



INTERNATIONAL DRUG POLICY CONSORTIUM

The 2008 World Drug Report

A Response From The International Drug Policy Consortium

SEPTEMBER 2008

The 2008 World Drug Report

A Response From The International Drug Policy Consortium

The United Nations Office on Drugs and Crime (UNODC or *Office*) published its latest report on the state of the global market for illegal drugs, *2008 World Drug Report*¹ on June 26th, to mark the International Day Against Drug Abuse and Illicit Trafficking. As has become the custom, the *2008 Report* contains a wide range of data and analysis that has been collated by the UNODC and also a more subjective statement of the *Office's* position on certain aspects of drug policy debate, as represented in the preface of the Executive Director. This report is particularly significant in that it is the last comprehensive statement from the UNODC on progress in tackling illegal drug markets, before the political representatives of member states gather in March 2009 to agree a new political declaration to guide drug control efforts in the coming years.

The IDPC continues to support the concept of the UNODC acting in a capacity as a 'centre of expertise' that collates data and analysis, and information on best practices, and objectively facilitates policy debates between member states and civil society, and the implementation of multilateral programmes. Unfortunately, we still find too many examples in the *World Drug Report* where the objectivity and expertise of the *Office* can be questioned. In this brief review, we look at four key questions that a reading of the document raises:

- Is the global market for controlled drugs being successfully contained?
- Does the history of opium use in China provide valuable lessons for 21st century drug control?
- How can we develop a workable international strategy on cannabis?
- To what extent can we rely on the data available globally on drug production, distribution and use?

In each case, we describe and critique the positions taken in the *Report*, and try to articulate the nature of the future challenges faced by member states as they prepare for the review meeting in March 2009.

CONTAINMENT – AN ONGOING DISCOURSE

Given the timing of this most recent World Drug Report, it is perhaps no surprise that it has fragile stability in global drug markets as its theme. As in the previous two Reports the concept of containment of the global drug problem is given prominence. While the theme remains implicit throughout the text, it is central to the preface; the section of the Report where the Executive Director of the UNODC traditionally lays out his reading of the world drug situation and the work of the Office in relation to it. Here then, Mr. Antonio Maria Costa once again highlights the belief that, according to UN data, "A global and long-term perspective reveals that illicit drug use has been contained to less than 5% of the adult population." More specifically, and with confidence in the accuracy of the figures, he stresses that "Problem drug users...are limited to less than one tenth of this already low percentage: there may be 26 million of them, about 0.6% of the planet's adult population." By way of adding a degree of relativity, Mr Costa also embraces the opportunity afforded by the preface to repeat the now familiar refrain that in the absence of the international drug control system, illicit drug use may well have reached the levels of tobacco and alcohol which are used "by at least one quarter of the world's adult population." Thus, we are told, "In terms of reducing demand, national and multinational drug control seem to be working." Such a neat and sound bite friendly summation of what are in reality very complex issues is perhaps to be expected within the preface of what is scheduled to be the last major Office publication prior to the UNGASS review in March 2009. Indeed, the ongoing prominence of the containment narrative must be seen as an important part of a priming process initiated during the UNGASS mid-term review in 2003. Then, no doubt increasingly mindful of the looming assessment of the targets set in 1998, Mr Costa first began to publically reframe the way in which the achievements of the international drug control system would be measured; a process which, as will be discussed in the next section of this brief, now also includes the highly problematic extension of the review period to the beginning of the 20th century.

The IDPC has discussed in responses to the *World Drug Report* in previous years, and will discuss again here, that there remain serious doubts about the data contained within the annual reports and upon which the UNODC's current containment discourse is based. That said, it must be acknowledged that we may indeed be witnessing a period of stabilization in the scale of the illicit market for some drugs in some parts of the world. However, the countries where a stabilising trend is currently observed, also tend to be those with better data, so the available information may be masking a strengthening of demand in existing markets and the creation of new markets, particularly in developing countries. Admittedly, these possibilities are noted at several points within the *Report*, and there is some policy utility in the UNODC's adoption of the concept of containment. For example, while it is noted at several points that containment is not an end in itself (p. 1 & p. 216), the notion of containing rather than eliminating illicit drug use "may provide a more reasonable articulation of what is possible through government action, and international agreements."² Additionally, admission of the continuing existence of a drug using population also implies the need for appropriate methodologies for managing, rather than seeking the eradication of, drug use, and for supporting, rather than stigmatising, drug users. Containment could consequently "provide the basis for the formation of more balanced policies that support activities aimed at reducing the harmful consequences arising from drug distribution and use"³ and suggests that the international community cannot continue to pretend that millions of drug users "can all be considered as deviant or criminal."⁴ Indeed, although rarely mentioned, implicit with the UNODC's containment calculus is the notion that there are 182 million regular non-problem drug users.

Although for the most part following a familiar path, the containment narrative within this year's *World Drug Report* does deviate from previous years in a number of noteworthy respects. This not only reveals a necessary and welcome refinement of the UNODC's discourse, but also provides us with a clear indication of how the *Office* is aiming to position itself in the lead up to the UNGASS review. The first issue to consider is the causal relationship between the contained market and the operation of the UN drug control system. The IDPC has pointed out on a number of occasions that the attribution of any stabilization directly to the framework based on the drug control conventions is methodologically weak. The data simply do not exist to make such a claim, and successive *World Drug Reports* have not produced a close analysis of the possible causality of such trends. As discussed elsewhere, "saturation" is likely the result of interaction between many complex variables.⁵ While somewhat buried in chapter two, it is therefore encouraging to read as part of the detailed description of the evolution of the international system the acknowledgment that "...the world is too complicated to attribute this containment exclusively to the process described above..." (p.213. Also see p. 216.) Second, we must consider

what might be regarded as the next chapter of the containment narrative; containment under threat. This is an oddly paradoxical phase bearing in mind the aforementioned admission regarding causality. In the preface, Mr Costa notes that "The past few *World Drug Reports* have stated that the world drug problem is being contained in the sense that it had stabilized." He goes on to stress, however, that "This year's *Report* shows that containment is under threat." Consequently, "Urgent steps must be taken to prevent the unravelling of progress that has been made in the past few decades of control." In so doing, and despite careful attempts by the authors of chapter two to qualify causality, the Executive Director effectively links market stabilization with the operation of the UN drug control system while urging increased commitment to that system. Mr Costa bolsters his warning concerning the potential "unravelling" process by urging for progress to be made within three key areas; health, crime prevention and human rights. All these areas, themselves arguably a reflection of emergent concerns of and hence popular among many parties to the conventions, are certainly worthy of increased attention from member states. They do not, however, receive a great deal of consideration in the body of the *Report*. For instance, within the context of long term stabilization of markets for opiates, cocaine, cannabis and ATS, it is noted that "There are many possible areas where this containment is vulnerable: a lessening of the vigilance and control provided by law enforcement..." (p.34.) It must be noted that included within the list is insufficient treatment services provided by member states. However, it is telling that despite a continuing dearth of research demonstrating its effectiveness, the law enforcement approach is given prominence, and any weakening of commitment to this approach automatically considered a threat to the achievement of the objectives of the control system. This position in many ways also contradicts the later discussion of the unintended consequences of the international drug control system. Here it is argued that "Public health...also needs resources, and may have been forced to take the back seat in the past." (p.216). Indeed, while the *Report* touches on the useful concept of "policy displacement" (the focus of policy and resources on one area of activity, to the detriment of others), and discusses the need for a "balanced approach," a persistent faith in the primacy of law enforcement remains implicit throughout.

CHINA – DISPUTED HISTORIES

As noted earlier, the 2008 *World Drug Report* continues the *Office's* strategy of setting the parameters of evaluation for the performance of the international drug control system at 100 years, rather than confining its analysis to the ten-year period proposed by the UNGASS process. To develop this position, the current *Report* includes a chapter entitled 'A century of international drug control.' It is here that it picks up some of the constructive observations made in Mr Costa's "Making Drug Control 'Fit

for Purpose': Building on the UNGASS Decade" paper released at this year's session of the Commission on Narcotic Drugs in March.⁶ As with this conference room paper, the *Report* highlights how drug control efforts over the past century have revealed several unintended consequences: the creation of a criminal black market; the aforementioned "policy displacement"; geographical displacement of production; substance displacement; marginalization of users. This constructive aspect of the chapter is, however, regrettably undermined by its attempt to contrast conditions in 1907, when the last days of Imperial China provided the context for what is depicted as an epidemic of addiction, with conditions in 2007, which are described as representing the 'stabilization' of global drug use. While the 'complexity' of events is briefly acknowledged, a causal role for the drug control apparatus in bringing about this transformation is nonetheless strongly implicit throughout.

To judge the validity of the claim that success has crowned a century of the drug control project, we must inquire first whether the situation in Imperial China was as bad as the *Report* depicts it, and secondly whether the present global situation is really one in which the production, distribution and consumption of illicit drugs has been 'stabilized' and 'contained'. This section deals with the first of those questions.

China 1907- A pandemonium of addiction?

In what is in many ways a useful historiographic account of the use of opium in China, the *World Drug Report* uses terminology that appears to be drawn from popular history: there was an 'opium epidemic' and it represented 'devastation', a 'catastrophe' and a 'humanitarian emergency' for China.⁷ It narrates how the present international drug control regime was born out of collective efforts to relieve the suffering of the Chinese people.

Estimates of numbers of opium users and quantities of opium consumed in China vary widely; sources are of questionable reliability, and none are definitive. The problems clustering around these estimates have been discussed at some length in the Transnational Institute's June 2008 response to *Report*, 'Rewriting history.'⁸ Consequently, rather than engage in further disputes about historical levels of prevalence, we intend here to review the evidence as to the character of opium use in China at the beginning of the twentieth century. Whatever the precise figures, commentators agree that opium smoking was prevalent; but how *harmful* was it, and how comparable to the nature of early 21st century drug use? Did it resemble the apocalyptic scenario referred to in the *World Drug Report* and the 1909 Opium Commission report, on which the authors draw heavily?

The assumption throughout 'A Century of International Drug Control' is that all or almost all of this opium use constituted 'addiction' and was disastrous for the individual and Chinese

society. This assumption is demonstrated in, for example, the following quote: "(M)any forget that there was once a country in which perhaps one in four men was a drug addict, and that the world was able to address this problem through collective action." (p. 177)

This simplistic identification of opium use with addiction is invalid, and the evidence on which it is built, partisan and insecure. Widespread use and rampant addiction are not necessarily the same thing. We shall refer here to alternative sources, which bring into question the prevalence of the 'opium sor'—the figure of the wrecked smoker who does nothing but smoke all day, and sells himself and his family into debt in order to satisfy his craving. In fact, this mode of use was comparatively rare in China according to many contemporary resources.⁹

Opium in China- A complex culture of consumption

A complex and heterogeneous culture of consumption had by the late 19th century built up around opium¹⁰, which was a prime instance of *yanghuo*, the Chinese taste for foreign commodities¹¹. In a process beginning in the Ming dynasty (1368-1644), opium had been transformed, largely through its employment as an aphrodisiac, from a medicinal substance to one associated with leisure and pleasure. Spreading out from the aristocracy via the taste-setting literary¹² and artistic classes during the Qing period (1644-1911), and through its extensive links with the sex-industry, opium achieved its status as a commodity of mass consumption in the late 1800s. Opium in China played what was, in some ways, a similar role to tea, coffee, cacao and sugar in the West¹³, establishing a paradigmatic form of mass consumerism¹⁴; it also helped to facilitate the formation of an indigenous capitalist class.¹⁵

The essential point that the *Report* fails to grasp is the variety and complexity of opium culture in China.¹⁶ There were all kinds of opium use; the practice was integrated into Chinese culture at all levels, ranging from the labourer who smoked only dross to the ritualized smoking sessions of the aristocracy, a social performance complete with expensive accessories that paralleled the aesthetics of wine in Europe. Much use was medicinal; as in the West at this time, opium was the only effective relief available for most of the illnesses afflicting the population. The 'opium sor', which corresponds with the idea of the addict, was a reality, of course, but tended to be the exception.¹⁷

This fact is recognized by the work of the Royal Commission on Opium (ROC) of 1893-5, the British government inquiry that was set up in response to increasingly organized calls to abolish the opium trade. While the *Report* references the ROC, it downplays the extent to which the effect of the trade on China was taken into account. "Locked into the geographic limitation of its terms of reference, it was impossible for the Commission to recognize the devastation the trade they had exonerated was

wreaking in other parts of the world". (p. 178) While it is true that the primary focus was indeed on India, the ROC reported that "Looking also to the fact that the greater part of the Indian opium revenue depends on export trade...principally with China and the Straits...we felt it impossible to form a complete judgment on the moral objections raised against the Indian opium revenue system without considering the effects of that trade abroad."¹⁸ Accordingly, evidence was taken from those with experience of the situation in China, a mixture of missionaries, doctors and government officials. "... (W)e took the evidence of 17 missionaries who had been resident in China...the evidence of these witnesses was practically unanimous as to the evil effects of opium-smoking upon the Chinese..."¹⁹ When it came to the medical and diplomatic sources, a generally different picture emerged. "In the British consular service in China the prevailing opinion is that opium-smoking in moderation is not harmful, and that moderation is the rule...The medical opinions were in general accord with those of the Consular body."²⁰

One of these medics was a Dr Rennie, who told the ROC that, "A new arrival finds that his ideas, moulded on statements current at home, are immensely exaggerated; he seldom comes across that type of the degraded opium victim with the description of whom we have in our earlier days been so familiar." Other medics made the same point.²¹

Colonialism and Christianity

It was a commonplace of what has been termed 'orientalism'²² - the tendency to view the inhabitants of the 'orient' in stereotypical ways- to conflate the Chinese with the opium smoker.²³ Like any stereotype or social myth, this figure must, if it is to circulate and endure, have a degree of truth to it. While the figure of the opium sot did exist, its stereotypical form was an exaggeration and generalization far beyond the facts, and tended to become self-reinforcing in that it coloured the perceptual set of the observer, who then interpreted the data of social experience in its terms. This is a well-recognized sociological and psychological mechanism. Thus, opium was used as a palliative by the terminally ill, and to ward off hunger during famine and hardship; it is likely that many missionaries reversed the causality, attributing death and a wasted appearance to opium because this is what their beliefs led them to expect.²⁴ Their objection to opium use was a moral and ideological one, held as an emotional investment and prior to the data of experience.²⁵

But what was the source of this stereotype in the first place? To understand this it is necessary to take into account the colonial and religious beliefs of the western commentators who first constructed it. Foremost amongst these were the missionaries²⁶ who were in China in pursuit of converts, and who became the prime movers in the anti-opium campaign; they were supplemented by officials of the various colonial powers, who

sought to establish trading relations with China and to open up its vast and lucrative markets. Moreover, the colonial project was not limited to economic imperatives, but included a paternalistic desire to civilize and to modernize 'the orient'.²⁷

The religiously-inspired moral objections to opium were prominent in the Society for the Suppression of the Opium Trade (SSOT), which was led by Quakers and their political supporters.²⁸ Although the *World Drug Report* states that "the reform movement was rooted in popular revulsion to the immorality of the opium trade", the anti-opium campaign in Britain was not so much a 'popular' campaign as a campaign driven by those who had the social and political power to make their views count. The movement was modelled on that aimed at the abolition of slavery, and it is perhaps no coincidence that the modern conception of addiction dates from the early 20th century.²⁹

The colonial adventures of the Western powers had brought them into contact with the corrosive and destabilizing effect new drugs can have on cultures that first encounter them. The US and Britain had witnessed the effects of alcohol on aboriginal societies in America and Australia³⁰. They feared that opium would come home to haunt them.³¹

The conduct of foreign affairs by these powers must also be understood with reference to domestic ethnic tensions for which drugs were a potent symbol. At this time the globalization of industry and transport meant that Chinese labourers were forming expatriate communities in port cities across the West. Opium-smoking became a symbol³² of all the fears that these communities awakened in the host cultures: fear of losing jobs, houses and, particularly, white women³³ to these newcomers led to racial tensions, particularly in the US, Australia and Canada. Hamilton Wright, one of the drivers of the early drug control movement, had, in reference to the Chinese communities in the US, stated that: "one of the most unfortunate phases of the habit of smoking opium in this country is the large number of (white) women who have become involved and are living as common law wives or cohabiting with Chinese in the Chinatowns of our various cities."³⁴ Meanwhile in Britain, the Rev. J. Degen was one of many warning that contact with Chinamen would lead girls "into opium dens and bogus nightclubs."³⁵ He feared that these men held a mysterious attraction for English women: "This colour fascination constitutes a danger in regard to which young girls should be warned. The morals and civilization of the Yellow man and the European are fundamentally different."³⁶

The IDPC agrees that the drug control system must be understood in terms of the historical circumstances in which it was initiated; the movement toward control was not, however, generated solely by the humanitarianism of Western modernity, nor confined to "the principle of public health" reiterated at several points by the *Report* as "the first principle of drug control" (which is not to say

that public health was not a factor). Instead, the birth of the drug control regime was bound up with the exercise of political, social and economic power. Thus in 1901 the US Senate proposed that “the principle ...that native races should be protected against the destructive traffic in intoxicants should be extended to all uncivilized peoples by enactment of such laws...and ...treaties as will prohibit the sale...to...uncivilized races of opium and intoxicating beverages.”³⁷ Although Mr Costa’s recent emphasis on human rights and public health is to be welcomed, it should perhaps be viewed as a statement of aspiration rather than as a characterization of either the historical origins of international drug control or its performance over the intervening century. In this respect, it is clear from his admissions that public health has at best come in as a poor second to enforcement priorities in terms of economic, political and discursive resources.

At the origin of the drug control regime, two forces, the religious and the colonial, were closely interlinked. Even the United States, with its crusading ethic and its belief in the manifest destiny of the Republic to lead the way for benighted humanity, made sure that ethics and business stayed on good terms. In the run-up to the Hague meetings, Hamilton Wright reminded the state department that “Our move to help China in her opium reform gave us more prestige in China than any of our recent friendly acts toward her. If we continue and press steadily for the conference...the whole business may be used as oil to smooth the troubled water of our aggressive commercial policy there.”³⁸ The imperatives of trade and commerce were never far from mind, and US behaviour should also be seen in the light of the 1905 trade boycott, when Chinese merchants organised to abstain from trading with the US in protest at its treatment of Chinese immigrants in American cities..³⁹

The picture of opium users as unproductive wastrels is also drawn from Chinese nationalist discourse, which constructed opium as a foreign vice inflicted on the Chinese people. The anti-opium campaigns of the various 20th century Chinese governments used opium as a sign of all that was unpatriotic and anti-modern.⁴⁰ The campaigns were against opium-smoking as they were against foot-binding- these customs were relics with no place in the new Chinese modernity. The final attainment of something approaching an ‘opium-free China’ did not take place until after the communist victory of 1949, and was achieved only through the use of measures which would be wholly unacceptable in democratic societies.⁴¹ The secret of the Chinese Communist Party’s success where previous governments had failed lay primarily in its achievements in policy areas outside drug control as such. The communists were the first government to establish effective control over the Chinese countryside, imposing mechanisms of governance that permitted an intensive ideological penetration of the rural population. Specific drug control measures included draconian penalties up to and including capital punishment, and campaigns of propaganda, discipline and surveillance carried

out through the newly extensive party apparatus. In addition to these policy measures, a further essential ingredient existed in the Chinese context: namely, a profound cultural shift in attitudes had taken place; in today’s parlance, we might say that, for large sections of the population, opium-smoking was no longer ‘cool’. It was seen as outmoded, unpatriotic, passé. It is clear that this set of circumstances was highly historically contingent, and does not provide a model for advanced democracies; nor does an equivalent cultural disapproval of drug use exist throughout the populations of our own late modernity. Moreover, it is noteworthy that the liberal economic policies introduced by 1980s reforms brought in their wake the return of opium and its stronger derivatives, with large new heroin markets now operational in China.⁴²

To summarize then, the *Report* conflates opium use with addiction, and relies heavily on evidence drawn from missionary and crusading sources with a powerful ideological antipathy to the use opium, which strongly colours their evidence. No critical analysis of these sources is brought to bear, and this results in an extreme vision of opium use in late Qing and early Republican China, which was, in reality, much more nuanced and less generally problematic than its portrayal here would indicate. In addition, the forces underpinning “drug control” efforts were much more complex and, unfortunately, less humanitarian in their motives, than the *Report* would have us believe. Moreover, the framing of Chapter 2 under the title “A century of drug control” lends a unity to that historical arc which it did not, in fact, possess. Importantly, the early decades saw the regime functioning primarily as one of regulation, overseeing and managing the conduct of pharmaceutical companies and states; the prohibition-centred nature of the regime emerged only with the 1961 Single Convention on Narcotic Drugs.⁴³

The Decline of Opium

If the claims of the *World Drug Report* regarding the role of the international drug control system in suppressing opium production and use are of dubious validity, what are the alternative explanations for the global reduction (estimated by the *Report* as being from 41,000 metric tonnes in 1907 to 12,000 in 2007)?

The most important factor is the radical change in medicine and medical therapeutics that has taken place across the 100 year period. Medicine relies much less now on the use of general remedies and tonics based on opium, which at the dawn of the 20th century was used as aspirin is today: opium was then a cure-all household remedy which most of the population used for headaches, stomach upset, diarrhoea, the treatment of malaria and so forth. Almost every home would have contained opium at that time; it has been replaced by specific therapeutics such as quinine for malaria, antibiotics and so on. These changes in the therapeutic toolkit went hand in hand with fundamental shifts in medical organization, which moved from a culture of self-

medication to a professionalized, expert practice with high social status and control over prescribing. The rise of a professional pharmacy profession and the commoditization of mass-produced pharmaceuticals in commercial markets accompanied these developments. At the same time, advances in public hygiene, clean water, sewerage and the like reduced the prevalence of those diarrhoeal diseases for which opium had been so vital. On the level of psycho-social suffering, which is still widespread, opium's role has been taken over by a host of prescribed medications to alleviate depression, anxiety, etc. The boundaries between what were medicines and what were drugs changed- previously "drugs" included both these poles, but in the early twentieth century these bifurcated, with the untreated 'raw' products such as opium (and later cannabis) falling firmly, if relatively newly, on the 'drug' side of the fence.⁴⁴

Throughout the West, the movement into modernity has seen cultural changes that have made the once acceptable opium a much more tightly regulated substance. The control exercised by nation states and transnational bodies like the UN have, at the same time, created a lucrative black market (one of those unintended consequences mentioned above) in which opium's stronger derivatives are widely available, and these are joined by a full menu of other psychoactive drugs that satisfy the recreational market. The latter has proven highly durable, despite long-term attempts by states to discipline the subjectivity of their citizens. If we compare the comparatively mild patterns of opium consumption prevalent at the start of the twentieth century with the global proliferation of heroin, methamphetamine and crack cocaine at the start of the 21st, we may feel that we have rather less cause for self-congratulation; especially since the latter may have blossomed largely as a consequence of the desire to prohibit the former. As William McAllister observes: "China provided the first evidence that control efforts would have to account for addicts' adaptive propensities; rather than eliminating abuse, regulatory changes often modified patterns of use."⁴⁵

While we support the UNODC's attempt to place the progress achieved in the last 10 years in a historical context, our analysis shows that, in its haste to demonstrate a positive picture, the *Office* has focused selectively on one country's history of drug use, misrepresented the true nature of that use, and glossed over the complex combination of events that led to its reduction. This would be only of historical interest if it were not for the risk that such a partial analysis can lead to a complacent view towards current policy challenges.

CANNABIS – THE SILENT POLICY DILEMMA

In recent years we have seen the *World Drug Report* highlight cannabis. For instance, it may be recalled how the 2006 *Report* dedicated an entire chapter to the topic entitled "Cannabis: Why we should care." Then the IDPC wondered if cannabis was the focus of a new crusade. Last year, in the context of a purported stabilization of global cannabis use, Mr Costa used the preface of the publication to claim that "health warnings on higher potency cannabis, delivered in past *World Drug Reports*, appear to be getting through."⁴⁶ It is consequently interesting to note that in the final months before the UNGASS review, what is arguably one of the most problematic and contentious issues facing the international drug control system received little prominence within the assessment of the global situation presented by the UNODC, and has been almost entirely absent from the debates in the intergovernmental expert working groups. Although it might be argued that some of the main issues had already been discussed in the 2006 *Report*, perhaps this can be read as an indication of reluctance amongst member states and the UN to address an issue that raises significant policy differences too near to the high level meetings in March 2009. Whatever the reason for this reduction in focus, the account of the cannabis market within the latest *Report* does little to highlight a number of key policy dilemmas facing the international community at the end of the UNGASS decade.

We are informed this year that cannabis continues to dominate the world's illicit drug markets in terms of pervasiveness of cultivation, volume of production, and number of consumers. More specifically, cultivation and production of the drug is seen to be "extremely widespread." Indeed, cannabis production is identified in 172 countries and territories. However, having admitted the problematic nature of generating figures, global production of cannabis herb is estimated to have stabilized at around 41,400 mt in 2006 which indicates "that the upward trend observed from the early 1990s to the first years of the new millennium has come to a halt." (pp. 96-7). "Tentative estimates" also reveal that global cannabis resin production is around 6,000 mt suggesting "that after many years of uninterrupted increases" production may have declined over the 2004-2006 period. (p. 100) In terms of trafficking, predictably for "such a vast illicit market," out of 170 countries and territories which reported seizures to the UNODC in 2005 and 2006 more than 99% reported seizures of cannabis (p. 102.) It is unsurprising then that cannabis is reported to be the most commonly used illicit drug in the world. The UNODC estimate that in 2006 166 million people (3.9% of the global population age 15-64) had consumed it. The total number of cannabis users has increased steadily over the 1997/98 to 2006/7 period. That said, "the stability of prevalence rates suggests that the number of cannabis users has not outpaced overall population growth, or growth in non-cannabis users, during the same period." These factors together lead to the conclusion that "The cannabis market has remained basically stable overall."

It is posited, however, that the market is also currently “experiencing some interesting developments.” (p. 95) First, an increase in cannabis herb potency, that is to say THC levels, “seems to be going hand in hand with a decline in some of the main markets.” In an echo of earlier statements it is suggested that “this could mean that risk awareness amongst consumers is growing and contributing to some declines in demand.” While this might be a contributing factor, there is no mention that an equally plausible explanation for such a change may be that cannabis users are simply smoking less because the drug is stronger. Second, the *Report* points out that, according to its figures, cannabis resin production in Afghanistan has been increasing since 2003. It is suggested that what is thought to be a vast over-supply of opiates and a related fall in prices may have prompted a shift to cannabis production in the country. Cannabis then clearly remains a key area of concern for the international drug control system. As is noted, there are “areas of dynamism, but by and large the market retains its core characteristics year-on-year; it is the most widespread of all the illicit drug markets, it has, by far, the highest level of prevalence, and this prevalence in society tends to minimise perceptions of risk to health.” Such a description and the accompanying data analysis, however, skirts around a number of increasingly pressing policy dilemmas.

First, although the UNODC itself admits that the cannabis “problem is even less well qualified than the other illicit drug markets,” (p. 215) that the cannabis market dwarfs those for other illicit drugs is beyond doubt. Thus, while production and consumption *may* have stabilized in recent years, current policy approaches are clearly not succeeding in actually reducing its overall scale. Indeed, in what seems to be a classic example of the “balloon effect,” reductions made in Moroccan production of the drug have look like being offset by recent increases in cultivation within Afghanistan, and of small-scale production by users themselves. In terms of consumption, as we have discussed elsewhere, research suggests that within western states factors other than drug policy have a significant effect upon prevalence.⁴⁷ Furthermore, as others have noted, law enforcement oriented policies aimed at reducing use are often disproportionate and counterproductive.⁴⁸ A growing appreciation of the largely ineffective and even damaging nature of such an approach has led a significant number of nations to adopt a more liberal approach to the drug. And this leads us to our second point.

There is of course a certain amount of flexibility within the provisions of the drug control conventions. As such what is variously referred to as “decriminalization” or “depenalization” of cannabis has been justified within the letter if not the prohibitive spirit of the current international system. This situation has provoked the INCB to criticise a number of states in its *Annual Reports*. In 2001, for instance, the Board dedicated a special

Harm reduction – What “Clarity” ?

As is well known, the issue of harm reduction has for a number of years been a particular point of tension within the UN drug control system. Among other places, IDPC accounts of the proceedings of recent CND meetings have shown the very different positions held on the issue by various member states. It is, however, interesting to note that in yet another attempt to re-write history, this year’s *Report* attempts to absolve parts of the UN system itself from any responsibility for harm reduction becoming what it characterizes as an “unnecessarily controversial issue.” (p. 217) To this end, we are informed how both clauses from the Single Convention and pronouncements from the INCB leave no doubt as to the place of harm reduction within the treaty framework. “Yet,” the *Report* continues, “for all this clarity, an unhelpful debate has raged on, lost in the need to find certainty between the polarities of ‘zero-tolerance’ and ‘harm reduction.’” We agree that a polarised debate is indeed unhelpful, but this view of recent history is, to say the least, a bit disingenuous. Although the UNODC has recently stated its support for the harm reduction concept in its broadest terms, the picture painted by the *Report* fails to recognize the role played by both the *Office* and the INCB for many years in fuelling uncertainty on the issue. Following a long period of refusing to engage with harm reduction at all, the continued reluctance to highlight specific interventions (such as needle exchange programmes) in policy statements, and Mr Costa’s repeated assertion that everything the UNODC does can be considered as harm reduction, do not help to produce genuine clarity on the issue. Furthermore, as a number of civil society publications have highlighted in recent years, the INCB’s rigid interpretive stance on the conventions, regardless of what the Single Convention may or perhaps more apposite may not say, has done little to generate clarity for those governments considering the best way to promote public health in their own countries.

A much clearer and more constructive stance for the *Office* and the INCB would be to recognise the historical differences on this issue, and to use the current review to establish beyond doubt their support for the established WHO and UNAIDS position, and that harm reduction efforts in the field of HIV, hepatitis and overdose prevention are a valid element of the drug control efforts of national governments. Furthermore, instead of stating the obvious point that all drug control activities have the objective of reducing harm, the rapid spread of the harm reduction concept marks a shift away from the previous drug-free world terminology still present at the time of the 1998 UNGASS. Zero tolerance ideology has become gradually replaced by more pragmatic policy principles that try to deal with the reality of the continued existence of an illicit drugs market, as is clearly evidenced in this year’s *Report*. The harm reduction concept could now be given further meaning by exploring its application in various aspects of drug law enforcement, such as action in source countries, or reducing the power of organised crime.

section to “Control of Cannabis” warning of an increased tension between expanding tolerant practices and strict treaty adherence. This was a theme taken up in the aforementioned *World Drug Report* chapter on cannabis in 2006. Indeed, as explicitly noted there and somewhat buried within chapter two of this year’s *Report* (p. 215), under the terms of the Single Convention cannabis is treated with the same degree of severity as cocaine and the opiates. As such, the drug is undeniably a significant and growing point of tension within the operation of the current system. This is reflected in the periodic annoyance displayed by some of the traditional cannabis producing states, which, having worked hard to eliminate illicit production of the drug, see a number of predominantly western European states introduce lenient policies concerning consumption. A recent example of this was seen at the in the Committee of the Whole at the 2008 CND. Here in a resolution titled “Reducing demand for illicit drugs”, a group of Middle Eastern and African countries including Morocco, voiced its concern that “some States permit the use of substances that are under international control.”⁴⁹ While “decriminalizing” states are quite within their rights to follow such liberal policies, the international community must, as Mr Costa noted in the 2006 *World Drug Report*, work to resolve systemic inconsistencies concerning cannabis. Although there is currently a lack of political will to take on this challenge, resolution of the dilemma will require an objective reflection on the effectiveness of efforts to stifle supply and a clearer distinction based on the latest scientific evidence between cannabis and drugs like heroin and cocaine.

The third point for consideration also relates to the increasing inability of the extant system to deal effectively with current realities. This time, however, the shortcoming concerns the changing shape of the market. Bearing in mind the scale of the cannabis market, it is surprising that the 2008 *Report* does not explore in more detail the issue of indoor and home cultivation. Indeed, it is generally only considered in terms of the impact of hydroponic cultivation on potency (E.g. p. 8 & p. 25). Although debate surrounds the issue of current THC levels, this is of course an important area worthy of attention. In recent years there has been a growing realization that high strength cannabis strains might be damaging for the mental health of some heavy users. However, beyond the methodological problems it brings to the already difficult topic of production estimates,⁵⁰ the lack of any significant mention of indoor cultivation overlooks an increasingly problematic aspect of the cannabis issue in relation to the efficacy of the current UN drug control framework. Put simply, how can a global control system effectively deal with an illegal substance that is not only produced by agricultural processes - that is to say in outdoor plots - in almost every country in the world, but is also increasingly grown in indoor settings close to the point of consumption? Depending upon their size and complexity, indoor plantations can be established more or less anywhere. The supply reduction strategies applied to cocaine and heroin – encompassing targeted eradication in

source countries, interdiction along the main supply routes, and intelligence led enforcement against the major traffickers – have decreasing relevance in such a diverse cannabis market. Ironically, according to the 2008 *Report*, growing complexities within the market structure in terms of both potency and cultivation patterns may be the result of increased enforcement efforts. For example, it is noted that “In Canada and the USA, where large scale eradication efforts have been successful, the growth of THC levels likely reflect the shift towards indoor production of high potency cannabis” (p. 14.)

The issue of cannabis control then creates real dilemmas for the forthcoming policy review. The use of cannabis is culturally established in most countries, current supply reduction strategies cannot realistically work and demand reduction efforts seem to have only a marginal impact. It seems, therefore, that a new strategic approach needs to be found. Yet because there are sharp divisions between member states on how to deal with cannabis, there is a degree of paralysis in the debate. The result is that the issue is getting insufficient attention in Vienna. While this situation continues, the illegal market for cannabis continues to develop largely unaffected by international action.

DATA – THE ONGOING DILEMMA

We agree with the *Office* that sound policy should be based on the best available evidence, but continue to emphasise the gaps in the availability and reliability of the information on which the *World Drug Report* is based, and therefore the need to be more tentative in policy conclusions. The ongoing difficulty of measuring trends in an illegal market is made more challenging by some of the trends within that market - the problems that the new modes of cannabis production pose for the tracking of production and the market trends of that drug, can be observed also with the rapid growth of the internet as a source of off-label prescribing and the illicit use of prescription drugs. According to Europol, 17 new psychoactive substances were introduced to European markets during 2007, and the US National Drug Threat Assessment 2008⁵¹ warns that, “Law enforcement will most likely be challenged to monitor a growing number of foreign-based Internet pharmacies as Americans become more accustomed to acquiring their drugs from such sources.” To be sure, the misuse of prescription drugs has become a significant element of the drug problem in the United States of America. A survey conducted by the Pharmaceutical Research and Manufacturers of America organization and published in June 2007 found that 5.4 million US citizens, or 2.5% of the population, had purchased prescription drugs from internet pharmacies based in countries such as Canada and Mexico, and that 50% of them did so because they did not have a prescription for those drugs.⁵²

Such issues pose in particularly acute form a more general methodological problem for the production of data regarding illegal drugs, especially in relation to demand and consumption. This stems from the illegal and clandestine nature of the market, and is, commendably, given considerable recognition in the methodology section of the *Report*. There are many candid admissions in this section (Chapter 4, p.289), tucked away as it is at the very end of the text, which might to the impartial observer tend to negate, or at least to raise questions regarding, many of the figures supplied in the main body of the Report, and still more so the political conclusions that feature in UNODC's public discourse and media stance.

“Considerable efforts have been made over the last few years to improve the estimates presented in this report. Nonetheless, the data must still be interpreted with caution because of the clandestine nature of drug production, trafficking and abuse. Apart from the ‘hidden’ nature of the phenomenon being measured, the main problems with regard to the data relate to the irregularity and incompleteness of reporting. This affects the quantity, quality and comparability of information received.” (p. 289)

The data in the *Report* are drawn primarily from Annual Reports Questionnaires (ARQs) which member states are supposed to send back to UNODC each year. One problem is that governments often send the forms back one year but not the next, which poses problems for continuity and the inference of trends. The other issue to which the above quote alludes is the completeness of the data, which we will now examine. The 2008 Report is based on the replies to ARQs referring to the period June 2007 to May 2008. Some 205 of these questionnaires were sent out by UNODC, and they contain separate sections dealing with drug Supply and Demand respectively. On the demand side, there were 109 replies out of 205, which represents just over half. The supply side is more complete, but at 126 returns it still represents a response rate of less than two thirds

By geographical region, the numbers break down as follows: Europe came in first, with 87% demand and 89% supply questionnaires returned; for other regions, the figures were respectively: Americas, 39% and 49%; Asia, 58% and 71%; Africa, 41% and 52%, while for Oceania only a combined figure is given, 21%. It will be seen that the coverage is therefore very patchy, and that the majority of data on the returned forms dealt with the supply side of the drugs equation, which reflects policy priorities and the fact that the information consists of seizures, arrests and so on, materials which governments have readily to hand. It demonstrates that demand data coverage for Europe is quite full, while that for Africa and the Americas is low, with Asia somewhere in between.

Moreover, the number and spread of ARQs returned is not the only factor to be taken into account. The UNODC has this year changed its criteria for evaluating the completeness of the

information supplied on the forms (p. 289); it has selected a series of ‘key questions’, and those ARQs which answer above 50% of these questions are regarded as ‘substantially complete’, while those replying to less than 50% are classed as only ‘partially complete’. Of the supply questionnaires, 83% are classified as substantially completed, and on the demand side the equivalent figure is 55%. The rest are, therefore, only “partially” filled in (i.e., less than half of the “key” questions were not answered); it will be noted, then, that ***nearly half of the demand ARQs sent out were not returned at all, and almost half of those that were sent back were less than half complete.***

Although the evidence is supplemented by data drawn from other sources where significant gaps exist in ARQ coverage (mainly from law enforcement agencies for supply and UNODC's Global Assessment Programme, EMCDDA and CICAD for demand), it will be seen that very significant gaps continue to exist in several major areas. Since the named supplementary agencies rely on the same kind of state-provided data as the 2008 *World Drug Report*, large holes in the field of knowledge are present across much of the world, especially with respect to demand for illicit drugs. This is one of the consequences of the historical dominance of a drug control policy directed at the suppression of supply.⁵³

As noted above, the methodology chapter of the *Report* does in fact acknowledge much of the provisional character of its data. But there is a tension between methodological rigour and political expediency which courses through the document and the broader public discourse of the entire UN drug control apparatus. Despite the UN's humanitarian credentials, which widely and quite properly command respect, and its developing technical expertise notwithstanding, the UNODC is caught up in a network of economic and political relationships which condition its practices. For example, it would be best practice in research terms to produce a range of estimates and to emphasise the many caveats and compromises involved; and indeed, the methodology chapter goes some way toward doing just that. However, the political and bureaucratic pressures upon the *Office* call for the deployment of single, authoritative and bite-sized ‘facts’, which the mass media can then circulate without reference to the complexity, provisionality and specificity of complex social processes.

Thus, as noted above, we read in the Preface to the Report the Executive Director's remark that, “A global and long-term perspective reveals that illicit drug use has been contained to less than 5% of the adult population...”, but the prevalence data on which the 5% figure is based comes from returns from between 25 and 50% of all countries. Depending on the real situation in those countries, the real global prevalence figure could be higher than the officially published figures.

In addition to the weakness of data dealing with illicit drug demand, it should be noted that the selected methods of investigation, however rigorously conducted, tell us nothing whatever about the contexts in which drugs are consumed, the choices driving consumption and the meanings attached to these activities by those doing the consuming. To some extent, this is a result of the tendency (referred to above, in the context of China) to equate all illegal drug use with addiction and problematic forms of use, despite the fact that the UNODC acknowledges that 'problem users' constitute only a small minority. The motivations underpinning these forms of drug use are assumed to be to essentially escapist and requiring of little further explanation. The choice of methods is also a reflection of the greater political utility of quantitative statistical information and the credence it is given policy circles. In order to strengthen demand reduction activity, and more broadly to improve understanding of the phenomena under investigation, it may be worth the UN considering extending the range of research tools it brings to bear to include qualitative and cultural methods. The knowledge such techniques can provide may help to reduce the enormous social and cultural abyss which exists between those engaged in drug control practice (especially in the upper echelons of the system) and those who are the objects of its study.

When we examine the supply side data in more detail, it is evident that much of this is also tenuous. The disparities between the US and UN figures for coca cultivation and cocaine production have been dissected in some detail in recent years. For example, for Colombia 2006 the UN stated that there were 78,000 hectares of coca plantings, while the equivalent US figure was 157,200.⁵⁴ This is an enormous disparity- how does it come about that two drug control organizations with considerable financial and expert resources at their disposal arrive at such different figures?

It is essential to keep in mind that we are dealing here with a complex social process - the production of plants from which illegal drugs are to be extracted. This is an illicit and fugitive form of agriculture - one that seeks to camouflage its activities. Consequently crops are often grown in the most remote and inaccessible regions, where towns and even roads may be very distant; political and military instability often contributes to its elusive nature. Plants can be mixed with lawful crops and grown in shaded areas where visibility is low. Although satellites are employed in attempt to access such hidden cultivations, their efficacy is often less than is widely supposed. The images derived from satellites are not self-evident, but depend on human interpretation. Moreover, these images are of different resolution, like the resolution of a printer: those that cover a larger area are cheaper but less detailed and accurate; usually a combination of high resolution, expensive imagery and broader coverage imagery is used, and inferences drawn from one applied to the other. Cloud cover is also a factor, as it renders visibility more difficult. A certain degree of foliage visibility must be obtained for a plant

to be identified; coca or poppy which has only recently been planted is more difficult to identify. The point is that even in the technical and logistical operations of data gathering, estimates and decisions have to be made, discretion has to be used, and herein lies their provisionality.

The US National Drug Threat Assessment 2008 acknowledges these issues. "Uncertainty exists regarding the precision of coca cultivation estimates," it observes. "Although the best available estimates indicate an increase in coca cultivation in South America, the rapid adaptation by coca growers and their changing cultivation practices challenge analysts' ability to develop cocaine production estimates with a high degree of certainty. The land area surveyed for coca cultivation in South America increased each year from 2004 through 2006, and in each year, coca fields were discovered in areas not previously surveyed or known for large-scale coca cultivation. Analysts are uncertain as to how long these newly discovered coca fields have been active. Moreover, analysts also are uncertain about the productivity of coca fields that are rapidly replanted after aerial eradication and about the productivity of vigorously pruned coca bushes."⁵⁵

The *Report* also calculates on the basis 'potential yield' of plantations, and those hectares already eradicated are subtracted from the final figure. However, once again we have social processes intervening, for it seems highly unlikely that eradicated hectares are *ipso facto* hectares without coca plants. It appears that spraying, which has according to the *Report* resulted in the eradication of 153,134 hectares in 2007, is of questionable effectiveness. As has happened so often, producers have developed techniques to counteract the measure or to reduce its effectiveness, and to sustain overall levels of production and profits. In Colombia the peasant farmers have learned that some plants survive the spraying, and these are used to generate new growths, presumably selecting for those plants whose genetic make-up enables them to best resist the action of the herbicide. In addition, the farmers will subject plants to drastic pruning immediately after spraying; this prevents the herbicide from reaching the roots, and allows them to use the leaves while waiting for the plants to sprout once again. The plants may also be manually sprayed with a protective made from a mixture of molasses and water, which helps to prevent the herbicide from being absorbed by the crops. The pilots and the companies contracted to do the spraying are, in addition, aware that spraying is not universally effective and for this reason often spray the same plantations repeatedly, a practice which further skews the data as each pass is counted as an eradication event.⁵⁶

This zone of uncertainty extends through the entire cocaine cycle, from growing through production and trafficking to consumption. The calculation of global cocaine production potential relies heavily on information regarding transformation ratios (plant material to drug product), yield per hectare, laboratory and cook efficiency, and technological sophistication. Transformation ratios

and yield depend in turn on the seeds used, the availability of fertilizers, pesticides and so on. Again, the methodology chapter acknowledges these limitations (p. 292): “In order to be precise, these calculations would require detailed information at the local level on the...cocaine content in the coca leaf, as well as...on the clandestine laboratory efficiency, which is in turn a function of know-how, equipment and precursor chemicals. *This information is not available.*” (Emphasis added). Despite all of these caveats, however, the message reiterated in the main body of the *Report* is that ‘cocaine production remained stable.’

An equivalent problem arises at the trafficking stage; while the *Report* provides aggregated seizure data in kilograms, countries do not actually supply interdiction information in the form of a standardized unit - some give data in weight (Kgs), others in volume (litres) and still others, most problematically, in ‘typical consumption units’. These latter are estimated by the *Office* as, for example, (at ‘street levels’ of purity) 0.5 grams for herbal cannabis, 0.135 for cannabis resin, 0.1 grams for cocaine and 0.3 grams for heroin. By this means, UNODC is able to convert the seizure data into the metric totals which appear in the tables. As the authors concede (p.293), “Though all of these transformation ratios can be disputed, they at least provide a possibility of combining all of the different seizure reports into one comprehensive measure.” In other words, the imperative of tidiness is given priority over representing what is in fact an uncertain landscape.

When we examine opium production, the same difficulties with data can be observed. But even if we do accept the UN headline figures, it is difficult to see how the ‘containment’ model fits the data. While the total hectares of officially reported poppy growth is more or less the same as it was in 1998, potential production of opium has increased from 4,346 metric tons in 1998 to 8,870 metric tons in 2007; potential heroin production has, meanwhile, increased from 435 metric tons in 1998 to 733 in 2007, an increase of 59% in 10 years. This situation is interpreted thus in the *Report* (p.37): “The opium/heroin market continues to expand on the production side. Demand is stable overall but increases have occurred in important areas...” These are listed as the areas bordering on Afghanistan and, “to a certain extent”, along trafficking routes. Again the *Report* states that opiate consumption may have reduced slightly in 2006, basing the claim on “expert perceptions reported by States Members”. This fits well with the containment thesis, but when the claim is interrogated further the landscape is no longer so tidy. As a press release accompanying the publication of this year’s Afghan Opium Survey put it: “For the third year in a row, opium supply far outweighs world demand. Prices are falling, but not dramatically. This suggests that vast amounts of opium, heroin and morphine have been withheld from the market. As a priority, intelligence services need to examine who holds this surplus.”⁵⁷ But is that necessarily the inference that should be placed on the apparent disparity between supply, demand and price? One

alternative explanation might be that demand is under-reported from some significant markets (a possibility, given the weaknesses in official demand data) and there are, in fact, large markets for opiates upon which the drug control system has no data. Another possibility is that there is no single, relatively massive unknown market carrying on its business undiscovered but that demand—that is, the use of illicit opiates—is consistently underestimated right across the board. If such is the case, it would also mean that percentages of trafficked drugs which are intercepted (23% of all heroin and 42% of cocaine according to the *Report*) are in fact *overestimated*. Mr Costa’s narrative of vast stockpiling seems unlikely; for a criminal enterprise to warehouse such a large proportion of its product on a long-term basis seems a strategy of great risk. However, in the present circumstances, with the present state of play as regards our tools of investigation, we just don’t know.

CONCLUSION

The 2008 *World Drug Report* is once again full of useful information and analysis, and is an essential source document for anyone wishing to understand the complex dynamics of the global drug market, and what the international community is trying to do to respond to it. It is understandable that the UNODC seeks to find a balance between the need to present data with sufficient scientific rigour so as to be credible, and the need to present a clear policy analysis and conclusions, which work from a political and media perspective. We find, however, that this balance is not achieved with the 2008 *Report*, which once again contains too many selective or unsubstantiated policy conclusions. This is a shame as it is clear that the analytical capacity within the *Office* is much improved in recent years. Moreover, as is demonstrated in sections of both this year’s *Report* and particularly the aforementioned conference room paper, “Making Drug Control Fit for Purpose,” the UNODC is more than capable of making objective and exigent assessments of the global drug situation. It is this sort of challenging analysis, as well as calls for meaningful debate, that we hope to see emerging more consistently from Vienna.

ENDNOTES

- 1 http://www.unodc.org/documents/wdr/WDR_2008/WDR_2008_eng_web.pdf
- 2 "The World Drug Report 2007: Still Winning the War on Drugs?," IDPC Briefing Paper, 6 August 2007. http://www.internationaldrugpolicy.net/reports/IDPC_BP06_WorldDrugRpt2007_EN.pdf
- 3 Ibid.
- 4 "The World Drug Report 2006: Winning the War on Drugs?" IDPC Briefing Paper, September 2006. <http://www.internationaldrugpolicy.net/reports/IDPCReport2.pdf>
- 5 IDPC, 2006, op. cit.
- 6 <http://www.unodc.org/documents/commissions/CND-Session51/CND-UNGASS-CRPs/ECN72008CRP17.pdf>
- 7 UNODC *World Drug Report 2008*, p.177
- 8 For a discussion of the figures, see TNI, 2008. *Rewriting history: A response to the 2008 World Drug Report* <http://www.tni.org/policybriefings/brief26.pdf>
- 9 Dikotter, F, Laamann, L & Zhou Xun (2002) "Narcotic Culture: A Social History of Drug Consumption in China," *British Journal of Criminology* (2002) 42, pp. 317-336
- 10 Des Forges, A. (2000) 'Opium/Leisure/Shanghai: Urban Economies of Consumption' in Brook, T. and Wakabayashi, B.T. *Opium Regimes: China, Britain and Japan, 1839-1952* University of California Press, Berkeley
- 11 Yangwen Zheng (2003) "The Social Life of Opium in China," 1483-1999. *Modern Asian Studies*, 37, 1(2003) pp.1-39.
- 12 McMahan, K. (2002) *The Fall of the God of Money: Opium Smoking in Nineteenth Century China* Rowman & Littlefield Inc. London
- 13 Mintz, S. (1985) *Sweetness and Power: The Place of Sugar in Modern History* Penguin Books 1986.
- 14 Goodman, J.(2007) 'Excitantia: or how enlightenment Europe took to soft drugs' in Goodman, J. Lovejoy, P.E. & Sherratt, A. in *Consuming Habits: Global and Historical Perspectives on How Cultures Define Drugs* Routledge, London & New York.
- 15 Trocki, C. A. (2002) "Opium and the Beginnings of Chinese Capitalism in Southeast Asia," *Journal of Southeast Asian Studies* 33(2), pp.297-314 June 2002.
- 16 Dikotter, F, Laamann, L. & Zhou, X. (2004) *Narcotic Culture: A History of Drugs in China* University of Chicago Press, Chicago.
- 17 Newman, R.K. (1995) "Opium Smoking in Late Imperial China: A Reconsideration," *Modern Asian Studies*, Volume 29 Number 4 (October 1995) pp.765-794
- 18 Royal Commission on Opium (1895) Volume 6 *Final Report of the Royal Commission on Opium*. HMSO p.1
- 19 Royal Commission on Opium, Final Report. 1895 p.49
- 20 Royal Commission on Opium, Final Report. 1895. P.51
- 21 Royal Commission on Opium, Final Report. 1895. P.51
- 22 Said, E.W. (1978) *Orientalism* Penguin
- 23 Manderson, D.(1999) "Symbolism and racism in drug history and policy" *Drug and Alcohol Review* (1999) 18 pp. 179-186
- 24 Newman, R.K. op. cit.
- 25 Harding, Geoffrey (1998) *Opiate Addiction, Morality and Medicine*. MacMillan, London.
- 26 Fischer, B. L. (2008) "Opium Pushing and Bible Smuggling" *Religion and the Cultural Politics of British Imperial Ambition in China* PhD thesis Notre Dame, Indiana
- 27 Ho-Fung Hung (2003) "Orientalist Knowledge and Social Theories: China and the European Conception of East-West Differences 1600-1900." *Sociological Theory*, Vol. 21 no. 3 pp.254-280
- 28 Brown, J.T. (1973) "Politics of the Poppy- Society for the Suppression of the Opium Trade 1874-1916," *Journal of Contemporary History*, Volume 8, no. 3 (July 1973) pp. 97-111
- 29 Valverde, M. (1997). "Slavery from Within": the invention of alcoholism and the question of free will." *Social History*, 22, pp. 251-268
- 30 Wilson, B. *A Disorderly frontier: an analysis of drunkenness, disorder and drug offences in the northern Territory 1870-1926*. Paper presented at History of Crime, Policing and Punishment Conference, Canberra 9-10 December 1999.
- 31 Jay,, M *Emperors of Dreams: Drugs in the Nineteenth Century* Dedalus 2000
- 32 Milligan, B. *Pleasure and Pains: Opium and the Orient in 19th Century British Culture*. University of Virginia Press 2003
- 33 Kohn, M. (2001) *Dope Girls- The Birth of the British Drug Underground*. Granta. See also Bland, L. (2005) *White Women and Men of Colour: Miscegenation Fears in Britain After the Great War* Gender & History, Vol. 17 number 1. April 2005. pp.29-61
- 34 Quoted in Aurin, M. (2000) "*Chasing the Dragon: The Cultural Metamorphosis of Opium in the United States 1825-1935*". *Medical Anthropology Quarterly New Series* Vol.14, No. 3 pp.414-441
- 35 Quoted in Kohn, M. p.60, op. cit.
- 36 Ibid.
- 37 Fidler, David P. "*The globalization of public health: the first 100 years of international health diplomacy*," *Bulletin of the WHO*, 2001 79(9)
- 38 Musto, D. *The American Disease: Origins of narcotic control* Oxford University Press, Oxford and New York 1987
- 39 Spence, J. D. *The Search for Modern China* W.W. Norton & co. New York & London
- 40 Reins, T.D. (1991) "*Reform, Nationalism and Internationalism: The Opium Suppression Movement in China and the Anglo-American Influence, 1900-1908*," *Modern Asian Studies*, Volume 25, No.1 (February 1991) pp.101-142
- 41 Zhou Yongming Nationalism, Identity, and State-Building: The Antidrug Crusade in the People's Republic, 1949-52 in Brook, T. and Wakabashi, B. T., op. cit.
- 42 Dikotter et al. (2004)
- 43 Bewley-Taylor, D. (1999) *The United States and International Drug Control, 1909-1997*, Continuum. London & New York
- 44 Berridge, V. (2001) "*Altered States: Opium and Tobacco Compared*," *Social Research*, Fall 2001.
- 45 McAllister, W. B. (2000) *Drug Diplomacy in the Twentieth Century: An International History* Routledge, London & New York, 2000.p.26
- 46 UNODC *World Drug Report 2007*
- 47 IDPC 2007, op. cit.
- 48 See for example, Boyum, D. & Reuter, P. (2005), *An Analytic Assessment of US Drug Policy*, AIE Press, p. 98.
- 49 "The 2008 Commission on Narcotic Drugs – Report of Proceedings," IDPC Briefing Paper 8, April 2008. http://www.idpc.info/php-bin/documents/IDPC_BP_08_RptProceedings2008CND_EN.pdf
- 50 Bouchard, M, (2007), "Towards a realistic method to estimate cannabis production in industrialized countries," Paper presented at the first annual

conference of the International Society for the Study of Drug Policy,
March 2007.

- 51 <http://www.usdoj.gov/ndic/pubs25/25921/>
- 52 US Dept of Justice National Drug Threat Assessment 2008 p.27 Retrieved on 06.09.08 from <http://www.usdoj.gov/ndic/pubs25/25921/25921p.pdf>
- 53 IDPC Policy Principle No. 2 *Drug Policy should increasingly focus on the consequences of drug use*
http://www.idpc.info/php-bin/documents/IDPC_FivePolicyPrinciples_Exp2_EN.pdf Retrieved 5th September 2008
- 54 INCSR 2008 p129 Retrieved 6th September 2008 from <http://www.state.gov/documents/organization/102583.pdf>
- 55 <http://www.usdoj.gov/ndic/pubs25/25921/>
- 56 Thoumi, F. E. (2008) Good Grief, Colombia Does Not Produce Cocaine! Unpublished paper.
- 57 Retrieved from <http://www.unodc.org/unodc/en/frontpage/opium-cultivation-in-afghanistan-down-by-a-fifth.html> 30 August 2008.