the contrary, the evidence suggests that prevalence will continue to increase in most countries. While containing – and, ideally, reducing – growth in the use and availability of drugs is an important means of minimising drug-related harms, it is likely to have only a limited impact. It is important, therefore, to develop harm minimisation policies that are adapted to the reality of the widespread use of drugs in many parts of the world for the foreseeable future. The persistence of such widespread drug use also means that the uncompromising enforcement of existing drug laws will tend to draw large numbers of people (particularly young people) into the orbit of the criminal justice system.

Second, even where there has been a successful reduction in aspects of a drug market through supply reduction interventions, the impact on actual harms has not been universally positive. At the production end of the chain, reductions in cultivation of heroin or cocaine are normally associated with extreme hardship for the farmers and agricultural workers who have traditionally relied on income from this trade. At the consumption end of the chain, the experience from across the world – in Australia, Thailand and the USA – is that drug users respond to restrictions on the availability of their drug of choice by switching to other substances, or engaging in an ever more desperate search for

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their preferred drug. These changes of behaviour may lead to a reduction in drug related health or social problems, but are more often associated with higher social dislocation and risk-taking behaviour. The mix of social, cultural and psychological factors that lead individuals into drug use in the first place is not fundamentally altered by the success or failure of supply reduction measures. Supply-side policy may be one tool of drug policy, but it is not a satisfactory drug policy in its own right.

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