

Commentary

Global drug prohibition: its uses and crises

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Received 27 March 2002; received in revised form 20 November 2002; accepted 20 November 2002

Abstract

In the 20th century, political leaders and governments throughout the world supported drug prohibition and constructed a global drug prohibition system. They did so because of the influence of the USA and its allies and the UN. This article suggests they also did so because drug prohibition, drug demonisation and anti-drug campaigns were very useful—especially to politicians, the police, the military, and the media. Now in the 21st century, global drug prohibition is facing several overlapping crises. The growth of the harm reduction movement has increasingly pushed drug policies in many countries from the more criminalized end of the drug prohibition continuum to the more regulated and tolerant end. Further, a serious, reputable and ever growing opposition to punitive drug policies has begun to challenge global drug prohibition itself. Finally, drug prohibition appears to be unable to prevent the increasing cultivation, use, and normalization of cannabis throughout the world. Because of these currently unstoppable developments, global drug prohibition is losing some of its invisibility and political invulnerability.

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Keywords: Drug prohibition; Drug demonisation; Harm reduction; Drug policy reform; Single Convention; Drug treaties; Drug war

The invisible system

Global drug prohibition is a world-wide system structured by a series of international treaties that are supervised by the UN. Every nation in the world is either a signatory to one or more of the treaties, or it has laws in accord with them. As a result, every country has drug prohibition enforced by its police and military. Every country criminalises the production and sale of cannabis, cocaine and opiates (except for limited medical use). Most countries criminalise the production and sale of some other psychoactive substances. Most countries also criminalise simple possession of small amounts of the prohibited substances (Nadelmann, 1990; Bewley-Taylor, 1999, 2002, 2003; McAllister, 2000, and many publications at the INCB web site at <http://www.incb.org>).

Outside of some drug policy, harm reduction, and academic circles, few people have known much about the world-wide drug prohibition system. In the last

decades of the 20th century, men and women in many countries became aware of *national* drug prohibition. They came to understand that the narcotics or drug policies of the US and some other countries are varieties of drug prohibition. Even as this understanding spread, however, the fact that every country in the world has adopted drug prohibition remained a kind of ‘hidden in plain view’ secret.

Until recently, the term ‘drug prohibition’ was rarely used by governments, the UN, the news media or academics. This non-use of the phrase drug prohibition occurred even though, and perhaps because, alcohol prohibition was always called ‘prohibition’, especially by the people in favour of it. Government publications and other writings have instead used the terms ‘narcotics control’ and ‘drug control’. The UN agency that supervises world-wide drug prohibition is still called the International Narcotics Control Board.

Until recently, the global drug prohibition system has been taken for granted and nearly invisible. Now that is changing. As global drug prohibition becomes easier to see, it loses some of its other ideological and political powers.

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The drug prohibition continuum

In *Crack in America: Demon Drugs and Social Justice*, Reinerman and Levine (1997) suggested that the varieties of drug prohibition can be seen as a long continuum. At one end of the continuum are the most criminalised and punitive forms of drug prohibition; at the other end are the most decriminalised and regulated forms of drug prohibition.

The drug policy of the United States of America is the best known example of criminalised drug prohibition. It uses police and imprisonment to punish people who use specific psychoactive substances, even in minute quantities. US federal drug laws prohibit supervised medical use of cannabis by terminally ill cancer and AIDS patients. US drug prohibition gives long prison sentences for repeated possession, use, and small-scale distribution of forbidden drugs. Many US drug laws explicitly remove sentencing discretion from judges and do not allow for probation or parole. The US now has nearly half a million men and women in prison for violating its drug laws. Most are poor, from racial minorities, and are imprisoned for possessing an illicit drug, or ‘intending’ to sell small amounts of it. The mandatory federal penalty for possessing 5 g of crack cocaine, for a first offense, is 5 years in prison with no parole (Reinerman and Levine, 1997; Duke and Gross, 1993; Gray, 1998; McWilliams, 1992).

The cannabis policy of the Netherlands is the best known example of the other end of the drug prohibition continuum—of a decriminalised and regulated form of drug prohibition. Several UN drug treaties—especially the Single Convention on Narcotic Drugs of 1961—require the Netherlands and other governments to have laws criminalising the production and distribution of cannabis and other drugs. However, since the early 1980s, national legislation and policy in the Netherlands also limit the prosecution of over 800 cafes and snack bars that are licensed to sell small quantities of cannabis for personal use on premises and off. These ‘coffee shops’ are permitted to operate as long as they are orderly and stay within well-defined limits that are monitored and enforced by the police. Like other formally illegal activities, cannabis sales are not taxed; the coffee shops cannot advertise cannabis, and they may sell only small amounts to adults.

Even as cannabis sales in the Netherlands are open, routine, and *appear* to be completely legal, importing and commercially producing this cannabis remain illegal. As a result, the coffee shops have always been supplied, as the Dutch say, through the ‘back door’. This is still formally drug prohibition and the Netherlands prosecutes importers (smugglers), dealers and commercial growers who handle large quantities of cannabis—as required by the UN anti-drug treaties. In short, for over two decades, the Netherlands has

sustained a unique system of regulated, open, quasi-legal cannabis sales supplied by illegal importers and growers. This is as far as any country has been able to go within the current structures of global drug prohibition (Leuw, 1997; Reinerman and Levine, 1997).

The prohibition policies of other Western countries fall between the heavily criminalised crack cocaine policies of the US and the regulated cannabis prohibition of the Netherlands. No Western or democratic country has ever had forms of drug prohibition as criminalised and punitive as the US, though some undemocratic governments have drug laws even harsher than the US. Further, since at least the early 1990s, drug policy in Europe, Canada, Australia and elsewhere is clearly shifting away from the criminalised end of the prohibition continuum. But all these countries are required by international treaties to have—and still do have—formal, legal, national drug prohibition (Bewley-Taylor, 1999, 2002; Bruun, Pan, and Raxed, 1972; McAllister, 2000; Walker, 1992; Reinerman and Levine, 1997; Andreas, 1999).

The spread of drug prohibition throughout the world

National criminalised drug prohibition began in the 1920s in the US as a subset of constitutional alcohol prohibition. In 1930 the US Congress separated drug prohibition from the increasingly disreputable alcohol prohibition and created a new federal drug prohibition agency, the Federal Bureau of Narcotics, headed by the committed alcohol prohibitionist Harry J. Anslinger (Epstein, 1977; Musto, 1987). By that time there was massive, open violation of constitutional prohibition in most US cities. Then the enormous impoverishment, dislocation and despair caused by the Great Depression further delegitimised alcohol prohibition. In 1933, a combination of majority votes in some state legislatures and unprecedented state-wide public referendums in other states ended national alcohol prohibition. The question of alcohol policy was turned back to state and local governments to do with as they wished. A few states retained alcohol prohibition for years, many US counties today still have forms of alcohol prohibition (Kyvig, 1979; Levine, 1984, 1985).

The story of drug prohibition took an entirely different course. Since the early 20th century, the US found European governments far more willing to consider anti-narcotics legislation than anti-alcohol laws. The founding Covenant of the League of Nations explicitly mentioned the control of ‘dangerous drugs’ as one of the organisation’s concerns. In the 1930s, with Anslinger’s guidance, the US helped write and gain acceptance for two international anti-drug conventions or treaties aimed at ‘suppressing’ narcotics and ‘dangerous drugs’. In 1948 the new UN made drug prohibition one of its priorities. The UN Single Convention of 1961,

as amended in 1972 supplemented by UN anti-drug treaties in 1971 and 1988, established the current system of global drug prohibition (Bewley-Taylor, 1999, 2003; Bruun et al., 1972; McAllister, 2000; Walker, 1992; King, 1972; Epstein, 1977; Musto, 1987; Nadelmann, 1990, <http://www.incb.org> for the text of the treaties).

In the last 80 years, nearly every political persuasion and type of government has endorsed drug prohibition. Capitalist democracies took up drug prohibition, and so did authoritarian governments. German Nazis and Italian Fascists embraced drug prohibition, just as American politicians had. Various Soviet regimes enforced drug prohibition, as have their successors. In China, mandarins, militarists, capitalists, and communists all enforced drug prohibition regimes. Populist generals in Latin American and anti-colonialist intellectuals in Africa backed drug prohibition. Over the course of the 20th century, drug prohibition was supported by liberal prime ministers, moderate monarchs, military strongmen, and Maoists. It was supported by prominent archbishops and radical priests, by nationalist heroes and imperialist puppets, by labour union leaders and sweat shop owners, by socialists, social workers, social scientists, and socialites—by all varieties of politicians, practicing all brands of politics, in all political systems. National drug prohibition was one of the most widely accepted, reputable, legitimate government policies of the entire 20th century. Why should this be so?

The usefulness of drug prohibition

There is no doubt that governments throughout the world have accepted drug prohibition because of enormous pressure from the US government and some powerful allies. But US power alone cannot explain the global acceptance of drug prohibition. Governments of all types, all over the world, have also found drug prohibition useful for their own purposes. There are several reasons for this.

The police and military powers of drug prohibition

Drug prohibition has given governments additional police and military powers. Anti-narcotics police and military units can legitimately do undercover investigations almost anywhere because almost anybody could be in the drug business. In the US, more undercover police are in narcotics squads than in any other branch of police work. Police anti-drug squads can make secret recordings and photographs; they have cash for buying drugs and information. In the US, anti-drug police often receive substantial federal subsidies; sometimes they are allowed to keep money, cars, houses and other property that they seize. Top politicians and government officials in many countries may have believed deeply in the war

on drugs and drug use. But other health-oriented causes could not have produced for them so much police, coast guard and military power (Baum, 1996; Gray, 1998; Duke and Gross, 1993; McWilliams, 1992).

Government officials have used anti-drug squads to conduct surveillance operations and military raids that they would not otherwise have been able to justify. Many times anti-drug forces have been deployed against targets other than drug dealers and users—as was the case with US President Richard Nixon's own special White House anti-drug team, led by former CIA agents, which later became famous as the Watergate burglars. Nixon was brought down by his squad's mistakes. But over the years, government anti-drug forces have carried out numerous successful non-drug operations. (On Nixon and other US uses see: Epstein, 1977; King, 1972; Gray, 1998; McWilliams, 1992; Baum, 1996; Cockburn and St. Clair, 1998).

The uses of anti-drug messages and of drug demonisation

Drug prohibition has been useful for governments and politicians because it has required at least some anti-drug crusades and what is properly called *drug demonisation*. Anti-drug crusades articulate a moral ideology that depicts 'drugs' as extremely dangerous and destructive substances. Under drug prohibition, the police, the media, and religious and health authorities tend to describe the risks and problems of drug use in extreme and exaggerated terms. 'Drugs' are dangerous enemies. 'Drugs' are called evil, vile, threatening, and powerfully addicting. Politicians and governments crusade against 'drugs', declare war on them, and blame them for many unhappy conditions and events. Anti-drug crusades and drug scares popularise images of 'drugs' as highly contagious invading evils. Words like plague, epidemic, scourge, and pestilence are used to describe psychoactive substances, drug use, and moderate, recreational drug users (Reinarman and Levine, 1997; Epstein, 1977; Baum, 1996).

Government officials, the media, and other authorities have found that drug addiction, abuse, and even use can be blamed by almost anyone for long-standing problems, recent problems, and the worsening of almost anything. Theft, robbery, rape, malingering, fraud, corruption, physical violence, shoplifting, juvenile delinquency, sloth, sloppiness, sexual promiscuity, low productivity, and all around irresponsibility—nearly any social problem at all—can be said to be made worse by 'drugs' (Reinarman and Levine, 1997).

In a war on 'drugs', defining the enemy necessarily involves defining and teaching about morality, ethics, and the good things to be defended. Since the temperance or anti-alcohol campaigns of the 19th century, anti-drug messages, especially those aimed at children and their parents, have had recognisable themes. Currently

in the US these anti-drug messages stress, individual responsibility for health and economic success, respect for police, resisting peer-group pressure, the value of God or a higher power in recovering from drug abuse, parents knowing where their children are, sports and exercise as alternatives to drug use, why sports heroes should be drug tested, low grades as evidence of drug use, abstinence as the cause of good grades, and parents setting good examples for their children. Many people—police, politicians, educators, medical authorities, religious leaders—can find some value that can be defended or taught while attacking ‘drugs’ (see for example the US government sponsored anti-drug website: <http://www.theantidrug.com>; also: <http://www.drugfreeamerica.org>).

In the US, newspapers, magazines and other media have long found that supporting anti-drug campaigns can be good for public relations and good for business. The media regularly editorially endorse government anti-drug efforts and favorably cover them as a ‘public service’. For doing so, they are praised by government officials and prominent organisations. Further, since the 1920s, top editors in the news media have clearly recognised, as an economic fact of their business, that an alarming anti-drug story can increase sales of magazines and newspapers. This is especially so when the story is about drugs that threaten middle-class teenagers and their families. News editors and TV producers understand that a front page or ‘top of the news’ story about a tempting, dangerous, illegal drug can attract readers and TV viewers. There is no doubt that many publishers, editors and broadcasters have believed deeply in fighting drugs. But few of the causes that people in the media believe in can so easily be turned into stories that are simultaneously good for business and for public relations. As a result, it has not been difficult to get anti-drug messages to the public (Epstein, 1977; Baum, 1996; Reinerman and Levine, 1997).

All forms of drug prohibition, from the most criminalised to the most decriminalised, have probably involved at least some explicit drug demonising. In general, drug demonisation and drug prohibition reinforce each other. But drug demonisation existed before drug prohibition, and can certainly survive without it.

Drug prohibition unites political opponents

In the 18th and 19th centuries, many political movements and thinkers tended to distrust the police powers of the centralised state, they tended to favour greater liberty from state power and to believe that ‘power corrupts’. In the 20th century, however, liberals, conservatives, fascists, communists, socialists, populists, left-wingers and right-wingers shared a more optimistic

view of the benevolent effects of using state power to police morality and regulate daily life for the ‘common good’. In the 20th century, politicians, voters, and political movements were often willing to use state police power against public and private behaviour they did not like. Drug prohibition benefited from this.

Because politicians in many countries from one end of the political spectrum to the other shared an overwhelmingly negative view of psychoactive ‘drugs’, a largely positive view of government police power, and because drug prohibition was so useful, they could all agree on drug prohibition as good non-partisan policy. In the US during the 1980s and the 1990s, Democrats feared and detested Presidents Reagan and Bush, and Republicans feared and detested President Clinton, but the parties united to wage the ‘War on Drugs’. They even competed to enact more punitive anti-drug laws, build more prisons, hire more drug police, expand anti-drug military forces, and fund many more government sponsored anti-drug messages and ‘drug-free’ crusades. Opposing political parties around the world have disagreed about many things, but until recently they have often joined together to fight ‘drugs’. (Reinerman and Levine, 1997; Baum, 1996; McWilliams, 1992; King, 1972).

The influence of the United Nations

Drug prohibition has also enjoyed widespread support and legitimacy because the US has used the UN as the international agency to create, spread, and supervise world-wide prohibition (Bewley-Taylor, 1999, 2003). Other than the government of the US, the UN has done more to defend and extend drug prohibition than any other organisation in the world. The UN currently identifies the goal of its anti-drug efforts as ‘a drug-free world’ (United Nations, 1998; Bewley-Taylor, 2002, 1999; Transnational Institute, 2002).

The crises of global drug prohibition

Since the early 1980s, global drug prohibition has had to face a series of turning points or crises. I want to briefly discuss three of them: the emergence and development of the harm reduction movement within drug prohibition; the growth of a serious, reputable opposition to criminalised and punitive drug policies; and the inability of drug prohibition to stop the cultivation and use of cannabis throughout the world.

Harm reduction within drug prohibition

The harm reduction movement was born in the early 1980s as a pragmatic, remarkably effective response to the spreading hepatitis and AIDS epidemics. Since then,

harm reduction has become a large, non-dogmatic international, public health movement emphasising services for drug users and addicts that reduce the harmful effects of drug use. In the US, conservative pundits and liberal journalists have accused harm reduction advocates of being ‘drug legalisers’ in disguise. But in other countries prominent politicians, public health professionals, and police officials who defend drug prohibition have also supported harm reduction programmes as practical public health policies. Even the UN drug control agencies have come to recognise the public health benefits of harm reduction services within current drug prohibition regimes (INCB, 2000, pp. 59–60).

Understanding that the varieties of drug prohibition exist along a continuum makes it easier to see the place of harm reduction programmes in the history of drug prohibition. I want to suggest that harm reduction is a movement that in effect, though not always in intent, pushes drug policies from the criminalised, punitive end to the more decriminalised, tolerant, regulated end of the drug policy continuum. Harm reduction encourages policy makers to shift drug policies away from punishment, coercion, and repression, and toward tolerance, regulation and public health. Harm reduction is not inherently an enemy of drug prohibition. However, in the course of pursuing public health goals, harm reduction necessarily seeks policies that also reduce the punitive effects of drug prohibition (Heather, Wodak, Nadelmann and O’Hare, 1993; Reinarman and Levine, 1997).

Consider some of harm reduction’s significant programmes: syringe distribution and exchange, methadone maintenance, injection rooms, prescription heroin, medical use of cannabis, drug education for users, and pill testing at raves. These programmes have sought to increase public health by helping users reduce the harms of drug use. However, in order to carry out their objectives (like reducing the spread of AIDS), the harm reduction programmes have often required changes in laws, policies or funding that quite clearly also reduce the harshness and intolerance of drug prohibition.

I am suggesting that implicitly and sometimes explicitly harm reduction’s stance toward drug prohibition is exactly the same as its stance toward drug use. Harm reduction groups seek to reduce the harmful effects of drug use without requiring users to be drug free. Harm reduction groups also seek to reduce the harmful effects of drug prohibition without requiring governments to be prohibition free. Harm reduction’s message to drug users is: ‘we are not asking you to give up drug use; we just ask you to do some things (like use clean syringes) to reduce the harmfulness of drug use (including the spread of AIDS) to you and the people close to you’. In precisely the same way, harm reduction’s message to

governments is: ‘we are not asking you to give up drug prohibition; we just ask you to do some things (like make clean syringes and methadone available) to reduce the harmfulness of drug prohibition’.

Harm reduction offers a radically tolerant and pragmatic approach to both drug use and drug prohibition. It assumes that neither are going away anytime soon and suggests therefore that reasonable and responsible people try to persuade those who use drugs, and those who use drug prohibition, to minimise the harms that their activities produce.

The growing opposition to punitive drug policies

In many countries increasing numbers of people—physicians, lawyers, judges, police, journalists, scientists, public health officials, teachers, religious leaders, social workers, drug users and drug addicts—now openly criticise the more extreme, punitive, and criminalised forms of drug prohibition. These critics, from across the political spectrum, have pointed out that punitive drug policies are expensive, ineffective at reducing drug use, take scarce resources away from other health and policing activities, and are often racially and ethnically discriminatory. Criminalised drug prohibition violates civil liberties, imprisons many nonviolent offenders, and worsens health problems like the AIDS epidemic. Harm reduction is a major part of that critical opposition to punitive drug policies. Indeed, harm reduction is the first popular, international movement to develop within drug prohibition to openly challenge drug demonisation and the more criminalised forms of drug prohibition (Reinarman and Levine, 1997).

The harm reduction and drug policy reformers have changed the debate. For example, in 2001 the mainstream Toronto newspaper, the *Globe and Mail* (August 20 and 21), wrote a two part editorial strongly urging Canada to ‘decriminalise all—yes, all—personal drug use, henceforth to be regarded primarily as a health issue rather than as a crime’. At the same time, the British business magazine, *The Economist* (July 26), devoted an entire issue to drug topics, endorsing decriminalisation, harm reduction and even consideration of drug legalisation. *The Economist* also reported that US government anti-drug publications ‘are full of patently false claims’ and that US drug policy ‘has proved a dismal rerun of America’s attempt, in 1920–1933, to prohibit the sale of alcohol’. Since 2001, UK drug policies have moved to down classify cannabis, and the Canadian government has been considering decriminalising it.

As drug policy reform movements have grown, supporters of drug prohibition have been discovering that they cannot make the critics of criminalised prohibition go away. In the reports of the International Narcotics Control Board and other publications, the

most knowledgeable defenders of drug prohibition warn regularly about the increasing growth of cannabis cultivation and use on every continent, and about the increasing legitimacy given to the critics of drug prohibition. These defenders of global drug prohibition recognise that the advocates of decriminalised drug prohibition—and the political, economic and cultural forces driving that opposition—are gaining strength and legitimacy (see for example, [INCB, 2000](#)).

All of this opposition is fairly recent. For much of its history, global drug prohibition has had very few critics. Even today, despite the impressive growth in many countries of the harm reduction movement and of drug policy reform activities, world-wide drug prohibition still has very few explicit, opponents. One reason for the lack of organised opposition to the drug treaties is that until recently the global drug prohibition system has been so invisible and undiscussed that relatively few people know it exists.

Furthermore, even fewer people currently understand that by ending or even modifying the Single Convention on Narcotic Drugs of 1961, the question of national drug policy could be returned to individual countries and local governments to handle as they wished. Defenders of global drug prohibition like to evoke an international conspiracy of what they call ‘drug legalisers’. But nobody thus far has tried to launch even a half-baked international campaign with slogans like ‘Repeal the Single Convention’ or ‘End Global Drug Prohibition’.

Yet it may well be that the Single Convention stands in much the same relationship to world-wide drug prohibition that the 18th Amendment to the Constitution and the Volstead Act stood in relation to US alcohol prohibition. Once the 18th Amendment was gone, state and local governments were free to create alcohol policy at the local level. If the Single Convention was repealed, or even modified ([Fazey, 2003](#)), national governments around the world would be freer to create drug laws and policies geared to their own conditions—including prohibition if they should so desire.

At present, many nations, and many more regional and local governments, are reforming their drug policies, expanding harm reduction, and adopting less criminalised forms of drug prohibition. But no national government is even discussing withdrawing from the Single Convention and global drug prohibition. In addition to the domestic political obstacles to such a move, a potential ‘rogue’ nation confronts international barriers in the form of economic and political sanctions from the US and its allies. Therefore, no single country can now formally end its national prohibition regime and completely ‘defect’ from the world-wide prohibitionist system. And it is likely that no single country will be willing or able to defect for a very long time, if ever

([Bewley-Taylor, 1999, 2002, 2003](#); [Transnational Institute, 2002](#); [Andreas, 1999](#); [Nadelmann, 1990](#)).

The cannabis crisis

Global drug prohibition’s most glaring weakness and greatest vulnerability is cannabis. As UN experts point out, cannabis is by far the most widely used illegal drug in the world. Cannabis grows wild throughout the world, and is commercially cultivated in remote areas, in backyard gardens, and in technologically sophisticated indoor farms. Just as it was impossible for prohibitionists to prevent alcohol from being produced and used in the US in the 1920s, so too it is now impossible to prevent cannabis from being produced and widely used, especially in democratic countries. As a result of this enormous and unstoppable production and use, global cannabis prohibition faces a growing crisis of legitimacy ([Zimmer, 1997](#)).

Since the 1980s, the Netherlands has successfully administered its system of regulated, decriminalised cannabis sales. A generation of Europeans, Australians, North Americans, and others have learned from the Dutch experience. Politicians, policy makers, police officials, journalists, and ordinary tourists from many countries have seen that decriminalising drug use and regulating cannabis sales have substantial advantages and benefits—especially when compared with the disadvantages and costs of punitive US drug policies. The continued success of the Netherlands’s strikingly different and less punitive cannabis policy alternative within drug prohibition has undermined the US anti-drug crusade and contributed to the spread of de facto and formal cannabis decriminalisation ([Webster, 1998](#)).

Further, since the 1960s recreational cannabis use has been steadily normalised in many parts of the world, especially among young adults. Prominent middle-aged politicians—including, for example, the current Republican Mayor of New York City—admit they have used cannabis without deleterious effects. As a result, it has become much harder for drug war advocates to persuasively portray cannabis as one of the dangerous, evil ‘drugs’. Punitive drug prohibition still requires drug demonisation. But defenders of cannabis prohibition find it increasingly difficult to offer plausible justifications for harsh anti-cannabis laws, or even for the Single Convention’s cannabis policies. Growing numbers of prominent, influential individuals and organisations are concluding that criminalised cannabis prohibition causes more problems than cannabis use.

In recent years, some veteran drug policy reformers have confronted the problem of the currently invincible drug treaties. Like Professor Peter Cohen of the University of Amsterdam, and Dr Alex Wodak of St. Vincents Hospital in Sydney, they have suggested that the Single Convention and other narcotics treaties are

an unenforceable ‘paper tiger’ or even a ‘paper corpse’. In private conversations and public meetings, these critics recommend that policy makers disregard the anti-drug treaties when considering drug policy reforms within their own countries. With regard to cannabis, public officials in a number of countries seem increasingly open to such arguments. In Europe, political support for harm reduction approaches and drug policy reform has become so strong that some government officials have discussed systems for licensing cannabis production.

Openly licensing, regulating and taxing cannabis production moves well beyond what the Netherlands has ever done. Licensing production as well as sales creates cannabis legalisation within one country. At the moment, in 2002, discussion of such measures appears most developed in Switzerland, but it has been going on as well in the Netherlands and even in Canada. Top US anti-drug officials are openly worried about such possibilities.

Switzerland and other countries could choose to license cannabis farms for domestic consumption. In so doing they would build upon the Dutch experience, but would completely bypass the Netherlands’s complicated problems of ‘backdoor’ and illegal cannabis supply. Although thus far there has been little discussion of countries developing cannabis ‘tourism’, some places, especially resorts, may eventually decide that they too want to develop that potentially lucrative business. Why should the Netherlands remain the only place where tourists can openly buy and use cannabis? When officials have substantial domestic public support, they will be freer to ignore international pressure and define their own nation’s situation as a permissible exception to the anti-drug treaties. And countries that may decide for various reasons to allow open sales, may also decide to grow their own supply. In short, sooner or later some Western country, perhaps Switzerland, is likely to be the first to create a system of licensed, regulated and taxed cannabis sale and production, despite the narcotics treaties.

In political democracies, when laws and policies are unenforceable and unpopular, over time *de facto* changes usually become *de jure* (in law). This process occurs with international laws as well. For opiates, stimulants, and other drugs, the ongoing trend of increasing decriminalisation, harm reduction, and medical use could continue for decades within global drug prohibition. But cannabis is a different story. In some countries, cannabis use and cultivation already threatens to burst the bounds of the international drug treaties. Even drug prohibitionists who study global trends openly worry about their capacity to make world-wide cannabis prohibition a workable system. Recently, some students of global drug policies have begun urging serious attention to modifying the drug treaties to bring

them more in line with current practice and proposed changes. (Bewley-Taylor, 2002; Transnational Institute, 2002). Calls and pressure for modifying the treaties are likely to increase in coming years. And whatever happens with efforts to reform the Single Convention and other drug treaties, some Western democracies are likely to continue moving toward creating their own new national policies for cannabis sales, distribution and production.

One last point: as this article was going to press, the Transnational Institute published an incisive paper by Jelsma (2002). Taking a line from a Monty Python sketch, Jelsma likens defenders of punitive drug policies and the UN treaties to a pet shop clerk cheerfully trying to sell a dead parrot. ‘It’s not dead’, the salesman tells the incredulous customer, ‘it’s just resting’. Jelsma suggests rejecting such arguments and points out that policy makers in a number of countries have urged international discussions about modifying the drug treaties. The conversation must begin eventually, and he thinks that 2003 may be a good time to press the issue. Since 2001, the US government has become increasingly absorbed in its new ‘War on Terrorism’ and is itself withdrawing from or openly breaking with several different international treaties. At the same time, support for cannabis policy reform has been growing in the UK, Canada and other Western countries. In short, in the next few years modifying the drug treaties, especially for cannabis, may become a more lively political issue.

The end of global drug prohibition?

Global drug prohibition is in crisis. The fact that it is becoming visible is one symptom of that crisis. In the short run, that crisis seems almost certain to deepen, especially for cannabis prohibition and the more punitive and criminalised drug policies. In the long run, for a variety of practical and ideological reasons—especially the spread of democracy, information and trade—democratic governments in Europe and elsewhere are likely to transform and eventually dismantle world-wide drug prohibition.

If and when this happens, it would not mean the end of all local or national drug prohibition. Rather, ending global drug prohibition, like ending constitutional alcohol prohibition in the US, would clear the path for hundreds of local experiments in drug policy. Many communities and some nations would likely retain forms of drug prohibition and continue to support vigorous anti-drug crusades. But most democratic and open societies probably would not choose to retain full-scale criminalised drug prohibition. Over time democratic societies could gradually develop their own varied local forms of regulated personal cultivation, production, and use of the once prohibited plants and substances. Many

places could also allow some forms of commercial growing, production, and sale—first of all of cannabis.

All of this could take a very long time. Drug prohibitionists in every country can be expected to fight tenaciously to maintain their local regimes. And it is likely that enormous power will be employed to prevent the Single Convention of 1961 and its related treaties from being repealed or modified.

As a result, in coming years there will be even more public discussion and debate about the varieties of drug prohibition and about the alternatives to it. As part of that conversation, many more people will discover—often with considerable astonishment—that they have lived for decades within a regime of world-wide drug prohibition. That growing understanding will itself push global drug prohibition closer to its end.

Acknowledgements

I would like to dedicate this article to Nils Christie and to the memory of Kjetil Bruun. Years ago they argued that ‘drugs’ had become a very useful ideological and political enemy in northern Europe, and they courageously called for a fundamental reconsideration of Nordic drug policy. I am grateful to them for showing the way. Nils’s recent book, *Crime Control As An Industry* (1994) is a devastating portrait of the US prison system in comparative context. This article is a revised version of a paper first presented at the International Harm Reduction Association meetings in Paris in 1997. An earlier version tailored for an American audience is in the Fall 2002 issue of the *Independent Review*. I wish to thank: Patrick O’Hare and Ernest Drucker for first encouraging me to write this paper; Peter Cohen for teaching me since 1989 how Dutch, European and world-wide drug prohibition works; Lynn Zimmer for teaching me about policing, drug demonisation and so much else; Ethan Nadelmann for naming ‘global drug prohibition’ and for his extremely close reading of an earlier draft. Gerry Stimson and Tim Rhodes for being terrific editors and insisting that I make the paper better. Finally, I want to thank Craig Reinerman. Most of the ideas presented here were taken from him, developed with him, or born in our continuous conversation. Some sentences come from our book *Crack in America: Demon Drugs and Social Justice* (Reinerman and Levine, 1997) Chs. 1, 2, 15, 16, 17).

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