



# Dealing with Synthetics: Time to Reframe the Narrative

Julia Buxton, Dave Bewley-Taylor and Christopher Hallam

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## Key Points:

- Despite adjustments over its lifetime, the contemporary international drug control regime has had an historical emphasis in on ‘narcotic’ drugs, such as opium, heroin and cocaine, rather than on a range of synthetic substances.
- Associated policy inertia has resulted in disproportionate attention on counter-narcotic policies and operations in the Global South and in many ways inadequate responses to the synthetic market, including production that is frequently located in the Global North.
- Possible explanations for this focus on plant-based drugs are manifold and complex. They include the fact that the control regime began with concerns over opium-smoking in the ‘orient’, a concentration of drug crops in the Global South, the energies of colonialism (which have been intimately tied up with ‘drug wars’), broader geo-political imperatives and the focus of policy metrics on drug crops.
- The market for synthetic drugs has grown exponentially in recent years, becoming the second-most illicit drugs consumed after cannabis. In 2014, the UN estimated that there were 35.7 million users of amphetamine type stimulants (including prescription stimulants), and 19.4 million users of ecstasy. These synthetic drugs outstripped the estimated totals of opioids and cocaine combined.
- Alongside this consumption is that of New Psychoactive Substances that fall outside the control regime and its schedules, which the regime is now attempting to integrate into national and international controls.
- While there was some awareness of the advent of new synthetic drugs in the aftermath of the Second World War and since the 1960s, it is only over recent years, and especially in the wake of the 2016 UNGASS in New York, that a truly serious understanding of the challenges posed by proliferating synthetic drugs has begun to emerge from the international drug control regime.
- This is timely since, considering its policy history and contemporary dynamics, it is now time to reframe the narrative surrounding the way the international community deals with synthetic drugs.

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## INTRODUCTION

History has, in many ways, deflected attention away from the issue of synthetic drugs. Governments and the overarching UN based international control structures above them have tended instead to traditionally focus their attentions on organic drugs and semi-synthetic substances derived from narcotic plants, such as opium, morphine, heroin, cannabis, coca and cocaine. It is important to acknowledge that there has been some, arguably unavoidable, movement in recent years. Nonetheless, despite the scale and harm associated with the contemporary market in synthetics, inertia continues to afflict those structures responsible for developing appropriate policy responses. Beginning with an overview of the synthetics market, this Policy Report examines the possible sources of such inertia and critically explores the issues underlying what in many respects represents a key yet largely under discussed feature of the extant international drug control system. It is argued here that, considering its policy history and contemporary dynamics, it is now time to reframe the narrative surrounding the way the international community deals with synthetic drugs.

As will be discussed there are several possible reasons for the emphasis on narcotics demonstrated by the international control architecture - a legal framework currently based on three almost universally accepted UN drug control treaties and the work of their associated treaty bodies. These include the historical trajectory of drug control, which began with concerns surrounding the smoking of opium in China and the 'Far East', and was built largely around opioids; the concentration of drug crops in the global south, where colonial projects and proxy wars have since continued investing their energy across much of the twentieth century; and the focus of metrics on the cultivation of these drug crops, which give the appearance of being easy to measure, in contrast to the more mobile and dynamic synthetic substances which can be readily produced in 'kitchen labs' and industrial facilities across the globe.

These considerations will be examined in the following pages. First, however, it is necessary to introduce the current international policy environment and the dimensions of the market for synthetic drugs.

The 2016 Special Session of the UN General Assembly (UNGASS) on the world drug problem, amongst its many other features, brought the question of Amphetamine Type Stimulants (a group of drugs whose principle members include amphetamine and methamphetamine, but also other substances like MDMA - Ecstasy - and methcathinone) and New Psychoactive Substances further into the foreground of international drug policy than previous Special Sessions had done. In the words of the UNGASS Outcome Document, 'We resolve to strengthen national and international action to address the emerging challenge of new psychoactive substances, including their adverse health consequences, and the evolving threat of amphetamine-type stimulants'.<sup>1</sup> According to the United Nations Office on Drugs and Crime (UNODC) Global SMART (Synthetics Monitoring, Analyses, Reporting and Trends) Programme Update for 2016, the UNGASS Outcome Document both reflects and enhances awareness of synthetic drugs for Parties to the drug control treaties. More precisely, it notes, 'Pursuant to the Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem (UNGASS) entitled "Our joint commitment to effectively addressing and countering the world drug problem", heads of States and Government have recognised the importance of reinforcing national and international efforts and increasing global cooperation to respond to the challenges and threats of NPS and amphetamine type stimulants.'<sup>2</sup>

To be sure, the synthetic market has emerged recently as a vibrant sector of the illicit drug trade. According to the 2016 World Drug Report there were an estimated 19.4 million ecstasy users and 35.7 million users of amphetamine type stimulants (ATS) and prescription stimulants

in 2014, the last year for which statistical data is available. This makes synthetics the second most commonly used illicit drugs<sup>3</sup> after the perennially popular cannabis, with the number of ATS and Ecstasy users outstripping the estimated number of cocaine and opioid<sup>4</sup> users combined.<sup>5</sup> In alarming tones, the preface to the UNODC's 2013 World Drug Report sets out that ATS use: 'remains widespread globally, and appears to be increasing in most regions', and with crystalline methamphetamine presents 'an imminent threat.' However, it is significant that the Preface to the 2016 World Drug Report draws attention to 'the alarming rise in heroin use in some regions', and notes that, 'while the challenges posed by new psychoactive substances remain a serious concern, heroin continues to be the drug that kills the most people'.<sup>6</sup> So, despite the swelling availability of synthetic drugs, opioids continue to play an important role on the market, as they have since the inception of the control system. Like every narrative that attempts to deal in a balanced way with the vexed and complex realities driving drug policy, then, this report will offer no easy answers.

Alongside the growth of ATS manufacture and demand has been the emergence of New Psychoactive Substances (NPS) or 'legal highs' that fall outside of the control system. The UK recently initiated a proposal to schedule the NPS mephedrone under the international drug control regime, and the substance became the first to be internationally controlled at the 2015 Commission on Narcotic Drugs (CND), the UN's central policy making body on the issue, following a review and recommendation by the WHO.<sup>7</sup> An estimated 8% of the 15-24 age group in the European Union are experimenting with NPS according to a 2014 Eurobarometer survey,<sup>8</sup> with Ireland at the highest level (22% having consumed NPS at some point), followed by Spain and Slovenia (13% each) and France (12%). Young people in Ireland, Spain and France are the most likely to have used NPS during the previous twelve months (5% each).<sup>9</sup> Outside of Europe, a 2012 UNODC survey found

East and South-East Asia<sup>10</sup> to be the second largest reporting region for NPS consumption. Australia, Canada, New Zealand and the USA also reported increased lifetime prevalence rates for NPS in 2010-12 youth surveys, although with preferences expressed for different types of NPS (Ketamine in Australia, *salvia divinorum* in Canada, piperazines (BZP) in New Zealand and synthetic cannabinoids in the US).<sup>11</sup>

The dynamism of the NPS sector is reflected in the most recent data constructed by the SMART programme, which included the statement that, 'By December 2015, over 644 NPS had been reported by 102 countries to UNODC, showing a stark and unprecedented increase in NPS emergence since 2008.' As the International Narcotics Control Board (INCB), the watchdog of the UN drug control treaty system, observed in its annual report for 2015, 'As at October 2015, the UNODC early warning advisory on new psychoactive substances, which monitors the emergence of new psychoactive substances as reported by Member States, had identified 602 unique substances, a 55 per cent increase from the 388 substances reported in October 2014.' These figures are higher than the total number of substances under international control (234). Reflecting on the challenges posed by NPS, the 2013 World Drug Report (WDR) had set out that:

*While the existing international control system is equipped to deal with the emergence of new substances that pose a threat to public health, it is currently required to provide a response commensurate with the unprecedented fast evolving nature of the phenomenon of new psychoactive substances.*

The vitality of synthetic drug markets poses challenging questions for the treaty framework that underpins international drug control; both for the UNODC that oversees and administers the system and for the ideology of prohibition that has informed control efforts for the last one hundred years. Rather than progressing toward a 'drug free world', or even significant reduction

of drug manufacture and consumption as set out at the 1998 UN General Assembly Special Session on the world drug problem, and in the most recent UNGASS of 2016 whose Outcome Document reaffirmed ‘our determination to tackle the world drug problem and to actively promote a society free of drug abuse’,<sup>12</sup> the UNODC has presided over an expansion and diversification of contemporary drug markets driven by synthetics.

Moreover, although now citing ‘serious’ and ‘imminent’ dangers posed by ATS and NPS, a historical emphasis on plant-based ‘narcotic’ drugs has left drug control institutions without an adequate evidence base for developing policies to respond to synthetics markets. As acknowledged by the UNODC in its thematic chapter on NPS in the World Drug Report 2013:

*NPS have been reported in a number of countries in recent years. What is actually known today, however, may be just the tip of the iceberg, as systematic studies on the spread of NPS do not exist. The limited information available suggests that their spread is far from negligible...<sup>13</sup>*

Parallel statements in relation to the paucity of qualitative and quantitative ATS data are to be found in the reports of the Global SMART Program.<sup>14</sup> The Update for 2016, meanwhile, recognizes that ‘(t)he detection and identification of NPS are critical to supply reduction, data collection, health interventions and form the basis of effective drug policy responses’.<sup>15</sup>

The relative absence of high quality epidemiological information renders it unlikely that effective interventions to minimise the harm caused by synthetics can be devised, or the growth of ATS, MDMA and NPS markets contained. This situation risks reactive policy initiatives that cause more harm than good, while further calling into question the feasibility of the international community’s goal to ‘minimize and, eventually, eliminate

the availability and use of illicit drugs’<sup>16</sup> by the current target date of 2019. As set out by Yuri Fedotov, Executive Director of the UNODC, in his introduction to the 2013 World Drug report:

*We have to admit that, globally, the demand for drugs has not been substantially reduced and that some challenges exist in the implementation of the drug control system [...] in the fast-evolving nature of new psychoactive substances.’*

Further, in a conference room paper circulated at the 59<sup>th</sup> Commission on Narcotic Drugs in 2016, the secretariat affirmed that ‘(t)he identification and detection of NPS form the basis of effective law enforcement responses and *health interventions*’ (emphasis added). Referring to the assembling of data as ‘this key issue’, the text acknowledges that unfortunately, ‘forensic laboratory capacity in most countries is either lacking or not adequate to support the scientific evidence-based approach.’<sup>17</sup> Moreover, it goes on to say that:

*Four years after the Commission on Narcotic Drugs first expressed concerns regarding the emergence and associated dangers of NPS in its resolution 55/1, entitled “Promoting international cooperation in responding to the challenges posed by new psychoactive substances”, NPS continue to emerge on the market at a fast pace, while the understanding of their associated health and social harms remains limited...*

In this context, this Policy Report examines the proliferation of synthetic drugs on the world’s markets, and the growing challenge it poses for the international drug control regime. As we shall see below, the multilateral control system has focused considerable attention on synthetic drugs at various intervals in the past, but the rapid expansion of ATS and novel forms of psychoactive substances, which are emerging on an unprecedented scale, represent a predicament unlike those that the regime has previously faced. It can be

argued that, despite a growing appreciation of the complexities of contemporary markets within parts of the UN drug control system, the regime remains to a large extent locked into an outdated and dysfunctional delineation of states that is configured around their status as either ‘producers’ or ‘consumers’ of illicit drugs. For over a century, this model has been characterised by an arcane preoccupation with raw narcotic plant materials (cannabis, coca leaf and opium poppy) that are cultivated in developing countries of the ‘Global South’,<sup>18</sup> and against which the supply side eradication and interdiction efforts of the North have been directed. This model is historically grounded, and reflected in the division of controlled drugs between the Single Convention on ‘narcotic’ drugs of 1961 and the synthetics-focused Convention on ‘Psychotropic’ Substances of 1971. It is perpetuated by the associated international drug control institutions and informed by the economic, cultural, political and security concerns of Western countries of the ‘Global North’.<sup>19</sup>

In the mid-1980s, these cocaine and opioid-focused strategies became heavily militarised by the US, in line with a securitisation of the drugs issue in that country under President Ronald Reagan. This, it can be argued, deepened the international control regime’s prioritisation of raw narcotics over synthetics at a time when the drug market structures of the post-Cold War era were undergoing dramatic reconfiguration. As the manufacture and popularity of synthetics grew strongly in the 1990s and 2000s, the drug control system was ill-prepared and ill-equipped to address the complex and dissipated challenge that these types of drugs posed.

In this regard, path dependence<sup>20</sup> emerges as a key explanatory variable for the focus on the elimination of non-medical cultivation of narcotic plant materials and the relative neglect of synthetic drug markets. This is accounted for by reference to four factors: the historical salience of raw narcotics at the time of regime instauration; the ideology of

prohibiting the use of some substances for anything other than medical and scientific purposes that informed the initiation of drug control; the institutionalised influence of European and American pharmaceutical lobbies (enabling a delimiting of controls on synthetic drugs); and the emphasis on overseas supply rather than domestic demand side reduction in the control model. This has legitimised persistent Western involvement in cultivator countries of the Global South, and in geo-strategically important bridge states that link to consumer zones in the North. It is argued that the opportunity presented by counter narcotics activity for Western overseas power projection is an important driver of ongoing regime bias, and an important explanation for the North’s difficulty in refocusing resources on synthetic drug consumption and domestic manufacture. In sum, and despite the discourse of and limited movement towards reorienting and balancing the regime, it can be argued that the drug control system, its actors, policies and institutions are locked into an historical *modus operandi* that tends to preserve the national interests of First World countries rather than responding to drug related harms - the avowed *raison d’être* of the control model. As discussed in the following section, such an approach is doing much to transform the Global North into an increasingly self-sufficient producer region; a process that has significant implications for the viability of the traditional North / South model and strategies that continue to be configured around it.

The impact of paradigm reversal - that is, of a neat and linear South to North cocaine and opioid trade becoming a much more complex and fragmented pattern of North to North, North to South and South to South flows of ATS and NPS - is of profound significance. This complexity is further elaborated by, for example, the production in South East Asia of ATS for South East Asian markets, and by the Global SMART analysis of flows connecting previously independent sub-regions. This notes:

*West Africa has become a prominent region for methamphetamine manufacture, which is then trafficked to East and South-East Asia. According to seizure reports, ATS, in particular methamphetamine, has been trafficked from West Africa either directly or via Southern Africa and Western Europe to East and South-East Asia and Oceania, mostly to Australia, Japan, Malaysia and Thailand.*<sup>21</sup>

Indeed, as set out by the International Narcotic Control Board in 2012:

*Dividing countries into the categories of “drug-producing”, “drug-consuming” or “transit countries” has long ceased to be realistic. To varying degrees, all countries are drug-producers and drug-consumers and have drugs transiting through them.*<sup>22</sup>

Nevertheless, despite institutional acknowledgement of the market transformations that are underway, the new geopolitical realities of the drug trade are not adequately reflected in enforcement activities, in the language of drug control institutions, or in the allocation of resources for research, education, treatment and rehabilitation. These remain in many ways locked on coca and opium poppy, cocaine and heroin, though cannabis has in recent years made its appearance as an object of medical and social intervention, and is now being followed by synthetics.

Arguably, the synthetic drug market has been enabled to expand through a multi-causal lack of attention, while cocaine and opioid markets remain buoyant as a result of the extensively documented contradictions and counter-productive impacts of source-focused eradication and interdiction strategies.<sup>23</sup> As argued by Keefer and Loayza, ‘current drug policies impose large costs on developing countries with little evidence of offsetting benefits to those countries’, while ‘interdiction and particularly crop eradication have little to no impact on drug use in consuming countries.’<sup>24</sup> When drug control has turned its attention to synthetics, the tendency has been to

apply the same generic model of criminalisation that has generated such perverse impacts in cultivating countries.

The following section elaborates on the trends in contemporary drug markets introduced here, with a particular focus on synthetics. The Report then moves on to address the issue of path dependence and the drug control paradigm before exploring Post-Cold War markets and Western power projection as an explanation for the drug control system’s sclerotic and underwhelming performance on synthetic as well as naturally occurring drugs.

## 1. CONTEMPORARY DRUG MARKET DYNAMICS

An ample body of literature demonstrates that the ideology of prohibition-oriented and often draconian efforts to eliminate the production, distribution and consumption of psychoactive drugs has enabled the sector to thrive.<sup>25</sup> A review of UNODC World Drug Reports demonstrates major trend changes in the illicit drug market, which has grown exponentially in the post-Cold War era of regional integration and globalisation, facilitated by processes of economic, financial and political liberalisation discussed in Section 3.<sup>26</sup> These new trends include patterns of polydrug use, with consumers combining different types of stimulant, hallucinogenic and depressant substances; an increase in the estimated numbers of female drug users; rising demand for illicit drugs in cultivation and trafficking zones; and a lengthening of drug ‘careers’ among users, characterised by an earlier age of induction and continuing use after traditional markers of lifestyle change such as marriage, employment and raising a family have passed. Technology is also transforming the production, marketing and distribution of psychoactive substances, with the ‘light net’ serving as a platform for the retailing of legal highs while the anonymous ‘dark net’ provides a forum for the purchase of these and illicit substances including cocaine, opium, heroin, MDMA, NPS and LSD.<sup>27</sup> Indicative of the

growing salience of e-commerce in drug markets, the 2016 Global Drug Survey<sup>28</sup> found that 18.3% of UK respondents, 15% of US, 10.9% of Irish and 8.3% of Australian respondents had purchased drugs on the dark net in the past year.

More people are now consuming a greater variety of cheaper and purer illicit drugs than at any point in the history of the control system. For academic observers, drug use has become a ‘global habit’<sup>29</sup> normalised ‘by digital communication and the use of drug representations by mainstream capitalism to sell everyday commodities for profit [...] intoxicants have become incorporated into everyday culture, and in particular youth subculture’.<sup>30</sup>

### Amphetamine Type Stimulants

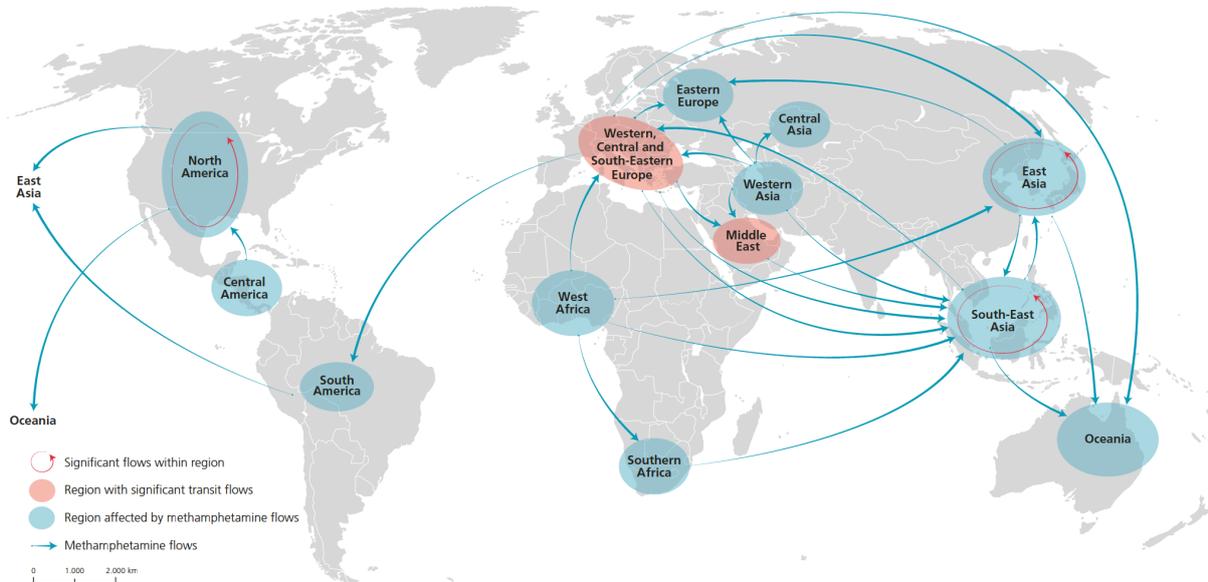
Prior to entering in on this section, it is important to once more remind ourselves that the data invoked by the field of knowledge that deals with illicit drugs is possessed of a chronic contingency. The data deployed derive from social relationships in which it pays individuals, agencies, states and communities to represent themselves in a modified format. Drug users are engaging in illicit behaviour which it often benefits them to conceal, while enforcement

agencies gain prestige, promotion, funds and other resources from identifying individuals as drugs offenders. Moreover, in many instances, data capture frameworks do not exist; often the result of resource shortages. At a deeper conceptual and philosophical level, there is no agreement as to what the basic units of measurement are: for example, though clearly an intoxicant, alcohol is not widely considered to be a drug. In practical terms, the inherent uncertainty of the present systems of data capture and representation are reflected in the often extremely wide ranges employed by the World Drug Report and similar publications.

That said, in terms of the types of drugs consumed, three important trends can be observed. The first is the growing supply and use of Amphetamine Type Stimulants (ATS) and Ecstasy MDMA as consumption of cocaine and heroin has stabilised - if not (temporarily) declined in some countries and regions. The World Drug Report 2016 cites an estimated figure of 35.7 million ATS users in 2014, although this may be an under-estimation, since little data exists for much of Asia and Africa. Table 1 below demonstrates comparative estimated drug use by region using available data from the same World Drug Report.

Table 1: Regional Estimates of Drug Use 2014<sup>31</sup>

Drug Users	Africa	North America	Caribbean and South/Central America	Europe	Asia	GLOBAL TOTAL
<b>Cannabis</b>						
Lower estimate	21,030,000	38,520,000	9,890,000	26,300,000	29,890,000	127,540,000
Upper estimate	60,990,000	38,320,000	11,810,000	27,680,000	90,890,000	233,650,000
Best estimate	47,520,000	48,970,000	10,450,000	26,940,000	56,520,000	182,500,000
<b>Opioids<sup>32</sup></b>						
Lower estimate	950,000	12,150,000	980,000	4,590,000	9,280,000	28,570,000
Upper estimate	3,350,000	12,450,000	1,170,000	4,960,000	15,830,000	38,520,000
Best estimate	2,060,000	12,300,000	1,050,000	4,680,000	12,290,000	33,120,000
<b>Cocaine</b>						
Lower estimate	860,000	5,020,000	4,380,000	3,800,000	440,000	14,880,000
Upper estimate	4,990,000	5,260,000	4,780,000	4,290,000	2,280,000	22,080,000
Best estimate	2,770,000	5,140,000	4,560,000	4,040,000	1,360,000	18,260,000
<b>Amphetamine<sup>33</sup></b>						
Lower estimate	1,440,000	4,490,000	2,830,000	2,020,000	4,300,000	15,340,000
Upper estimate	9,530,000	4,620,000	3,370,000	2,800,000	35,200,000	55,900,000
Best estimate	5,540,000	4,560,000	3,040,000	2,410,000	19,750,000	35,650,000
<b>Ecstasy</b>						
Lower estimate	370,000	2,460,000	510,000	3,270,000	2,720,000	9,890,000
Upper estimate	2,010,000	2,520,000	730,000	3,750,000	19,380,000	29,020,000
Best estimate	1,160,000	2,490,000	580,000	3,500,000	11,050,000	19,400,000



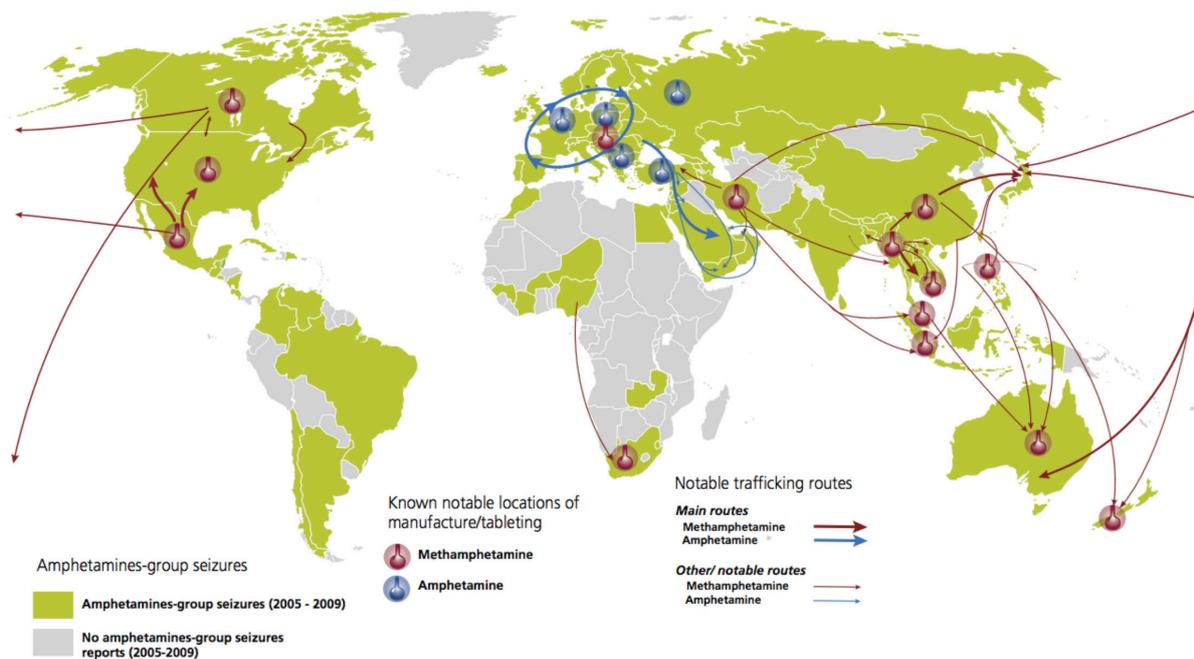
Source: UNODC, responses to annual report questionnaire.

Note: The origins of the flow arrows do not necessarily indicate the source/manufacture of methamphetamine. These arrows represent the flows as perceived by recipient countries. Flow arrows represent the direction of methamphetamine trafficking and are not an indication of the quantity trafficked. The boundaries shown on this map do not imply official endorsement or acceptance by the United Nations. Dashed lines represent undetermined boundaries. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. The final boundary between the Sudan and South Sudan has not yet been determined.

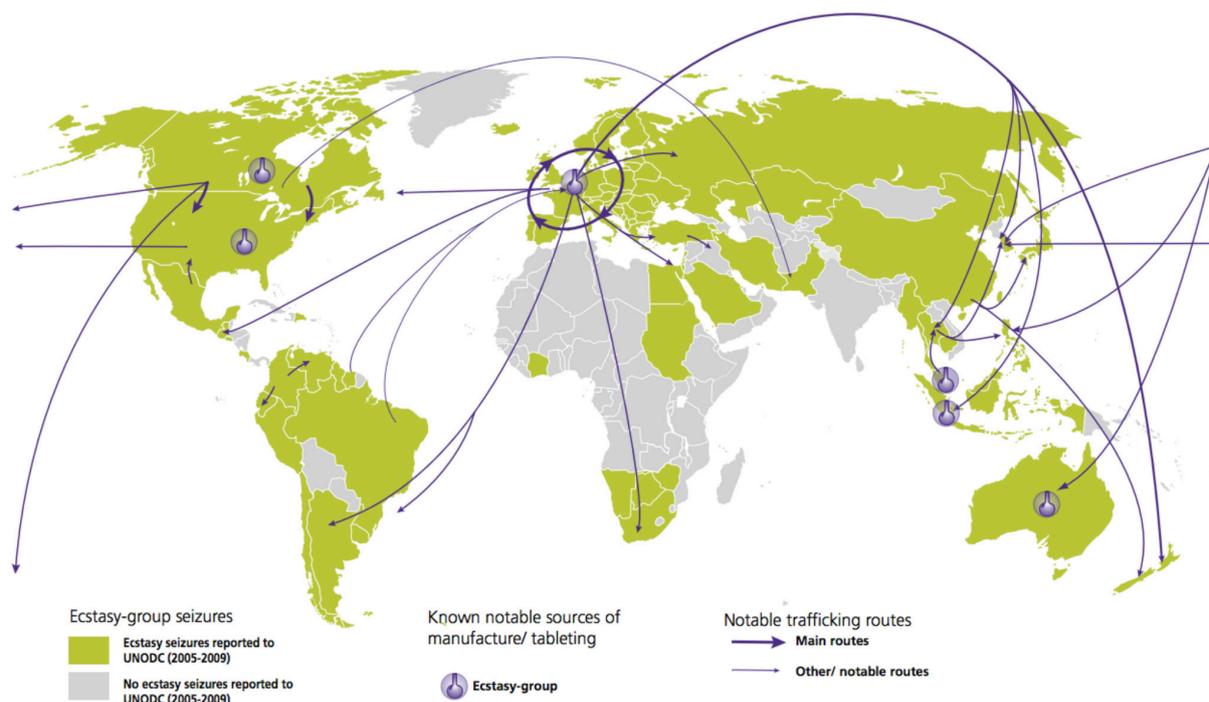
Map 1: Interregional trafficking flows of methamphetamine, 2011-2014<sup>36</sup>

After a few years of relative stability, the 2016 WDR report notes that ATS seizures rose from 144 tons in 2011 to a new peak of 173 tons in 2014.<sup>34</sup> While this may reflect the shifting priorities of law enforcement rather than the growth in consumption per se, it is likely that estimates of expanding consumer markets are relatively accurate.

Unlike cocaine and opioids, ATS are not geographically confined by dependence on natural plant materials and can be manufactured from commonly available chemicals. This makes illicit synthetic manufacture mobile, dynamic, adept, and viable as either small or industrial scale production. With the geographical spread of illicit synthetic drug production, UNODC felt



Map 2 : Key Locations of ATS Manufacture and Trafficking Routes<sup>37</sup>



Map 3: Notable locations of manufacture and main trafficking routes of ecstasy-group substances<sup>38</sup>

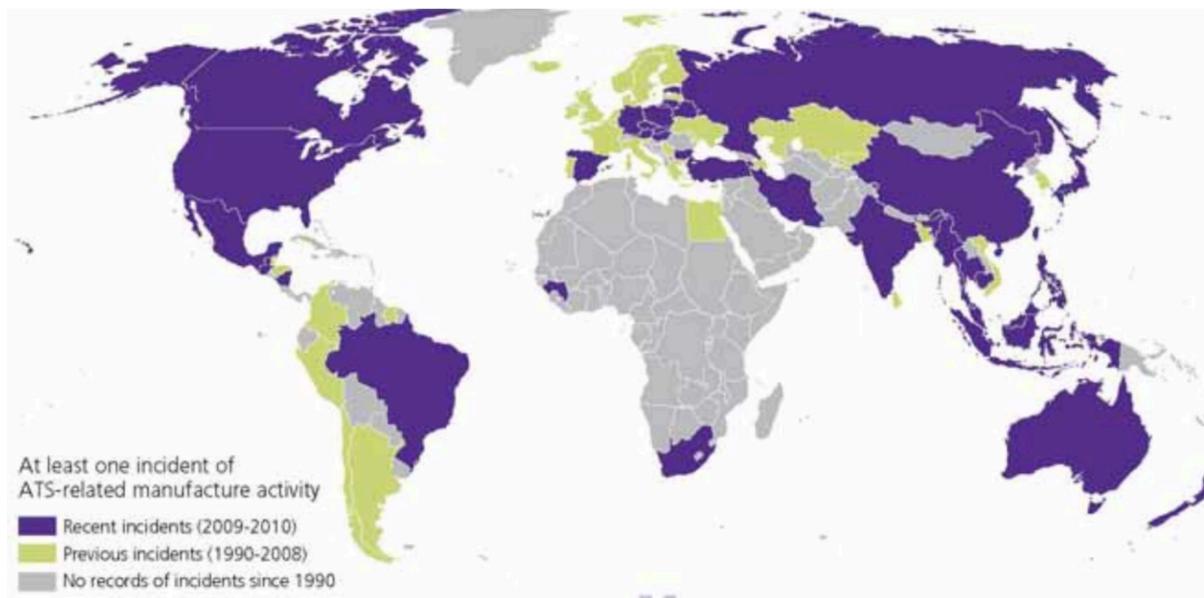
itself able to claim that ‘(a)ll regions with illicit methamphetamine markets also have illicit methamphetamine manufacture’.<sup>35</sup> ( See Maps 1-4 for details of ATS and ecstasy manufacture and trafficking and Box 1 for a brief overview of the situation in The Netherlands and the USA).

Seizure data reflects an ATS market dominated by methamphetamine, and one that almost quadrupled in East and South East Asia between 2009 and 2014. The substance accounted for 71% of global ATS seizures in 2011. While methamphetamine pills were the predominant ATS in East and South-East Asia with 122.8 million pills seized in 2011, seizures of 8.8 tons of crystalline methamphetamine indicated to the UNODC that ‘the substance is an imminent threat.’ The combined total of pills and crystalline methamphetamine seized in 2014 rose to 108 tons, up 21% on the previous year. Reflecting a complex and regionalised ATS market, amphetamine rather than methamphetamine was the most commonly used ATS in Europe, which alongside North America and Oceania also had a prevalence of Ecstasy use above the global average.

Despite the geographical spread and volume of the ATS market, there is a paucity of data and qualitative information on manufacture, trafficking and consumption trends; a state of affairs that is far from new.<sup>40</sup> This is despite the UNODC’s claim that:

*The United Nations has been at the forefront of pioneering work on synthetic drugs since they first emerged as major substances of abuse in the 1960s and on a much broader scale, in the late 1980s and in the 1990s.*<sup>41</sup>

It was not until 2008 that the UNODC launched dedicated ATS analysis through the Global SMART Programme, with the aim of: generating, analyzing and reporting in a phased manner information on the synthetic drug market; providing support to countries where the ATS market pose a particular challenge; and improving global responses to the rise in ATS manufacture, trafficking and consumption. East Asia was the first focus priority region, extending to Latin America in 2011. The programme’s first report on NPS was published in 2013.<sup>42</sup> The CND 2016 conference paper on NPS noted that ‘(i)n response to



Map 4 : Reporting on ATS Manufacture<sup>39</sup>

the increased NPS threat, UNODC began to gradually incorporate NPS in its global synthetics monitoring analysis reporting and trends (Global SMART) programme'.<sup>43</sup>

The value of SMART reports in 'improving the ability of states to respond to the growing human security and public health threats posed by the illicit manufacture, trafficking and use of synthetic drugs'<sup>44</sup> is questionable. According to the regional assessment Report for East and Southeast Asia, 2013:

*...numerous challenges remain in assessing the full extent of the security and health implications of the illicit manufacture, trafficking and use of ATS and other synthetic drugs in the region.*

The 2011 SMART Preliminary Assessment report for Latin America noted:

*...although still low, especially when compared to other regions of the world like Asia, use of amphetamine-type stimulants seems to be increasing in Latin America. This increase, coupled with the scarcity of data on ATS, the limited knowledge about the composition and effects of these drugs and the relative simplicity of manufacturing methods can increase the risks of ATS trafficking in Latin America.<sup>45</sup>*

In persistently highlighting a lack of reliable and detailed data, the SMART reports echo the literature review conducted by Degenhardt et al (2010),<sup>46</sup> who in their analysis of the policy and public health implications of ATS, principally methamphetamine and amphetamine, found that:

*There are understandable concerns over potential harms including the transmission of HIV. However, there have been no previous global reviews of the extent to which these drugs are injected or levels of HIV among users [...] few countries document HIV prevalence/incidence among M/A injectors. High risk sexual behaviour among M/A users may contribute to increased risk of HIV infection, but available evidence is not sufficient to determine if the association is causal.*

On Latin America, Degenhardt et al at the Reference Group to the United Nations on HIV and injecting drug use found a 'lack of data on M/A use and injection' while for Australasia and the Pacific 'there was limited or no data on meth/amphetamine use.' Ability to assess a range of countries including Albania, Andorra, Monaco, Montenegro, Liechtenstein and Macedonia was impaired by 'Limited or no data', similarly for Sub Saharan Africa: 'Data are notably absent here.' Middle East, North Africa,

Europe and North American also presented gaps in information and analysis and in most cases use of ATS was thought to be ‘underestimated.’

Since the research of Degenhardt et al, there has been some progress. While it acknowledges that evidence remains limited, the SMART Programme reported on the injecting of both ATS and NPS in its Global Update of March 2016. The update ‘demonstrates that injecting use of synthetic drugs with stimulant effects exists in many parts of the world’. It observes that injecting and sexual risk behaviours of people who inject synthetic drugs ‘may expose already vulnerable injecting drug users to additional health risks’, including that of contracting and transmitting HIV and other blood-borne- viruses, and concludes that ‘It is therefore important that policy responses take this vulnerability into consideration when designing programmes and services to support and protect people who inject drugs’.

The absence of reliable data sets and longitudinal information is of serious concern. It underscores the weakness of early warning systems and scenario analysis in drug control institutions. In the vacuum of information there is a tendency toward anecdotal information. A review of the SMART reports shows lack of supporting evidence for a number of assertions made and little to no follow up of claims that would enable a more comprehensive picture of ATS markets to be developed. For example, a number of countries reporting to ‘Patterns and Trends of Amphetamine-Type Stimulants and Other Drugs: Challenges for Asia and the Pacific’ assert that Cameroon, Nigeria and ‘West Africa’ are principal ATS embarkation points, and nationals from these countries in addition to Iran are key ATS traffickers. However it proved impossible to trace back these claims in order to understand apparent patterns of West to East ATS trafficking, to determine the manufacturing location of ATS distributed from West Africa, or comprehend the role of Iran in the illicit ATS trade. It can be argued that as official documents, the

SMART reports bring little additional value to the development of evidence based drug policies and they in some ways compound rather than validate speculative assessment, for example, in relation to West Africa’s role in the international drug trade.<sup>47</sup>

The relative lack of research and attention to synthetic markets has in turn contributed to a severe underfunding of treatment programmes. According to one study of ATS use in the US ‘the attendant problems related to dependent use have placed a strain on services’.<sup>48</sup> In relation to the Asia and Pacific region, the 2013 Global SMART report<sup>49</sup> sets out that the number of methamphetamine users receiving treatment in Singapore increased to the highest level reported over the past five years (42% of all persons receiving drug treatment in 2012), while in Cambodia, methamphetamine users accounted for 89% of all persons receiving treatment, rising to 97% in Brunei Darussalam.<sup>50</sup> Methamphetamine pills were the most common drug of misuse (82%) among persons receiving treatment in Thailand and Lao PDR (51%). However, despite evident demand and as set out by the UNODC in the ‘Regional Programme for Southeast Asia 2014 - 2017’<sup>51</sup> ‘most drug treatment services in the region continue to be aimed at heroin, opium and cannabis users. Moreover, in several countries in the region, a large number of persons receiving drug treatment are arrested drug users sent to compulsory drug treatment facilities, most of which do not provide ATS-specific drug treatment services.’

Just as resourcing for ATS-related health care services has lagged changing patterns of misuse and treatment demand, funding for research on synthetic drugs has been traditionally low in comparison to the resources dedicated to assessment of cocaine and heroin markets. This is the case not only in relation to epidemiological surveys, but also scientific analysis, which has fallen behind innovation in the illicit synthetic sector. Further discussion follows in the section dealing with NPS.

### Box 1: The Netherlands, United States and the production of synthetics

According to the European Monitoring Centre for Drugs and Drug Addiction (ECMDA), the north-western region of Europe is of global significance as a producer of synthetic drugs. It is conducted by organised crime groups based in Belgium and, especially, the Netherlands. The Netherlands is believed to be the major producer of MDMA deriving from Europe, and is also the source of methamphetamine, though as a global supplier its importance has reduced in recent years owing to a proliferation of sites of production. The manufacture of amphetamine is also less than was previously the case.<sup>52</sup>

According to the President's Office of National Drug Control Policy, NPS are 'manufactured in labs overseas' and 'marketed in the United States and sold over the internet'.<sup>53</sup> However, the Global SMART Programme reports a number of major arrests for production of fentanyl analogues in Los Angeles and New York. It is possible that the production of NPS is expanding in the US.<sup>54</sup>

Meanwhile, methamphetamine has a history of production in the US. When consumption peaked in the 1990s, it was fuelled largely by domestic product, manufactured both on small scale operations using ephedrine and pseudoephedrine extracted from cold medications, and in 'super-labs' employing imported precursors. Many of these large-scale labs have relocated to Mexico.<sup>55</sup>

### New Psychoactive Substances

A second significant change in contemporary drug markets is the rise of New Psychoactive Substances (NPS), sometimes known as 'legal highs'. These are chemical analogues - structural derivatives that differ from the original by miniscule chemical modification or mimetics that are chemically different from controlled substances but which mimic the pharmacological effects of a prohibited substance such as cannabis.

These chemicals are not new *per se*; instead, the word is used to denote their novelty as products for human consumption and their appearance on non-medical or recreational drug markets. According to UNODC, between 2012 and 2014, most NPS reported for the first time belonged to the group of synthetic cannabinoids. The World Drug Report 2016, however, has identified a different trend in the data for 2015, which at the time of writing is still under collection. Firstly, 75 new substances have been reported to UNODC in 2015, compared with 66 in 2014, despite the fact that data collection is unfinished. Of these substances, 20 represent synthetic cathinones

(stimulant drugs resembling ATS and cocaine), a figure close to the 21 new synthetic cannabinoids and 21 'other' substances. The latter refers to intoxicants that do not readily fit into the major NPS categories, and included synthetic opioids such as fentanyl derivatives. Fentanyl represents a case of chemical innovation being carried out by underground chemists; according to the DEA, the 'current fentanyl crisis in the USA is largely fuelled by illicitly manufactured fentanyl and its analogues, which are either illegally imported as such or synthesised from imported precursors'.<sup>56</sup>

Synthetic cannabinoids first appeared in the mid-2000s; ketamine, phenethylamines and piperazines generally emerged prior to 2008, while synthetic cathinone-type substances such as mephedrone, which is marketed as an alternative to cocaine, began to dominate markets along with cannabinoids in 2009 and 2010. 40% of reporting countries mentioned plant-based NPS such as *Salvia divinorum*, Kratom and Khat.<sup>57</sup> The inclusion of these plant-based psychoactives in the category of NPS is confusing given they are naturally occurring

and have an extensive history of use. However, as noted above, it is their emergence on contemporary drug markets that leads to their classification as NPS.

The preface to the 2013 World Drug Report states that:

*The multitude of new psychoactive substances and the speed with which they have emerged in all regions of the world is one of the most notable trends in drug markets over the past five years.*

Similarly, the INCB stated in its 2015 Annual Report:

*In recent years, there have been...challenges such as the appearance of new psychoactive substances. Governments acknowledge the complexity of dealing with an ever-changing spectrum of substances made especially to circumvent controls.<sup>58</sup>*

As discussed below, the popularity of NPS is contested. Nevertheless, the major significance of this type of psychoactive is, as the INCB acknowledges, the challenge posed to the control system by the sector's capacity for innovation. It is recognised that minor modification to chemical structure will enable NPS manufacturers to circumvent moves toward inclusion in the control regime. Further to this, the dual use of many of these substances, for example, ketamine in anaesthetic surgery, makes articulation of an effective control regime a complex task.<sup>59</sup> Faced with the prospect of an ever evolving NPS market (See Box 2), some authorities have made the decision to engage with the displacement effect of prohibition-based strategies via alternative regulatory approaches. This is exemplified by discussion of NPS controls in New Zealand, which looked to proven harm as the determinant of legality.

This principle was accepted in the country's 2013 Psychoactive Substances Act. The legislation planned to regulate the sale, manufacture, and importation of NPS. After numerous attempts to simply ban NPS, only to see them rapidly replaced by new substances, the New Zealand government decided to take a different approach. The Act turned the tables, placing the burden of proof onto manufacturers to prove the substances were 'low risk' before they could be legally sold. To avoid recourse to underground markets, some 47 substances were granted interim licence exemptions. The Act provided the government with the power to instantly remove products from sale should they prove to be causing harm. The decision to revoke licenses was to be based on evidence provided by the National Poisons Centre and Centre for Adverse Reactions Monitoring (CARM). In the first nine months of the Act, five products had their interim licenses revoked for these reasons.<sup>60</sup>

However, in April 2014, the government announced plans to change the Psychoactive Substances Act to revoke all interim product approvals, and in May passed the Psychoactive Substances Amendment Act. This move appears to have been driven by mass media discourses rather than the evidential grounds that were supposed to underpin the new policy. Furthermore, a moratorium was placed on application for exempted substances prior to proof of their lack of harm. Such a requirement is essentially self-defeating, since it would require unethical experimentation to demonstrate, and thereby 'prove'.<sup>61</sup> The use of animal testing would be a key ingredient of such a process, yet animal-testing was forbidden by the same amendment that banned temporary exemptions. Since these events, no licences have been granted - indeed, no applications for retail licences have even been made.<sup>62</sup> Instead, an unregulated market continues to supply the products to consumers.

## Box 2: Mephedrone in the UK: Pre- and post-control

Mephedrone was scheduled under UK law in April 2010, and became a Class B controlled drug. The UK also led moves at the CND in Vienna to provisionally schedule the substance under the Convention on Psychotropic Substances, 1971, a move that was passed successfully at the CND in 2015.<sup>63</sup>

The UK's argument in favour of provisional scheduling was based largely on the alleged success its domestic controls. Its background document prepared for CND stated that:

'There is evidence that controlling mephedrone under the Misuse of Drugs Act has been effective at reducing use. Reported use of mephedrone in 2012/13 had fallen by around two thirds compared to 2010/11'.<sup>64</sup>

On the surface, this appears to represent a successful result for the legislation. However, the causal linkage claimed by the UK government has been disputed by several academics and civil society groups. A year after UK domestic controls were placed on mephedrone, a group of academics carried out research in two south London 'gay friendly' dance clubs.<sup>65</sup> These clubs had been studied previously, and the object was to assess the prevalence of mephedrone before and after the substance was controlled, using research instruments completed by 315 customers. It was found that mephedrone remained the most popular of the drugs used, and prevalence had even increased from 27 per cent to 41 per cent of those surveyed across the year between 2010 and 2011. The authors commented that, 'Club-goers appeared undeterred by the legal classification of this emergent psychoactive substance.' It was amongst clubbers that use of mephedrone remained relatively high, while other sectors of the population apparently moved away from the drug. Where, however, did they move to?

Some put the drop in prevalence down to a new, organised crime-controlled market that moved into the vacuum created by the legislation; on a growth in the quantity and purity of ecstasy and a shift to cocaine.<sup>66</sup> The most popular period for mephedrone coincided with a drought on the MDMA (ecstasy) scene.<sup>67</sup> Moreover, a raft of alternative NPS products has appeared on the market, repeating a historical lesson that most regulators have, it seems, yet to learn: when a drug is banned, its consumers tend to replace, not with abstinence, but with alternative drugs or formulations of the same drug.

As with the research and empirical data on ATS manufacture, trafficking and use, there is no comprehensive picture of NPS markets or production zones. This is despite the risk to public health set out in the preface to the 2013 World Drug Report: 'The increasing number of NPS appearing on the market has also become a major public health concern, not only because of increasing use but also because of the lack of scientific research and understanding of their adverse effects.'

Documentation from the 2016 CND cites various regions and countries as sources of NPS manufacture: China and India are perceived as major manufactures, while Europe is often viewed as a trans-shipment hub. 'However,' the report continues, a number of European countries, such as the 'Czech Republic, Hungary, the Netherlands, Portugal Spain Ukraine and the United Kingdom have also been identified as potential sources of NPS'.<sup>68</sup> It is unclear whether related activities such as refining,

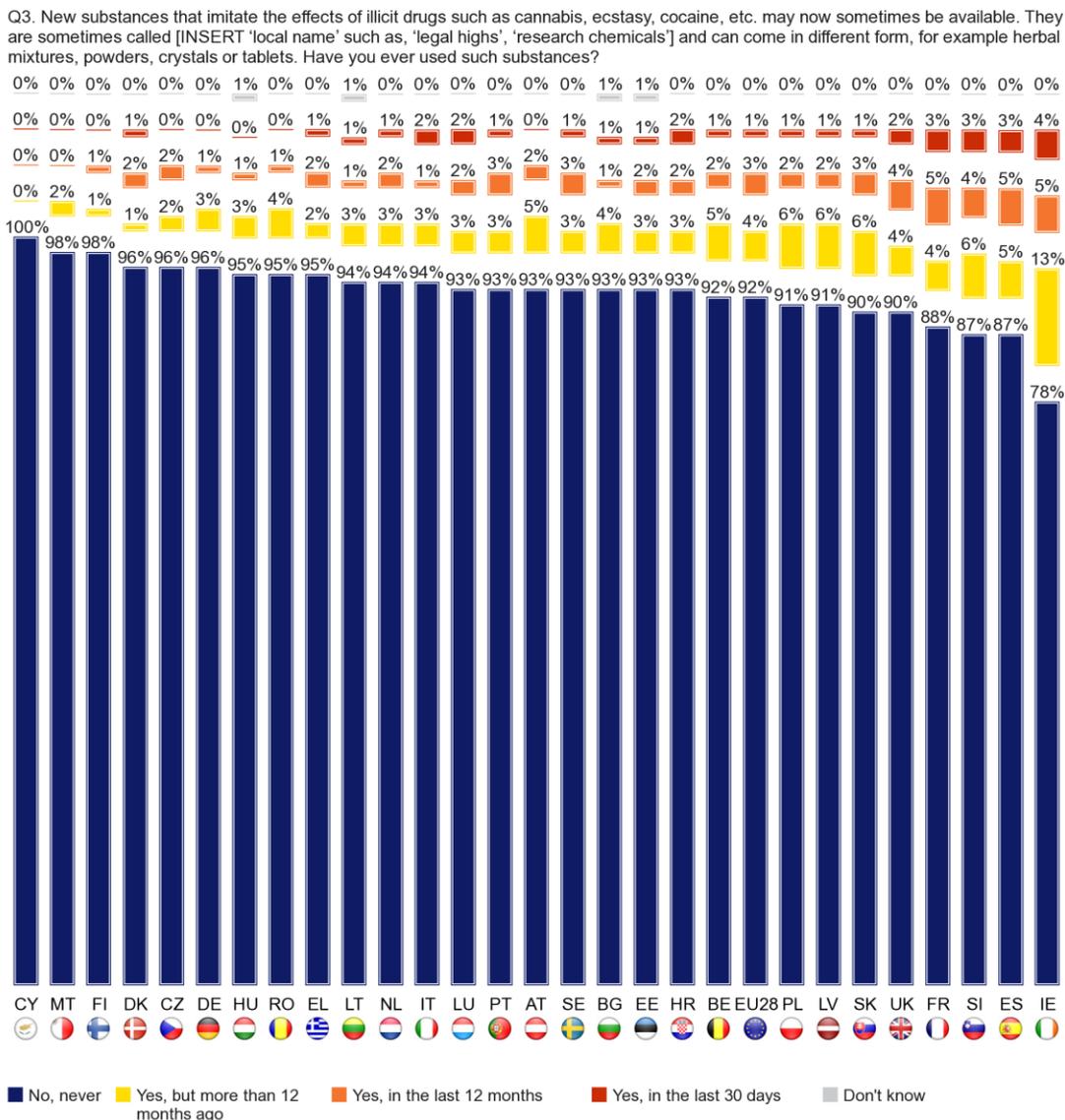


Table 2: Young People and NPS<sup>71</sup>

tableting, cutting, packaging the so on are also carried on in Europe. In contrast to illicit synthetics, NPS trafficking deviates from the clandestine manufacture of controlled psychotropic substances such as ATS, which typically occurs within the same region as where consumers are located. This is linked to the role of the Internet, which serves as a source of supply according to 88% of countries responding to the UNODC survey.<sup>69</sup>

National governments have only recently begun to incorporate NPS into drug monitoring surveys. The information to date would appear to demonstrate the strengthening of market demand among younger generations of drug users, as well as national and regional variety of

NPS preference. As discussed in the Introduction, and demonstrated in Table 2 below, Europe is a vibrant NPS market, although with distinct variations in use levels reflected in the contrast between reporting rates of 18-24 year olds in Cyprus (where 100% of respondents said they had never taken NPS), Malta and Finland at one end of the scale, and Ireland, Spain and Slovenia at the other.<sup>70</sup>

Australia first began monitoring NPS use in the 2010 'Drug Trends in Ecstasy and Related Drug Markets' (EDRS) report based on surveys with Ecstasy users. The 2011 report found ketamine to be the most commonly used NPS, followed by mephedrone and Dimethyltryptamine (DMT).<sup>72</sup> In the 2015 report, the most

commonly used NPS were DMT, (a hallucinogenic tryptamine), NBOMe (a psychedelic drug with stimulant effects) and 2C-B (another psychedelic stimulant).<sup>73</sup> By contrast in New Zealand, the Ministry of Health's most recent (2007/08) national drug use survey<sup>74</sup> found BZP to be the most popular NPS, outstripping use of illicit drugs including amphetamines and cocaine (see table 3).

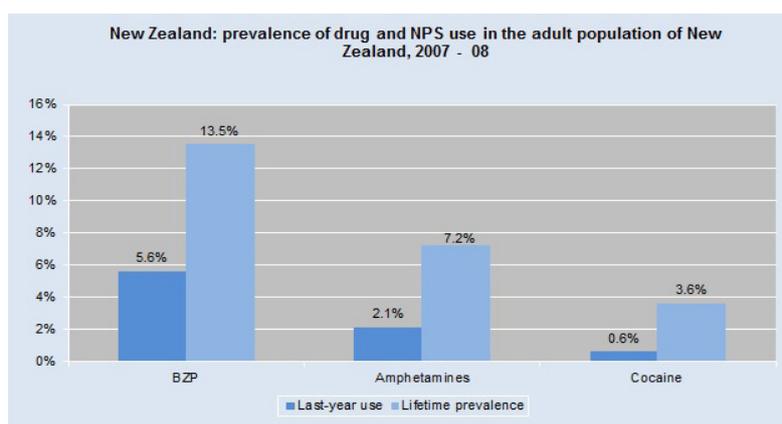


Table 3: Prevalence of drug and NPS use in New Zealand adults <sup>75</sup>

The US 'Monitoring the Future' survey questioned use of synthetic cannabis for the first time in its 2011 report. It found this to be the second most popular substance after cannabis among High School students, with 11.4% of 12th graders reporting use of synthetic cannabinoids in the previous 12 months. At a prevalence rate of 5.9% for *salvia divinorum*, NPS emerged as more popular than cocaine (2.9%) and heroin (0.8%).<sup>76</sup> The 2016 Monitoring the Future Report had the figure for 12th graders using synthetic cannabis down to 3.5% in the past year, and the equivalent for *Salvia* fallen to 1.8%.<sup>77</sup> The trend of new generations of drug users moving away from illicit drugs such as cocaine and heroin to NPS was echoed in Canada, where the 2010-2011 'Youth Smoking Survey' showed *salvia divinorum* (3.4%), ketamine (1.6%) and 'other drugs' (9.7%) to have a higher prevalence rate than cocaine (2.3%) and heroin (1.1%).<sup>78</sup> Amongst Canadian youth from 15-24, this trend has in some respects continued, with *Salvia* and hallucinogens at 2.7%, above cocaine and crack at 2.4%.<sup>79</sup>

The 2016 World Drug Report reports that the majority of countries and territories indicating the emergence of NPS up to December 2015 were from Europe (41), Asia (30), Africa (16), the Americas (13) and Oceania (2). The numbers of NPS reported grow each year, and some have obtained an established place in illicit markets: the include ketamine (reported by 62 countries and territories), khat (reported by 56), JWH-

018 (reported by 50), mephedrone (reported by 49) and methylene (reported by 47).<sup>80</sup>

Bearing in mind the potential health impact of these largely unknown substances, the Global SMART Programme comments in a 2016 Report:

*Given the diversity of NPS on the global drug market and in order to provide appropriate legal responses, the 2014 UNODC-WHO Expert Consultation on NPS recognized the need to prioritize for international control, the most harmful, prevalent and persistent NPS. In 2015, nine NPS were prioritized for review by the WHO ECDD at its 37th Meeting in November 2015. This process has ultimately led to the scheduling of seven substances during the 59th session of the CND, held on 16 to 22 March 2016.*<sup>81</sup>

However, the data on NPS and the extent to which these substances represent a significant health threat is contested. The official surveys discussed above rely on small samples and have tended to focus on younger age cohorts, whose behaviours cannot be reliably extrapolated or different control schedules verified. By contrast, the 2014 Global Drugs Survey of 7 countries based on 80,000 self-selecting respondents highlights the ongoing predominance of cannabis, ATS and cocaine alongside the most popular psychoactives alcohol, tobacco and caffeine energy drinks, with low level reporting of NPS consumption.

In Australia for example, of 5,943 respondents in the Global Drugs Survey, 34.7% reported cannabis, 23% MDMA and 20.6% cocaine, with only 4.1% reporting ketamine use. This figure was below use of magic mushrooms, LSD and nitrous oxide and generates a different picture of consumer preferences than conveyed in the 'Drug Trends in Ecstasy and Related Drug Markets' report. In European countries, the US and South America, the Global Drugs Survey also found MDMA, LSD, cannabis, cocaine and ATS to be the preferred psychoactives (after alcohol, tobacco and energy drinks), with low level NPS prevalence dissipated across a fluctuating range of different substances.<sup>82</sup>

### Cannabis Cultivation

Although consumer diversification from 'natural', plant based drugs such as opioids and cocaine to ATS, MDMA and NPS demonstrates a transformation of global drug markets, high levels of cannabis use has remained a constant. That said, changes in patterns of cannabis production also highlight the dynamic nature of contemporary drug markets and the blurring distinctions between traditional 'producer' and 'consumer' states. And for these reasons some discussion of the cannabis market is necessary. Cannabis continues to be the most widely consumed illicit drug in the world, with an estimated 180.6 million users - equating to 3.9% of the global population. As demonstrated in Table 1, there is consistency in the popularity of cannabis across all geographical regions of the world according to UNODC figures. This is echoed in the 2014 Global Drug Survey, which found cannabis to be the most commonly consumed illicit substance in previous 12 month use, consistently located within the top 4 of all psychoactives alongside alcohol, tobacco and caffeine energy drinks. The exception was the Netherlands, where MDMA use was more prevalent than cannabis.<sup>83</sup> Cannabis retained its popularity in the 2016 iteration of the Survey as the most popular drug, with 63.14% of respondents having used it in the past year.<sup>84</sup>

The significance of the sustained popularity of cannabis to this report relates to changes in cultivation and supply. According to the 2013 World Drug Report: 'Providing a global picture of levels of cannabis cultivation and production remains a difficult task', this is because 'cannabis is produced in practically every country in the world.'<sup>85</sup> The 2016 World Drug Report shows that cannabis cultivation was reported in 129 territories between 2009 and 2014. It recognises, however, that 'the extent and trends in cannabis cultivation and production are difficult to assess'.<sup>86</sup>

In this regard, the UK is a case in point. A decade ago, a report by the UK based Joseph Rowntree Trust set out that:

*Traditionally cannabis has been imported into the country [the UK] by drug traffickers, but rapid changes are occurring. There is no precise information on the extent of home cultivation, but it is clear that it has increased steeply over the past decade.<sup>87</sup>*

In 2012, the Association of Chief Police Officers reported that 7,800 cannabis factories had been detected in England and Wales in 2011 more than double the figure of 3,000 recorded in 2008, with 1.1 million cannabis plants seized. This trend of rising domestic cultivation in a traditional consumer country of the Global North finds echo across Western Europe and North America. In the US, a reported 10.3 million cannabis plants were destroyed in 2010,<sup>88</sup> with an estimated 95.5% of cultivation occurring on outdoor growing sites, in particular national parks and tribal areas. If eradication is read as an indicator of supply levels, then Table 4 below demonstrates escalating cannabis cultivation and eradication in the US during the 2015.

Cannabis cultivation in the Global North has sharply reduced reliance on traditional suppliers in the Global South such as Morocco, India, Lebanon, Mexico and Colombia and it can be accounted for by a number of factors,

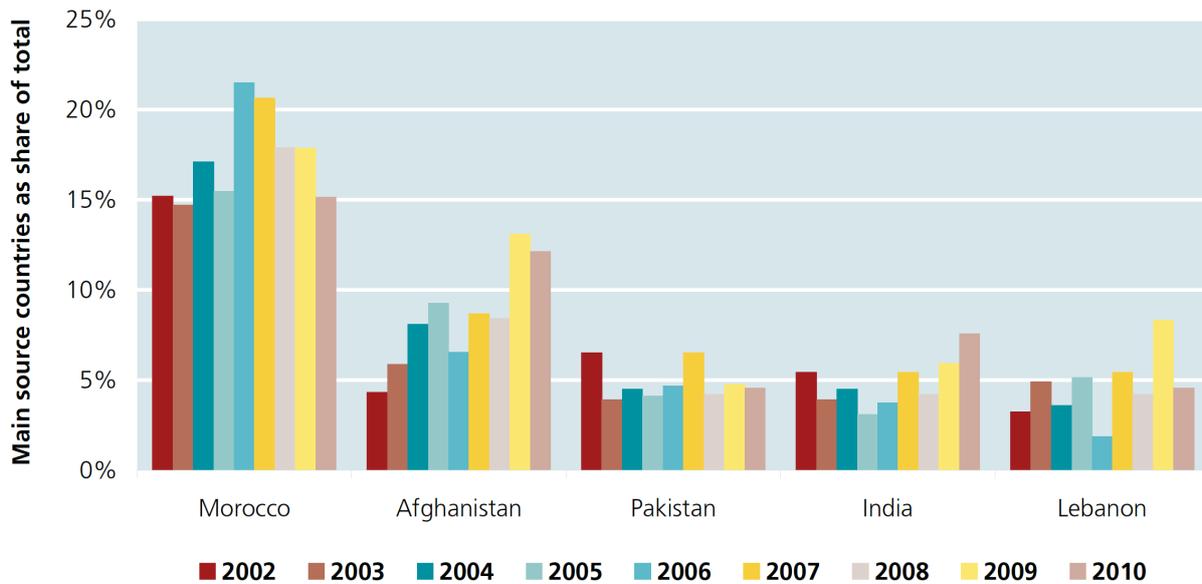
Table 4: Cannabis Eradication by state, USA 2015<sup>89</sup>

2015 FINAL DOMESTIC CANNABIS ERADICATION/SUPPRESSION PROGRAM STATISTICAL REPORT									
	Total Eradicated Outdoor Grow Sites	Total Cultivated Plants Outdoor	Total Eradicated Indoor Grow Sites	Total Cultivated Plants Indoor	Total Cultivated Plants (Outdoor & Indoor)	Bulk Processed Marijuana	Number Of Arrest	Assets Seized (Value)	Weapon Seizure
Alabama	57	13,872	7	1,458	15,330	92	42	\$0.00	72
Alaska	0	0	4	249	249	2	4	\$0.00	0
Arizona	8	122	22	2,330	2,452	243	36	\$2,165,059.00	28
Arkansas	21	14,726	2	0	14,726	155	29	\$10,000.00	23
California	1,893	2,400,699	645	243,009	2,643,708	69,672	2,320	\$7,104,146.61	1,662
Colorado	6	26,545	2	527	27,072	159	14	\$0.00	0
Connecticut	16	392	14	475	867	545	33	\$186,726.00	36
Delaware	4	25	4	58	83	633	41	\$0.00	3
Florida	85	4,880	242	13,606	18,486	7,087	282	\$3,570,895.00	91
Georgia	95	48,084	12	1,064	49,148	2,440	83	\$290,325.00	43
Hawaii	109	15,775	1	77	15,852	117	5	\$0.00	0
Idaho	2	6,987	3	0	6,987	11	8	\$76,439.00	0
Illinois	62	2,897	36	993	3,890	96	58	\$44,409.00	105
Indiana	421	53,402	159	10,128	63,530	4,122	302	\$2,427,441.00	146
Iowa	30	225	13	229	454	192	69	\$503,190.00	55
Kansas	13	2,664	4	28	2,692	1,160	192	\$325,950.00	17
Kentucky	916	567,951	91	3,389	571,340	3,140	684	\$1,341,729.70	114
Louisiana	10	291	15	433	724	373	84	\$131,448.00	17
Maine	30	721	6	127	848	95	42	\$127,474.00	21
Maryland	68	1,822	23	1,012	2,834	96	66	\$248,291.00	218
Massachusetts	116	3,138	0	0	3,138	20	4	\$0.00	4
Michigan	340	8,736	160	10,206	18,942	1,088	226	\$3,753,180.84	779
Minnesota	3	335	4	266	601	42	6	\$9,138.00	1
Mississippi	49	2,615	7	121	2,736	311	55	\$128,655.25	34
Missouri	17	6,943	3	305	7,248	6	11	\$5,217.00	0
Montana	4	225	2	16	241	20	13	\$0.00	2
Nebraska	18	3,375	10	265	3,640	1,164	71	\$34,947.00	7
Nevada	1	3	63	5,150	5,153	324	64	\$1,059,238.42	92
New Hampshire	1	27	0	0	27	0	0	\$0.00	0
New Jersey	5	29	3	86	115	3	8	\$6,000.00	1
New York	284	8,797	104	2,826	11,623	1,619	344	\$1,678,960.00	41
North Carolina	64	2,457	15	1,730	4,187	12	53	\$649,452.00	23
Ohio	533	21,592	40	2,863	24,455	220	166	\$498,343.00	183
Oklahoma	23	23,380	1	7	23,387	1,338	130	\$41,345.00	14
Oregon	21	36,100	38	3,038	39,138	475	49	\$72,767.00	43
Pennsylvania	118	4,549	9	276	4,825	24	40	\$64,377.00	112
South Carolina	48	1,869	4	171	2,040	104	28	\$4,805.00	16
Tennessee	396	126,626	6	939	127,565	9	45	\$88,275.00	4
Texas	26	226,322	18	5,338	231,660	868	37	\$616,487.00	45
Utah	0	0	0	0	0	56	2	\$0.00	0
Vermont	22	736	1	460	1,196	1	0	\$0.00	0
Virgin Islands	23	3,050	1	212	3,262	0	1	\$0.00	0
Virginia	127	35,926	43	1,163	37,089	1,556	239	\$853,772.61	149
Washington	29	28,526	30	7,407	35,933	467	29	\$950,213.00	4
West Virginia	275	194,120	22	1,307	195,427	84	159	\$545,900.00	6
Wisconsin	32	30,645	59	1,675	32,320	4,314	104	\$91,306.00	89
Totals	6,421	3,932,201	1,948	325,019	4,257,220	104,555	6,278	\$29,705,902.43	4,300

the most significant being the availability of hydroponic growing kits, cannabis seeds and instruction manuals, and ‘successful’ border interdiction of imported cannabis herb and resin. This served to catalyse domestic cultivation of cannabis herb to substitute for reductions in external supply. The EMCDDA reports that during the 1980s the Netherlands became a hub of cannabis knowledge, which was gradually exported to other European countries. The

spread of this ‘know-how’, combined with technological developments, led to ‘a trend in several European countries (mostly Western) towards “import substitution”’, involving domestic production of cannabis to supply domestic demand, ‘and reducing reliance on imported products’.<sup>90</sup> These changes have led to shifts in consumption, with herbal cannabis overtaking resin as the leading form of the drug in Europe overall.

Table 5: Main Source of Cannabis Resin - data collected from Annual Report Questionnaires<sup>92</sup>



Similar trends were seen in the US cannabis markets in the 1970s, when aerial fumigation of Mexican cannabis fields re-stimulated cultivation in the US. The impact of this import substitute industrialisation process in cannabis markets has been to bring supply chains closer to Western consumer markets; to increase the strength of domestic cannabis through hydroponic growing of genetically modified strains, and to stimulate small scale cultivation operating within localised distribution networks.

Despite these important changes to the structure, organisation and geography of the cannabis market, the attention of the UN drug control system has remained fixed predominantly on ‘traditional’ suppliers of cannabis resin and herb from the Global South. Successive World Drug Reports provide detailed statistics quantifying cultivation and production in Morocco, Afghanistan and Lebanon as demonstrated in Table 5 below.<sup>91</sup> By contrast, there is little to no parallel, detailed information provided for major First World producers such as the USA, Canada or the Netherlands. None of these Western countries are used as case studies in the World Drug Report and there is no equivalent elaboration of the role of these countries in the global drug trade as that applied to countries of the Global South. Part of this is certainly the result of the difficulty of measuring synthetic production, as discussed above.

Developments in the cannabis markets reflect a re-ordering of drug production geographies from South to North, which is reinforced by the rise of ATS and NPS manufacture. It is tempting to argue that there is an ongoing lack of scrutiny of the West’s role in the international drug trade, and an evident reluctance to substitute the US and Netherlands for Colombia and Afghanistan in the language of ‘leading drug producers’. However, rather than understanding the global North as occupying the role previously assigned to the South - as the site of the world’s drug production - a more radical conception involves questioning the ongoing relevance of these terms. With production, distribution, consumption no longer being locked into discrete geographical or regional zones, the shifts in the political economies of drugs forces us to think in new ways, beyond the old binary classifications and their associated policies. Within the UN’s language of ‘shared responsibility’,<sup>93</sup> changes in perception are taking place. There remains, however, much work to be done.

In understanding this ‘denial’ of the West’s role, Francisco Thoumi<sup>94</sup> sets out that during his co-ordination of the 2000 World Drug Report, the then Executive Director of the UN Office for Drug Control and Crime Prevention (the forerunner of the UNODC) Pino Arlacchi:

*...frequently argued that the world drug problem was on the verge of being solved and that there were only three countries that were real problems: Colombia, Afghanistan and Myanmar [...] He then decided to change the WDR outline eliminating several chapters and sections [...] The main chapters and sections eliminated were: a substantial chapter on synthetic drugs, a large section on marijuana, a section on links between drugs and international organised crime [...] The elimination of the synthetic drugs chapter dropped from the report the fastest growing illicit drugs, a large proportion of which are produced in developed countries. Marijuana, a large cash crop in several American States also disappeared. The chapter linking illicit drugs with international organized crime would have focused the readers' attention on transit and mainly consuming countries.*

Thoumi links this bias to the funding structure of international drug control institutions, which is based on donor country contributions and not UN general funds:

*Those donors can control the use of their funds and can influence ODCCP policy through them [...] One issue derived from this dependency is to what extent ODCCP's funding problems makes it easy for particular countries like the United States to promote its own drug policies through the United Nations.<sup>95</sup>*

Arising from this assertion is a need to understand the motivations and interests that the Global North has in retaining traditional strategies, narratives and institutional concerns. Synthetic drugs pose a qualitatively different challenge to that presented by cocaine and opioids. As such, the synthetic revolution provides an opportunity for a recasting and redesign of drug control policy and institutions in a manner that enables rectification of misdirected funding and enforcement efforts. However, for reasons discussed in the following sections, it is questionable whether the current regime can refocus away from the historic preoccupation with cocaine and opioids.

## 2: PATH DEPENDENCE AND THE DRUG CONTROL PARADIGM

A key explanation for the prioritisation of raw narcotic plant materials within international drug control is the historical context of the system's foundation, and the subsequent reinforcement of principles and guiding assumptions in the succession of inter- and post-war international conventions.

### The Inter War Regime

The initiation of narco-diplomacy by the United States government at the turn of the twentieth century was catalysed by preoccupation with the 'opium question'. This was in part expressed as concern at the public health impacts of opioid use set against the backdrop of the commercialisation and massification of opium, morphine and heroin in the nineteenth century, and growing understanding of the perils of overdose and dependency.<sup>96</sup> Gary Henderson outlines the advances in chemistry that explain the shift toward repression of a 3,400-year history of opium consumption, which can in turn be read as an explanation of the control system's evolution:

*Until the nineteenth century, drugs came from unrefined plants and animal products [...] Eating crude plant material offered a certain safety margin since biologically active components are usually present in small amounts and overdosing was physically difficult [...] a major trend throughout the history of drug use and abuse is the increased hazards associated with the use of more potent drugs, either purified plant materials or new synthetic compounds. Drugs became more potent as chemists were able to extract and purify the active ingredients present in botanicals.... The abuse of these purified, more potent materials soon followed.<sup>97</sup>*

The US reinforced its diplomatic initiative to convene an international meeting to agree controls on the opium trade with a moral agenda expressed in the evangelical language

of the prohibition movement and which tapped the outrage of European Christian and Quaker groups at the dependence of Empire (in particular the British) on opium revenues. Economic, political and cultural considerations also explain US hostility to the opium trade. The country controlled no overseas poppy cultivation territory and was largely excluded from the lucrative opium market, with the British banning American traders from opium auctions in Calcutta, India. Pressing for restrictions on opium cultivation, exports and use had no financial implications for the US, while a position antithetical to the trade opened up commercial and diplomatic relations with China, which had itself long (and unsuccessfully) contested the allegedly<sup>98</sup> ruinous impacts of opium imported from India by British merchants.

For these historical reasons, opioids were the central preoccupation of the nascent control system, exemplified by the 1912 Hague Opium Convention and resulting inter-war treaties that were administered by the League of Nations. These included the 1925 *Agreement Concerning the Manufacture of, Internal Trade in, and Use of Prepared Opium*, the 1928 *International Opium Convention* and 1937 *Agreement for the Control of Opium Smoking in the Far East*. According to the drug policy analyst Martin Jelsma the inter-war period was one of significant success in curtailing the free trade in opium. This he attributes to the regulatory framework of the early treaty regime, which contrasts with the prohibition orientation of the post-war framework:

*The first 1912 Hague Opium Convention and the treaties negotiated subsequently in the League of Nations era [...] aimed to control the excesses of an unregulated free trade regime, substantially regarding opium. Restrictions were imposed on exports to those countries in which national laws had been introduced against nonmedical use of opiates, but there were no treaty obligations to declare drug use or cultivation illicit, let*

*alone to apply criminal sanctions. The early series of conventions in effect established administrative import and export regulations for opiates, cocaine and, from 1925, cannabis, without criminalising the substances, users or growers of the raw materials.*<sup>99</sup>

This point of view is arguable, since criminal sanctions were applied in many of the countries who ratified these treaties.

Historians note US frustration with the compromises forced by European powers who favoured a more gradualist approach. The US preference for criminalisation of non-medical cultivation and consumption of opium, as well as coca leaf and cannabis was, in many cases, rejected as unenforceable and unwarranted. Sharing the European position were cultivator states such as Persia, Turkey, India and Peru, the latter having framed its 1898 national development strategy around expansion of international cocaine markets. These countries: ‘considered domestic drug use as an internal matter, not subject to interference from states’<sup>100</sup> and rejected the searing economic impact implied by eradication of non-medical cultivation.

Importantly, the European pharmaceutical lobby was another obstacle to US ambitions to install a prohibition oriented regime. US concerns at the diversion of pharmaceutical stocks of morphine, cocaine<sup>101</sup> and derivative drugs such as codeine to illicit markets was deflected by pharmaceutical interests. As outlined by the historian William McAllister:

*Germany, Switzerland, the Netherlands and other states possessing significant pharmaceutical industries might support controls over raw materials, but they objected to limitations on manufactured drugs.*<sup>102</sup>

Amid European concerns over access to and pricing of medical stocks, restrictions on research and development, and loss of comparative advantage, US proposals for

a cartel of pharmaceutical opioid supply and a strict regime for reporting imports of manufactured drugs was resisted. The resulting 1931 *Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs* required countries to submit estimates for manufactured drugs to the newly created Drug Supervisory Body (DSB). However the authority of the DSB was circumscribed and this impeded the body's efforts to match cultivation and manufacturing levels to international pharmaceutical demand.

More significantly, the 1931 Convention established two schedules of drugs. The first group were subject to strict regulation and included all preparations made from raw opium and containing 20% or more of morphine, morphine and its salts including heroin; preparations made from the coca leaf including cocaine and its salts; and codeine and morphine derivatives.<sup>103</sup> There was greater flexibility in adjusting national reporting requirements in relation to the second group, which included methylmorphine (codeine), ethylmorphine and their salts.<sup>104</sup> Reflecting on the implications of the schedules of control, McAllister sets out that:

*From 1931 on, the notion that abuse potential might follow from graduated levels of control became an important feature of the international regime [...] the potential disparity encouraged pharmaceutical manufacturers to seek a type of comparative international regulatory advantage: a company could gain market share if its drug were exempted from controls imposed on competing products. Restricted to the licit drug market after 1931, this tiered regulation system [...] encouraged pharmaceutical manufacturers to insinuate themselves into the process of implementing and modifying the regime.<sup>105</sup>*

What might be regarded as the foundational period of the regime thus embedded raw plant narcotics and cultivating regions of the Global

South at the centre of a supply side focused regulatory system. By contrast, European pharmaceutical interests were effective in delimiting controls over research and manufacture of derivative and synthetic drugs.

### **The Post War System: From Regulation to a Prohibition-oriented approach**

The conventions introduced after the Second World War were framed by the US prohibition-oriented position and US priorities, with the objections of European gradualists and cultivating country opponents pushed aside.<sup>106</sup> Factors accounting for the ability of the US to forge the post-War control regime include the geostrategic power shift from a devastated Europe to the US, whose economy had prospered from its role as the 'arsenal of democracy'; the defeat of Japan and Germany (two significant Convention violators); the role of the US in liberating opium cultivating and consuming countries in South East Asia; and US influence over the drug control bodies of the League of Nations, such as the Opium Advisory Committee, which relocated to the US during the Second World War.<sup>107</sup>

The expansion in synthetic drugs (e.g. methadone, pethidine) that occurred in wartime conditions led to an enhanced concern with their control following the defeat of the axis powers in 1945. Indeed, the first serious development under United Nations international drug control law and policy was focused on the issue of synthetics: the Paris Protocol of 1948.<sup>108</sup> Under the terms of the previous international legal instruments of the foundational period, there was no satisfactory means of placing the new synthetics under control. The 1931 convention included measures to regulate new drugs, but under the relevant article 11, only those deriving from the phenanthrene alkaloids of opium and the ecgonine alkaloids of cocaine were applicable. Article 10 of the 1925 convention, meanwhile, could potentially have been employed to control new synthetic drugs, but did not apply

direct control over manufacture or trade. In addition, article 10 was binding only on those States which agreed to be governed by its recommendations and provisions.<sup>109</sup> According to Neil Boister, in a theme that prefigured contemporary anxieties:

*It was feared that modern chemistry could allow the abandonment of organic drugs by illicit traffickers as it became possible to produce equally marketable substances in laboratories located much closer to the markets in developed countries.*<sup>110</sup>

The then only recently formed CND requested the secretariat to explore solutions to this dilemma. Control could be achieved by amending existing conventions, or by forging a new international agreement. In view of the great difficulties involved in changing multi-national treaties the secretariat recommended the latter option and the Paris Protocol came into force on the 1<sup>st</sup> December 1949.<sup>111</sup> This instrument permitted the World Health Organization, itself only coming into being in 1948, to make binding recommendations on countries; as Boister observes:

*In terms of the Protocol WHO experts were given the power to make binding decisions as to whether a substance was addictive or capable of being converted into an addictive substance, and to authorise, without the consent of the parties, the placing of new synthetic drugs under the same control regime as applied to the organically based drugs under the pre-war conventions. The Protocol was a success with all the principal drug manufacturing states becoming party to it and many non-parties applying its provisions.*<sup>112</sup>

Over thirty drugs were scheduled by the Paris Protocol by the early 1950s, more than the numbers controlled by all the previous legal international instruments together at that time.<sup>113</sup>

Shortly afterwards, though, a new, more rigorously ideological approach was exemplified by the 1961 Single Convention on Narcotic Drugs,<sup>114</sup> the preamble to which set out that: ‘addiction to narcotic drugs constitutes a serious evil for the individual and is fraught with social and economic danger to mankind.’ States were called on to assume their ‘duty to prevent and combat this evil’. The Convention established a goal of eliminating non-medical cultivation and production of opium within a 15-year period, and coca leaf and - for the first time - cannabis cultivation within 25 years. Articles 22 and 26 obliged states to destroy illicitly cultivated plants. Reflecting a more draconian attitude to consumption: ‘Traditional practice, including widespread traditional medicinal use of all three plants, was defined as “quasi-medical” practice that had to be terminated’<sup>115</sup> while Article 33 set out that parties to the Convention ‘shall not permit the possession of drugs except under legal authority.’ Article 36 mandated the adoption of harsh state measures to counter engagement in any aspects of the illicit trade:

*Subject to its constitutional limitations, each Party shall adopt such measures as will ensure that cultivation, production, manufacture, extraction, preparation, possession, offering, offering for sale, distribution, purchase, sale, delivery on any terms whatsoever, brokerage, dispatch, dispatch in transit, transport, importation and exportation of drugs contrary to the provisions of this Convention, and any other action which in the opinion of such Party may be contrary to the provisions of this Convention, shall be punishable offences when committed intentionally, and that serious offences shall be liable to adequate punishment particularly by imprisonment or other penalties of deprivation of liberty.*

As during the inter-war period, the control regime framed by the 1961 Convention prioritised eradication of illicit raw plant

materials and it side-lined the dangers posed by derivatives and pharmaceuticals synthesized from organic chemicals. This was despite evidence in the 1950s of the emerging synthetics problem, as outlined by McAllister:

*Synthetically produced, non-narcotic substances such as barbiturates, tranquilizers, amphetamines and certain hallucinogens entered into therapeutic use with ever increasing frequency [...] Pharmaceutical companies, intent on recovering research and development costs and reaping profits, aggressively marketed the new compounds.*<sup>116</sup>

The WHO raised concerns that these substances had serious abuse potential and there was additionally pressure from cultivating countries (in particular Turkey) for inclusion of synthetics and derivatives in the 1961 Convention. This was again resisted by the pharmaceutical lobby, reflecting for critics of the control model the inherent bias of the regime. McAllister highlights the double standards of the Commission on Narcotic Drugs, which was established in 1946 as the United Nations' central drug policy-making body with responsibility for analysing the world drug situation and developing proposals to strengthen the international drug control system. The CND was 'so quick to institute controls over narcotic substances' (including the synthetic opioids developed in wartime) and yet 'refused to take similar precautions with psychotropics.' He concludes that:

*Bowing to their domestic pharmaceutical interests, blind to the cultural bias that privileged "modern" western drugs, and not wishing to let producer states off the hook concerning the "real problem," manufacturing states shunned the chance to nip a potentially serious problem in the bud.*<sup>117</sup>

Although the Single Convention was intended as a 'convention to end all conventions,'<sup>118</sup> it became the bedrock for two subsequent treaties. These were agreed upon in the

early 1970s and late 1980s (on the latter see Box 3) and both, to differing extents, are important for the discussion of synthetics within the international control framework. To be sure, regarding the former, amid evidence of misuse of prescribed stimulant and depressant synthetic drugs,<sup>119</sup> there was pressure for revision of the treaty system led by Sweden and a coalition of cultivator and Soviet states. This was achieved through the 1971 Convention on Psychotropic Substances. However, in contrast to the strict controls imposed on cultivators, traffickers and consumers of raw plant narcotics in the 1961 Convention, the 1971 Convention was liberal in provision and application. According to UN official Hans Halbach, this can be accounted for through reference to the pervasive influence of the European and US pharmaceutical lobby:

*The most important manufacturing and exporting countries tried everything to restrict the scope of control to the minimum and weaken the control measures in such a way that they should not hinder the free international trade.*<sup>120</sup>

They were largely successful. The 1971 Convention made no reference to derivatives, which accounted for 95% of the substances created by pharmaceutical firms.<sup>121</sup> Only 32 named compounds spread across four schedules of control were listed in the 1971 Convention, resulting in a 'toothless' document that was confusing and oblique in its language - most specifically the term 'psychotropic'. This appears to be essentially an administrative, functional term with little if any pharmacological reference; the claim that it signifies drugs that operate on the central nervous system applies equally well to the term 'narcotic'.<sup>122</sup> Even after ratification, pharmaceutical interests and government lobbies from the United States, the United Kingdom, Canada, Austria, Denmark, West Germany, Switzerland, The Netherlands and Belgium, worked to delimit the scope and application of the Convention.<sup>123</sup> Summing up

the situation in their seminal 1975 work, *The Gentlemen's Club: International Control of Drugs and Alcohol*, the Scandinavian scholars Kettill Brunn, Lyn Pan and Ingemar Rexed observed,

*...the system has been unable to adjust to the changing world situation: the rapid development and increased use of psychotropics...[have]notbeenaccompanied by corresponding modifications in the international response. The system has thus lost its social relevance, moral strength and scientific thrust. Even though there were reasons for neglecting alcohol, this cannot be said of 'psychotropics': in contrast to the vigour of efforts to bring new synthetic opiates under control, the process of enacting controls over the 'psychotropic' drugs has been marked by hesitation and legalistic quibbling.<sup>124</sup>*

### Shaping the Post-War Illicit Market

The Conventions of 1961 and 1971 did not arrest a trend of rising demand for, or supply of naturally occurring and synthetic drugs. A range of factors accounted for the strengthening of consumer markets in the liberal democracies of capitalist Western Europe and North America. They include rebellion by the post war 'baby boomer' generation,<sup>130</sup> secularisation, material affluence, the transformation of gender roles, and evolving social, musical and counter-cultural fashions. These in turn normalised levels of cannabis, cocaine and heroin use among certain social groups that were unprecedented in the control period. In the UK for example, there were an estimated one million cannabis users in 1969.<sup>131</sup> In the US, the earliest survey data on cannabis use was a 1967 telephone poll of college students conducted by Gallup. This

### Box 3: Precursors and the 1988 Convention

Precursor chemicals are, broadly speaking, chemicals utilised in the production of drugs, including synthetics.<sup>125</sup> Many of the chemicals employed in the illicit manufacture of narcotic drugs and psychotropic substances are derived from legitimate sources and transactions, and the control apparatus seeks to disrupt the illicit market by targeting these points of intersection.<sup>126</sup> The control of precursors is included in the provisions of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. The instrument's general requirements are contained in paragraph I of article 12, which states that:

'The parties shall take the measures they deem appropriate to prevent diversion of substances in Table I and Table II used for the purpose of illicit manufacture of narcotic drugs or psychotropic substances, and shall co-operate with one another to this end.'<sup>127</sup>

Tables 1 and 2 act as the control schedules into which substances are assigned, ostensibly according to their degree of associated risk. Table 1, for example, comprises acetic anhydride, used in the illicit production of heroin.<sup>128</sup>

The INCB is mandated with the monitoring of governments controls over precursor chemicals, and it recommends on scheduling to the CND. At the recent 60th CND in March 2017, for example, the INCB had recommended controls to be imposed upon ANPP and NPP, two fentanyl precursors were voted by CND to controlled under Table 1 of the 1988 Convention.<sup>129</sup> As a consequence of their dual use, and in a similar fashion to negotiations around the 1971 Convention, discussions around precursor control invariably involve commercial considerations of Commission members.

found a 5% lifetime prevalence of cannabis use, rising to 22% in 1969. By 1971, 51% of surveyed college students reported lifetime use, and rates for annual and thirty-day prevalence were 41% and 30% respectively.<sup>132</sup>

Referring to the situation in the USA, according to Goode and Ben-Yahuda: 'The 1970s represented something of a high-water mark in both the use and the public acceptance and tolerance of illegal drugs' with eleven states, representing a third of the US population decriminalizing small-quantity cannabis possession. In 1979, 60% of American high school seniors had used cannabis at least once during their lifetimes, 51% had used it during the previous month and 10% used cannabis daily. Moreover: 'Tolerance and use of a number of the other illegal drugs, while not nearly so widespread as with marijuana, were at unprecedented levels.' And, as discussed above (New Psychoactive Substances) neither the Single Convention of 1961 nor the 1971 Convention dis-incentivised demand for synthetic drugs such as the stimulant amphetamine, the dissociative drug Phencyclidine (PCP, Angel Dust), depressants such as barbiturates and the hallucinogenic LSD.

The other principle factor driving consumption was supply. The 1961 Convention transformed shrubs, weeds and poppies into high value commodities, with value added relative to the risks posed by enforcement. Such were the financial rewards generated by criminalisation, success in reducing illicit cultivation in one country or region led market share to be absorbed by competitors. This was initially evidenced in the displacement of opium poppy cultivation from China, the world's leading cultivator, to the so called Golden Triangle countries of Thailand, Burma and Laos in the 1950s following the anti-opium campaigns of the Mao's revolutionary regime. The decline of illicit supply from China had the additional effect of spurring opium cultivation in Turkey. As Turkey and Thailand embraced eradication and alternative development strategies in the 1970s and early 1980s, the shortfall in illicit

supply was taken up by Pakistan and Iran and increased supply from Burma. Mexico also emerged as a significant source to the US, supplementing Turkey as the supply of 89% of US heroin by the mid-1970s.<sup>133</sup> These illicit market dynamics made the 15-year opium eradication schedule set out in the 1961 Convention unfeasible.

Cocaine markets were relatively muted until the 1970s, when disco replaced the counter-cultural movements of the 1960s and narco-entrepreneurs such as Bolivia's Roberto Suarez Gomez, the so called King of Cocaine, identified new market opportunities in the US. Working with a Colombian cannabis trafficking gang that subsequently evolved into the Medellin 'cartel', Suarez was generating an estimated \$400m per annum in US cocaine sales by the late 1970s.<sup>134</sup> By the 1980s, production of illicit dry coca leaf increased to 300,000 tonnes<sup>135</sup> with 40 countries reporting cocaine seizures to UN drug control authorities in 1980s.

Mirroring the balloon effect in opium economies, coca eradication efforts in Bolivia in the mid-1980s led by the US under Operation Blast Furnace and national level eradication initiatives such as Plan Dignidad increased the value of cocaine by reducing available supply.<sup>136</sup> Cultivation was subsequently displaced to Peru, which absorbed the lucrative illicit market share. By 1990, after five years of intense and militarised US enforcement efforts, the number of countries reporting cocaine seizures had more than doubled to 87 while Peru had become the world's leading illicit coca cultivator, responsible for 61% of supply.

As with the 1961 Convention, the 1971 Treaty did much to stimulate the emergence of a criminal market for psychoactive drugs as diversion from licit pharmaceutical supply declined. In 1979, for example, Alpha-methylfentanyl or 'synthetic heroin', an analogue of the pharmaceutical analgesic fentanyl, was distributed in California. Henderson outlines the ramifications of this development:

Now, for the first time, illicit laboratories were producing original drugs. This new drug was not an illicit copy of a pharmaceutical, and therefore, had not been subjected to toxicological studies or clinical evaluation in human subjects. Further, even though alpha-methylfentanyl was chemically and pharmacologically nearly identical to fentanyl (alpha-methylfentanyl is twice as potent as fentanyl), it was technically a new drug entity, not on the DEA's list of restricted drugs, and therefore a legal drug.<sup>137</sup>

Following deaths linked to Alpha-methylfentanyl, the compound was placed on the US Schedule of Controls in 1981, by which time another fentanyl analog *para*-fluorofentanyl was in circulation, followed in 1984 by alpha-methyl acetylfentanyl. This differed from alpha-methylfentanyl by only one methyl group but was technically a new chemical entity and therefore not subject to control. Similarly, 3-methylfentanyl powder, which was estimated to be 6000 times more potent than morphine and which contributed to a spike of 110 fentanyl related deaths in California in 1984, predominantly young, blue collar males. Indicative of trends that have emerged in the current NPS market, fentanyls quickly 'disappeared' from the streets according to Henderson, to be replaced with 'a collection of even more exotic analogs'. This included MDMA Ecstasy, use of which reached 'epidemic levels' in countries such as the UK, Netherlands, Australasia and the USA in the 1990s, the latter experiencing an 800% increase in use between 1996 and 2001.<sup>138</sup> As MDMA Ecstasy was incrementally brought under national and international control, new synthetic drugs such as 'Love Hearts'<sup>139</sup> came onto the market. Writing with some prescience in 1988, Henderson concluded:

*...it is likely that the future drugs of abuse will be synthetics rather than plant products. They will be synthesized from readily available chemicals, may be derivatives of pharmaceuticals, will be very potent,*

*and often very selective in their action. In addition, they will be marketed very cleverly [...] The "Designer Drug" problem may become an international problem. A single gram of any very potent drug like 3-methylfentanyl could be synthesized at one location, transported to distribution sites worldwide, and then formulated (cut) into many thousand, perhaps a million, doses. Preventing the distribution of such small amounts of the pure drug will be exceedingly difficult [...] Locating these laboratories will also be a difficult task. When very potent chemicals are produced, a clandestine laboratory need operate for only a short time to make a few hundred grams of material.*<sup>140</sup>

Synthetic markets also showed the same tendency to geographical displacement as demonstrated in coca and opium cultivating areas. In the case of methamphetamine in the US, Ryan Grim relates that:

*As California tightened its border in response to both drug smuggling and illegal immigration in the nineties, the drug runners gradually moved east - making access to the Midwest much easier. "The eastward expansion of the drug took a particular toll on central states such as Arkansas, Illinois, Indiana, Iowa, Kansas, Missouri, and Nebraska," noted the government's 2006 National Drug Threat Assessment. The Midwestern methedemic, as it came to be dubbed, was soon on full display.*<sup>141</sup>

Nevertheless, synthetics were not prioritised in the research or funding of international drug control institutions, or in the US, the lead actor on global counter narcotics activity.<sup>142</sup> Rather, as discussed in the following section, there was a redoubling of efforts in the 1980s to eliminate raw narcotic plant materials. Preliminary explanations for this lopsided and deficient performance is that the potential popularity of synthetics was underestimated; manufacture was seen to be containable

as source was assumed to be focused on six or seven super-labs;<sup>143</sup> the financial value of the synthetic market was lower than that of cocaine and heroin, and because the locus of manufacture was the Global North. The effect of this ‘locking down’ on raw narcotics in the 1980s was to create an enabling environment for the expansion of synthetics, while at the same time generating unintended consequences in cocaine and heroin markets that would preoccupy drug control authorities in the 1990s and 2000s - again, largely to the neglect of synthetic market growth.

### 3 POST-COLD WAR MARKETS AND THE SYNTHETIC SURGE

Building on the ‘ideological and institutional groundwork laid by previous presidents’, particularly President Nixon,<sup>144</sup> the administration of President Ronald Reagan (1981-1989) instituted a dramatic shift in control efforts and engaged the US in a now well-documented ‘nationwide crusade against drugs, a sustained, relentless effort to rid America of this scourge.’<sup>145</sup> This was underpinned by a tightening and robust application of punitive criminal sanctions against users and distributors of illicit drugs in the US, and militarisation of eradication and interdiction efforts overseas that specifically focused on the Latin American cocaine trade. Reflecting the political malleability of the concept of ‘national security’, illicit narcotics were reconceptualised as a threat to the US and thus legitimised a ‘war’ on drugs, with a related allocation of resourcing and responsibility for counter narcotics to defence related budgets and institutions. As Ethan Nadelmann has noted, ‘Defining transnational drug trafficking as a national security threat jibed neatly with the rhetoric of the “war on drugs” during the 1980s.’<sup>146</sup> Furthermore, such conceptual conflation reflected a more general ‘domestication of US foreign policy during the 1980s and into the 1990s’<sup>147</sup> with drugs emerging as an example of an important foreign-domestic

policy ‘nexus’ (or ‘intermestic’) issue area.<sup>148</sup> As a consequence, between 1982 and 1992 the portion of the US drug enforcement budget commanded by the Department of Defense increased from \$4.9 million to \$1 billion, dropping to \$700 million in 1995.<sup>149</sup>

#### Explaining the War on Coca & Cocaine

Within this context, beginning in 1983, US Special Forces were dispatched to the Andes to provide counter narcotics training to local security officials. After drug trafficking was declared a ‘lethal threat’ in a 1986 National Security Decision Directive, there was direct deployment of US forces in overseas counter narcotics efforts, commencing in July 1986 with Operation Blast Furnace in Bolivia.<sup>150</sup> As Jelsma details, that year was also significant for the introduction of ‘king pin’ legislation targeting ‘cartel’ leaders overseas, and the de-certification exercise under which countries deemed uncooperative in counter narcotics efforts were sanctioned by the US rescinding of foreign lending and development assistance:

*The procedure for inclusion was highly politicised, effectively working as a compliance mechanism to coerce countries to carry out the forced eradication of a specified number of hectares; tighten drug laws and arrest quotas: accept extradition of national citizens to the United States; or to refrain from adopting less repressive policies (as was the case in Jamaica when cannabis decriminalisation appeared on the political agenda).<sup>151</sup>*

A neat explanation for the escalation of US counter narcotics efforts during the 1980s, especially the mid- to late years of that decade, a period that saw the increase role of the US military in the war in drugs via both the Omnibus Drug Control Act of 1986 and the 1989 Defence Authorization Act, relates to the collapse of Soviet communism. It should be recalled how the ending of the Cold War removed the geostrategic rationale for US

engagement with, and presence in, a host of third countries that had traditionally been justified through reference to anti-communism and the defence of democracy. Accordingly, it might be argued that the refocusing of counter narcotics activities was driven by the need to reallocate redundant military and intelligence activities, with drugs substituting for communism as a means of perpetuating US overseas military presence and bilateral defence and intelligence activities. That said, Reagan's militarisation of supply side counter narcotics activities preceded the Soviet collapse and they were undertaken without knowledge of the pending implosion of the Soviet model. As such, while there was certainly an important convergence between the changing direction of US drug policy and the end of the Cold War - be it defined as 1989 when the Berlin Wall came down or 1991 and the collapse of the Soviet Union - the relationship is more complicated than it might first appear.

It seems likely that several inter-related factors need to be considered within what was a refocusing process, rather than a single trigger, straddling the point where the longstanding geopolitical landscape shifted with the end of the Cold War. Indeed, for Nadelmann, the period represented a fusion, or more accurately 're-fusion', of 'US criminal justice and US national security concerns'.<sup>152</sup> As he describes, 'During the 1980s...drug trafficking, traditionally a criminal justice concern, was placed on the national security agenda by the White House, Congress and in a formal sense,' as noted above, 'a National Security Directive.' Consequently, Nadelmann continues, 'During the mid-1980s, both the US military and the intelligence agencies reoriented their priorities, often reluctantly, to devote attention to drug trafficking, money laundering, and other criminal activities that they previously had largely ignored.' After the end of the Cold War in the early 1990s, 'this reorientation had progressed substantially, driven by both the emergence of

advocates within the military and intelligence bureaucracies and by the general search for new agendas and objectives to fill the void left by the collapse of the Soviet Union and the international communist threat.' To be sure, writing in 1993 Nadelmann asserts, '[Where once anticommunism represented the principle moral imperative of US foreign policy, drug enforcement and other criminal justice objectives have emerged as the new moral imperatives.]<sup>153</sup> Moreover, anti-drug operations could be seen to justify continued US presence in many parts of the world after the removal of the Communist threat.

Exactly why both the Executive Office and the US Congress became more interested in the drug issue during the 1980s, including an increased emphasis on the longstanding practice of 'externalizing' the sources of the US drug problem,<sup>154</sup> is also a complex issue. It is, plausible to suggest that three factors, or a combination thereof, should therefore be considered in attempting to explain the dramatic change in US conduct. The first is electoral politics and changing public sentiment towards what was increasingly deemed to be promiscuous drug use. Survey data revealed rising popular concern with illicit drug use in the US and specifically crack cocaine, which was identified by 42% of Americans surveyed in 1986 as the most serious problem drug.<sup>155</sup> The number of respondents seeing drugs as the most serious problem facing US society also increased during this decade. In polling by the *New York Times* and CBS News 13% of respondents saw drugs as a major social problem in 1986. By 1989, this had risen to 64%.<sup>156</sup>

While it can be argued that the Reagan administration was responding to public pressure, critics maintain that the relationship between government and electorate was in fact the reverse, with the Federal government and the national media conspiring to create a 'moral panic'. According to Erich Goode and Nachman Ben-Yahuda:

*The concern at that time had been fuelled by a barrage of network news programs on drug abuse [...] In short, by the late 1980s, drug abuse had attained what Hilgartner and Bosk refer to as a “celebrity” status.*<sup>157</sup>

In this interpretation the focus on drugs was a means of deflecting attention from the harsh social costs of economic austerity in the US during the 1980s contextualised within a broader shift toward conservative values.<sup>158</sup> Moreover, the trend of privatising criminal justice and counter narcotics enforcement to private providers pursued by the Reagan presidency generated powerful financial incentives to adopt a draconian and ‘hard-line’ approach of incarceration of domestic offenders and militarisation of overseas eradication efforts.

A second, more benign explanation for the Reagan strategy relates to the 25-year schedule for illicit coca cultivation elimination set out in the 1961 Single Convention. As this deadline approached, illicit coca cultivation was reaching historic highs in Bolivia and Peru where an estimated 200,000 tonnes of illicit dry coca leaf was cultivated in 1986. According to the US government’s Office of National Drug Control Policy:

*Until the mid-1960s, global cocaine seizures were measured in the tens of kilograms annually. In recent years, they have been in the hundreds of tons. Based on seizure figures, it appears that cocaine markets grew most dramatically during the 1980s, when the amounts seized increased by more than 40% per year.*<sup>159</sup>

From this perspective, it might be argued that the escalation of eradication efforts by the US government was intended to demonstrate the viability of supply-side prohibition-oriented policies and the integrity of the treaty system.

A third possible explanation relates to the geopolitics of Latin America, a region defined

by the US through the 1823 Monroe Doctrine as its sphere of influence. The 1980s was a period of political transition in Latin America as right wing military authoritarian regimes either collapsed (for example Argentina) or negotiated their exit from power (for example Chile and Brazil). Facilitating the re-democratisation process was the decision by the second Reagan administration to retract support for regional dictatorships that had legitimised themselves in power through reference to threats of communist insurgency and takeover. Support for these brutal regimes contradicted the shift to democracy promotion in Reagan’s second term foreign policy, and the institutional support provided by the Federal government to initiatives such as the National Endowment for Democracy. The geographic attention of the Federal government also shifted during this second term, from the large countries of the Southern Cone to Central America, and efforts to roll back Nicaragua’s Sandinista Revolution. However, the cost of terminating support for Latin America’s military establishment was reduced influence over the region’s security agenda, defence spending, and training of security officials. In this context, it can be argued that counter narcotics served as a tool to redefine hemispheric defence interests and to reassert US dominance over newly democratic administrations. Moreover, the popular conservative discourse against drugs fed into the militarisation of US counter-narcotics operations in Latin America, and provided a new legitimacy to the expansion of US military action in the region.<sup>160</sup> Discussing the connections between the end of the Cold War and drugs within the region Ted Galen Carpenter notes, ‘The war against drugs was not a perfect substitute for the fading Cold War, but it had several characteristics that could help sustain a large national security bureaucracy.’ He continues, ‘As did the Cold War (and its predecessor World War II), the drug cartels provided the image of an utterly evil adversary, which provoked a visceral response of hostility in most Americans’. ‘In addition’, Carpenter concludes, ‘just as the Cold War’s

ideological component frequently served as a pretext for US intervention in the Third World in pursuit of more mundane political and economic objectives, so too the drug war could become a cover for renewed activism - especially in the Western Hemisphere'.<sup>161</sup>

### Post-Cold War Continuity

As discussed in Section 2, the strategy of forced eradication pursued in Bolivia led to the displacement of coca cultivation to Peru. This was just one of multiple unintended negative consequences resulting from Reagan's 'war on drugs' initiative. The Federal governments drug 'king pin' legislation that was intended to decapitate the leadership of foreign drug 'cartels', and the annual de-certification exercise of foreign governments served to escalate violence in the drug cultivating and trafficking states of Latin America as powerful drug gangs confronted national governments weakened by US pressure and tactics of isolation. 'Blowback' from Reagan's counter narcotics policies created a pretext for the subsequent George H. W. Bush and William Clinton administrations to deepen US military engagement in Latin American states in the altered international context of the post-Cold War era.<sup>162</sup> Consequently, as the domestic synthetic market mushroomed in the US with Ecstasy MDMA use reaching record highs, Federal government attention remained chiefly focused overseas and on cocaine production in the Global South. Writing in 1997, Peter Andreas pointed out that the 'problems with adopting the language, strategies and tools of military deterrence has helped to perpetuate the convenient policy myths that the primary source' of the US drug problem 'is foreign supply rather than America's' addiction to psychoactive substances.<sup>163</sup>

Indeed, even as the US the drug control bureaucracies acknowledged the growing markets for synthetic drugs, there remained a tendency to highlight overseas sources. For example, during the mid-2000s under the

Bush administration, the State Department's Bureau for International Narcotics and Law Enforcement Affairs (INL) reported on the production of pseudoephedrine in Canada, used for making methamphetamine which was then trafficked into the US, and of Ecstasy bound for the same destination. Commenting on synthetic drugs, the same INL report had this to say:

*The relative ease and low cost of manufacturing ATS drugs from readily available chemicals appeals as much to small drug entrepreneurs as to the large international syndicates. Since they do not rely on organic sources such as coca and opium poppy, synthetics allow individual trafficking organizations to control the whole process, from manufacture to sale on the street. Synthetics can be made anywhere and offer enormous profit margins.*<sup>164</sup>

In 1988, the active participation of the US military in counter narcotics efforts was expanded by the George H. W. Bush administration through Public Law 100-456. This made the Department of Defence the lead agency for the monitoring of aerial and maritime transit of illegal drugs into the United States and authorised the Secretary of Defense to make military equipment and facilities available for law enforcement authorities. The law additionally authorized the Department of Defence to provide the resources 'sufficient to pay for all expenses of the National Guard of such State when engaged in drug interdiction assistance activities.' As outlined by Jelsma, this vastly increased the number of military personnel and assets dedicated to counter-narcotics efforts, underpinned by a quadrupling of funding for military drug interdiction missions.<sup>165</sup>

There was a shift in funding and strategic focus under President William Clinton in relation to the cocaine trade. Under the 1993 Presidential Decision Directive 14, US interdiction efforts led by the Southern Command through the Joint

Interagency Task Force-East in Key West was reoriented from transit zones in the Caribbean and Gulf of Mexico back to the source country focus of the Reagan period. The Directive incorporated into US counter narcotics efforts military assets that included US Air Force AWACS, US Navy P-3 Orion and E2-C Hawkeye radar aircraft and a network of ground-based radars operated by the Joint Southern Surveillance Reconnaissance Operations Centre. At the same time, and under pressure from the US de-certification exercise, Colombian and Peruvian governments authorised the use of deadly force against aircraft engaged in drug trafficking. The US Department of Defense was involved in the 1993 air-to-air tracker program with a \$35 million budget for the lease and subsequent purchase of T-47 trainer aircraft from the US Navy. These were replaced after 1995 with the purchase of 5 Cessna Citation aircraft under the Defence Appropriations Act.

By the late 1990s, the main theatre of military anti-drugs operations in Latin America was Colombia under the framework of Plan Colombia negotiated between Clinton and Colombian president Andres Pastrana. This \$6 billion programme made Colombia the third largest recipient of US foreign assistance, with the bulk of the resources supporting the counter narcotics battalions of the Colombian armed forces, including through the provision of '84 helicopters (UH-60 Blackhawks and UH-1H Hueys), patrol boats, communications and intelligence-gathering equipment, small arms, and grants of cargo and attack aircraft.<sup>166</sup>

In explaining continuity of the militarised approach into the 1990s Jelsma maintains that the 'war on drugs' served to justify continuity of defence spending after the end of the Cold War:

*At that moment in history when anti-communist rationale for maintaining high military budgets and operations abroad was questioned after the Berlin Wall came down in 1989 the Pentagon was given a*

*significant anti-drugs role. According to an Air Force analyst involved in counterdrug missions, the "timing for large-scale military involvement was excellent: the Cold War was drawing to a close, freeing up large amounts of assets."<sup>167</sup>*

Another benefit of the 'drug war' to successive Federal governments was in providing continuity in US foreign policy in the post-Cold War era, and as the Bush and Clinton administrations deferred 'difficult decisions about priorities and purposes' in other areas of foreign policy. According to Jeremi Suri:

*The 1990s were "lost years" for strategy not because of a conscious decision to avoid strategy articulation [...] The United States no longer confronted a clear adversary (the Soviet Union) or a rival ideology (communism) [...] Suddenly removed, they left policymakers adrift. The new threats to American interests were both more defuse and more numerous. They were difficult to think about in systematic terms, ranging from rogue states to anarchical societies, with warlords and terrorists in-between. Strategists had to make a cake from crumbs—to find some coherent unity in a fragmented, incoherent post-Cold War world.<sup>168</sup>*

The utility of overseas drug wars lay in enabling the US to exert leverage over distant societies in an altered international context, while the decline of a competing superpower allowed the US to operate unilaterally on drug policy.

Like the US, European countries also focused their attention predominantly on overseas supply rather than domestic manufacture of synthetics and the growth of local ATS markets in the 1990s. However, in contrast to the militarised approach of the US, the European strategy was largely focused on support for Alternative Development programmes, multilateral dialogue with Latin American states on drug-related issues, development

assistance through grants, loans and debt swaps, and security sector capacity training. Funding was dispersed through bilateral and multilateral mechanisms that made European Union (EU) assistance both complex and dissipated. While the European countries took a different approach to the US, cohering around poverty and under-development as the drivers of drug crop cultivation, their actions reinforced the primacy of raw narcotic materials in international counter narcotics efforts, while at the same time their interventions exacerbated existing problems of corruption and a lack of transparency in fiscal disbursements, weak civilian oversight of the security sector, and displacement of drug crops in Latin American countries.

It could be argued that the strategic approach of both the US and the EU was informed by the massive expansion of cocaine and heroin markets in the 1990s, and by the role that these drugs played in funding the intra-state wars and insurgencies of the period. As has been extensively documented, the end of 'superpower' funding required rebel organisations that had previously benefitted from state-sponsorship to raise alternative revenue sources. Running parallel with this was the emergence of insurgent groups articulating ethnic, religious and nationalist grievances following the collapse of the Cold War political architecture. This, according to some researchers, included organisations as diverse as the Afghan Taliban,<sup>169</sup> Colombian FARC, the Islamic Movement of Uzbekistan, the Real IRA and the Kurdish Workers Party.<sup>170</sup> In the context of expanding markets for illicit drugs, sustained demand, and newly globalised transportation networks, cocaine and opioids became a 'lootable resource'<sup>171</sup> with finances variously raised through taxation levied for protection of cultivators, landing strips, laboratories and transportation of drugs.

Where cocaine and opioids did not directly finance conflict, the impact of conflict indirectly impacted on trafficking networks and routes.

This was exemplified by the Balkans, where disruption of illicit heroin supply from Turkey to Western Europe through Serbia, Croatia, and Slovenia led to a re-routing through Albania, Bulgaria, Romania and Hungary. The UNODC identified Kosovo Albanian and Serbian organized crime groups as controlling the 'new' heroin market, which was increasingly augmented by cocaine as a result of closer cooperation with Latin American criminal organisations.<sup>172</sup> Balkan countries were additionally a key transit point for Afghan opioids. In his 1995 address to the United Nations, US President Clinton highlighted:

*...the growing nexus between terrorists, narcotics traffickers and other international criminals that has been fostered by developments in international communications, travel and information-sharing, and the end of the Cold War.*<sup>173</sup>

This nexus informed US and EU / Organization for Security and Co-operation in Europe counter terrorism strategy into the 2000s, an approach that was underpinned by the assumption that narcotics sustained conflict. Within this security framework, combatting raw plant narcotics at source through either eradication or alternative development was seen as a means of debilitating insurgent groups and detracting support from these organisations by generating alternative livelihoods. In turn, this legitimised ever deepening military engagement and development assistance in cultivator states and subsequently along trafficking routes. Jelsma concludes that:

*In hindsight, the war on drugs can be seen as a transition between the Cold War and the War on Terror, in terms of legitimising military operations, bases and interventions abroad.*<sup>174</sup>

### Explaining Post-Cold War Market Growth

Raw narcotic plants cultivated in the Global South have remained the central preoccupation of the drug control system. The academic and development community have reinforced this focus on raw narcotic plants, further detracting attention from synthetic markets. The study of the inter-relationship between cocaine, opium and heroin on the one hand and conflict, terrorism and under development on the other dominated scholarly and official reports in the 1990s and 2000s.<sup>175</sup> This became entrenched as the global peace and security narrative addressed post conflict reconstruction and the drug trade as a driver of weak and failing states. Comparing the literatures on the drug economies of Colombia and Afghanistan to the research and analysis conducted on synthetic drugs shows a remarkable skewing of attention away from synthetics and chronic under-investigation of the social harms and criminality with which they are linked.

It can be argued that this imbalance in attention and resources is merited as synthetics do not pose the same security and development risks as cocaine and opioids. However due to the lack of research on synthetics, this assertion cannot be empirically proven, most particularly as it relates to public health and organised crime. While it is the case that the US and Netherlands as leading synthetic drug manufacturers are not as debilitated by the illicit trade as developing countries - hence synthetics are more structurally benign in their impacts, a reverse view is that this stability is a factor of the lack of domestically focused, militarised counter narcotics activity and illicit market disruption. In this respect, the trade in heroin and cocaine remain a security and development problem in the Global South precisely because of the counter-productive impacts of policy responses instigated in the North. This has been explored in multiple publications, with specific reference to the negative impacts of counter narcotics policy. Here it is discussed in relation to the strategies for economic and political liberalisation that

were pursued in the 1990s and which, like counter narcotics responses, were devised in the North and imposed on countries of the Global South. As demonstrated below, these drove expansion of raw narcotic markets in the Cold War era, in turn perpetuating heroin and cocaine as the focus of drug control efforts and implementation of externally devised supply side oriented responses.

### Economic and Political Liberalisation

According to Suri,<sup>176</sup> markets and democracies became the solution to all foreign policy problems for Presidents Bush and Clinton in the 1990s. Lacking a grand strategy for shaping a safer and more stable international system in the post containment era,<sup>177</sup> both expounded the neoliberal virtues of free trade and democratic enlargement, as represented by the so-called 'Clinton Doctrine'.<sup>178</sup> While intended to promote prosperity, security and a democratic peace in the post-Cold War era, these measures created an environment conducive to the expansion of naturally occurring and also synthetic drugs.

First, the social hardship generated by the application of the Washington consensus<sup>179</sup> of neoliberal inspired stabilisation and structural adjustment measures (SAPs) rendered employment in illicit cultivation, manufacturing and trafficking a rational option for the unemployed and informal sector workers in the 1980s and 1990s. Highlighting the trauma of the SAP process O'Donnell argued that:

*The social situation of Latin America is a scandal. In 1990 about 46% of Latin Americans lived in poverty. Close to half of these are indigents who lack the means to satisfy very basic human needs. Today there are more poor than in the early 1970s: a total, in 1990, of 195 million, 76 million more than in 1970. These appalling numbers include 93 million indigents, 28 million more than in 1970. The problem is not just poverty. Equally important is the*

*sharp increase of inequality in most of the region [...] The rich are richer, the poor and indigent have increased.*<sup>180</sup>

In this context, engagement in the illicit drugs economy became a livelihoods strategy.<sup>181</sup> In Bolivia, where 21,000 jobs were lost in the tin sector, the number of illicit cultivators expanded from an estimated 7,500 to 40,000 growers during economic depression in the early 1980s followed by the application of SAPs that aimed to reduce an inflation rate that had reached nearly 10,000% by 1985.<sup>182</sup> In 1991 *The Economist* estimated that 1 in every 3.4 of economically active Bolivians found employment in the cocaine economy by the early 1990s, while Painter cites a figure of between a low of 120,000 to a high of 500,000.<sup>183</sup>

Similarly, in Peru an estimated 200,000 people or 3% of the EAP were engaged in the coca/cocaine economy in the late 1980s and early 1990s.<sup>184</sup> During this period, Peruvian GDP fell by 25%, inflation reached 8,000%, public sector wages declined by 83% while social expenditure fell from \$49 per capita in 1980 to \$12 per capita in 1990. In both Bolivia and Peru, the incentives to enter the illicit economy were substantial. Migrant farmers in Peru were paid \$16 per day to pick coca as opposed to \$3 per day in formal agricultural employment, while in Bolivia the annual income of an illicit coca farmer in Chapare was estimated at \$5,500 in contrast to the \$600 average annual income.<sup>185</sup> Reflecting the importance of the illicit market in offsetting the impact of economic crisis and SAP application, at its highest point in 1987, coca / cocaine generated \$1.5 billion or 24% of Bolivian GNP according to Bolivian statistics before falling back to 5.3% in the early 1990s as demand and prices flattened owing to the increase in supply.<sup>186</sup> In Peru, Thoumi cites a figure of 11% for coca/cocaine's contribution to the country's GNP in the 1980s.<sup>187</sup>

Conversely, the trauma of economic transition and exposure to global markets and lifestyles impacted at the consumer end of the drug trade.

In relation to Russia, where data for first time registered drug users increased from 3.9 cases per 100,000 in 1991 to 42 cases per 100,000 inhabitants by 1999, Letizia Paoli sets out that:

*For contemporary Russian urban youth, illegal drugs have become a means to demonstrate their assimilation to Western lifestyles and to display their newly obtained freedom of action. Drug use also reflects the lack of orientation suffered by many Russian teenagers and young adults [...] Unable to reach the glamorous aims of a society for which wealth is becoming the primary and exclusive measure of people's value, young Russians increasingly resort to illegal drugs to escape their harsh living conditions, to forget their broken dreams, and to cope with unemployment.*<sup>188</sup>

The promotion of economic liberalisation by the US, EU and international financial institutions and the accompanying processes of global and regional integration that were intended to support free trade and free markets boosted supply and distribution chains. This was to the benefit of the illicit trade. For example, the lifting of border restrictions in contexts as diverse as North America, the former Soviet Union and South-East Asia facilitated transit of illicit drugs and chemical precursors. In relation to the former Soviet Union, Paoli<sup>189</sup> notes that:

*...the opening of borders and the liberalization of trade have triggered a veritable boom of illegal markets. In particular, since the collapse of the Soviet Union, a phenomenal expansion of illegal drug consumption and trade has taken place in Russia, as in most other countries of the former Warsaw Pact. Due to travel and trade restrictions, the former Soviet Union neither constituted a single drug market nor participated significantly in international narcotic exchanges as a consumer or supplier of illicit substances. However, this pattern of relative self-sufficiency drastically changed during the 1990s [...] Large quantities of*

*illegal drugs today transit through the Russian territory to reach final consumers in Western and Eastern Europe. The growing domestic demand is also increasingly fed by more powerful and easier-to-use drugs imported from abroad. Besides expanding and tremendously diversifying its supply, the Russian drug market has, during the past ten years, become truly nationwide, and it now reaches even the remotest Siberian cities.*

In Mexico, the formation of the North American Free Trade Agreement with the US and Canada in 1994 created new opportunities for cross border movement of drugs. As outlined by Grim:

*In a 1999 report, the White House estimated that commercial vehicles brought roughly 100 tons of cocaine into the country across the Mexican border in 1993. With NAFTA in effect, 1994 saw the biggest jump in commercial-vehicle smuggling on record - a 25 percent increase.*<sup>190</sup>

Similarly in Asia the UNODC publication 'Patterns and Trends of Amphetamine-Type Stimulants and Other Drugs: Global SMART Programme 2013 Challenges for Asia and the Pacific' outlined:

*The increasing pace of regional integration in East and Southeast Asia is positively facilitating the free flow of goods, services, investment, capital and labour [...] misuse of economic integration for the illicit trafficking of drugs and other contraband will continue to pose a significant threat to security, good governance, human rights and sustainable development in the region.*<sup>191</sup>

The promotion of deregulation and privatisation in sectors such as finance, telecoms and industry that was generically applied across a diversity of country and regional contexts was also a spur to the globalisation of illicit drug markets. Reining back the role of the state in order to free market forces generated

opportunities for the laundering of drug related revenues. Poor oversight and weak regulation that extended from privatised sectors to investment and foreign exchange regimes in the nascent capitalist economies allowed drug related finances to be moved quickly and opaquely around the world and easily laundered into capital assets generating grey economies, part licit and part illicit.

Democratisation and democracy promotion strategies that were intended to build a peaceful global community of democracies also had the unintended consequence of fuelling the illicit drug trade. Authoritarian regimes as diverse as the Mexican PRI and the communist states of East and Central Europe had been effective in delimiting the influence of narcotic drugs either through exercising intra-regime control over the trade and its actors (as in Mexico) or by zealously overseeing the borders and private lives of nations and citizens. Democratisation pressures in a diversity of country contexts weakened centralised authoritarian states, and the capacity of regimes to contain penetration by illicit drug markets. Moving into the 2000s, democracy and 'good governance' were encouraged by the Global North as a means to promote development<sup>192</sup> and prevent conflict and terrorism by channelling the articulation of grievance peacefully. This was at the cost of fuelling the opportunities for drug market expansion, and it enabled actors enriched by illicit markets and grey economies to parlay their economic power into political influence.

Consequently, it can be argued that those factors that have been used to account for the expansion of cocaine and opioid markets in the 1990s and 2000s, including regional trade and integration processes and democratisation similarly account for the expansion of synthetic markets. However, these dynamic changes have for the most part passed under the radar of drug control agencies that have remained locked predominantly on raw narcotic plant materials and their derivatives.

## CONCLUDING REFLECTIONS

Deficiencies in knowledge, research and institutional ‘early warning’ capacity mean that there remains a limited evidence base for reorienting drug policy toward the acknowledged and serious challenge of ATS and NPS. Moreover, as a result, there is little incentive for the Global North and its development agencies and, to a lesser extent, academic communities to turn their attention away from the illicit markets in organic drugs, particularly the cocaine and heroin trade. In turn, it is difficult to refocus patterns of training, funding and research to address threats to health and security posed by synthetic drugs. This inflexibility is reinforced by rigid and lengthy donor programme cycles in areas such as alternative development and security sector training, which have been the backbone of counter narcotics efforts against cocaine and opioids in the Global South from the 1980s onwards.

The need to improve the quality of data relating to the production, distribution and consumption of all drugs was belatedly recognised by the Commission on Narcotic Drugs, resulting in the 2009 resolution 52/12 on ‘Improving the collection, reporting and analysis of data to monitor the implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem.’ However, subsequent World Drug Reports and SMART assessments demonstrate negligible progress in developing a comprehensive picture of the synthetic market or in the design of appropriate interventions. Again, this is partly a result of the problem of measurement, stemming from the proliferation of sources of synthetic drug production as discussed here. While the UNODC’s research into synthetics is expanding and increasing its depth, the continuance of the process awaits adequate funding and initiatives from Member States to achieve its objectives. Major gaps in our knowledge of the fastest growing, most dynamic and

globalised of illicit drug markets persist. It must be acknowledged how the international drug control regime introduced the vocabulary of ‘collective responsibility’ in 1984, while a resolution adopted at the 1990 UNGASS enshrined the term ‘shared responsibility’.<sup>193</sup> The regime has consequently taken up this language of ‘shared responsibility’ for the causes and perpetuation of the illicit trade, as expounded by the UN General Assembly of 1990, 1998 and 2016, and in associated *Political Declarations*. Nonetheless, strategy has yet to adequately move from declaration to formulation of drug policies or a drug narrative that reflects this altered landscape. Nor have there been shifts in the distribution of power, influence and representation within international drug control institutions. The Global North may now entertain the notion that illicit drugs are produced and trafficked in its territory, but institutions, language and policy are yet to fully reflect the vitality of production and distribution in the North, or more particularly, the challenges posed by ATS and NSPs. In CND resolutions, the increasing attention to ATS and NPS is apparent. Between 2000 and 2009, five Resolutions were adopted, while the figure between 2010 and 2016 was seven (CND Decisions are not included here, but are discussed above).<sup>194</sup> That said, there is still some way to go.

The consequences of not shaping a new narrative on the illicit drug trade and fully breaking with the traditional North / South paradigm will be costly, financially as well as in terms of public health, development and security. It will mean continuity of cocaine and opioid focused counter-narcotics programmes that have been shown to be counterproductive and which exacerbate violence, conflict and insecurity in ‘producer’ countries such as Afghanistan, Colombia, Peru and Burma, as well as South to North ‘bridge’ states in Central America, Sub Saharan Africa and Central Asia. In relation to public health, the prioritisation of cocaine and opioids has arguably served to deepen the mismatch between provision and demand in drug treatment.<sup>195</sup>

Both ATS and the proliferating substances pose a new challenge to the control regime and the Parties it comprises. Both of these categories of drugs feed enormous, globalised markets, and render largely obsolete the old narrative of producer, transit and consumer countries. This is a historical shift comparable to the movement of opium, which had been produced in India and fed into a vast market China, and which then began flowing out of China in the 1930s to supply consumers around the world. There is a parallel, at least, with the present situation in east and southeast Asia, which produces and supplies synthetic drugs for its own region and others.

Perhaps this move to synthetic drugs represents a still greater change in the dynamics of the illicit or non-medical market, which will

force us to rethink its basic categories. For drugs are no longer tied down to geographical sites and the cultivation of crops, but can be produced almost anywhere. The dangers described in this Report are connected to the linkage of drug control to the plant based narcotics narrative and its associated policies, in the fields of public health, law enforcement and data construction. What is required is perhaps neither a retention of that model, nor a reversal of the narrative, but rather a re-framing of the regulatory narrative. It remains to be seen which way the international community turns. However, at present the *status quo* compels countries of the Global South to carry financial and security costs of the 'drug war' that would be unconscionable in countries of the Global North.

## ENDNOTES

- 1 *Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem* New York, 19-21 April; UNODC, Vienna. <http://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf>
- 2 UNODC, *Global SMART Update*, volume 16, March 2016. <https://www.unodc.org/documents/scientific/Global-SMART-Update-2016-vol-16.pdf>
- 3 'Amphetamine-type stimulants (ATS) are the second most widely used drugs worldwide after cannabis.' UNODC, *Global SMART Update*, volume 15, March 2016, p.3
- 4 Opium and derivatives - morphine, heroin, including prescription opioids. This definition is taken from UNODC, *World Drug Report 2016*. <https://www.unodc.org/wdr2016>
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- 6 UNODC, *World Drug Report 2016*. United Nations, New York May 2016. Preface. <http://www.unodc.org/wdr2016/>
- 7 'UK Secures UN ban on "legal high" mephedrone'; UK Government mission to the United Nations in Vienna, 13 March 2015. <https://www.gov.uk/government/world-location-news/uk-secures-un-ban-on-legal-high-mephedrone>  
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- 8 Flash Eurobarometer 401, 'Young People and Drugs' TNS Political and Social, European Commission, August 2014. This figure was up from 5% in the Eurobarometer 2011, p.7
- 9 Ibid. p.8
- 10 Brunei Darussalam, China, Hong Kong, Indonesia, Japan, Philippines, Singapore, Thailand, Viet Nam
- 11 <https://www.unodc.org/LSS/Page/NPS/Use>
- 12 UNGASS 2016, Outcome Document
- 13 UNODC, *World Drug Report 2013*, p.67 <https://www.unodc.org/lpo-brazil/en/frontpage/2013/06/26-world-drug-report-notes-stability-in-use-of-traditional-drugs-and-points-to-alarming-rise-in-new-psychoactive-substances.html>
- 14 UNODC, *Global SMART Programme* <https://www.unodc.org/unodc/en/scientists/publications-smart.html>
- 15 UNODC, *Global SMART Update 2016*, vol.16: Post UNGASS 2016: NPS Trends, Challenges and Recommendations, p.4 <https://www.unodc.org/unodc/en/scientists/global-smart-update-2016-vol16.html>
- 16 UN Commission on Narcotic Drugs (CND) 2009 review of the 1998 UNGASS Political Declaration <https://www.unodc.org/lpo-brazil/en/drogas/marco-legal.html>
- 17 E/CN.7/2016/CRP.2 'New psychoactive substances: overview of trends, challenges and legal approaches' Report by LSS/RAB/DPA/UNODC, 59<sup>th</sup> CND, Vienna. [https://www.unodc.org/documents/commissions/CND/CND\\_Sessions/CND\\_59/ECN72016\\_CRP2\\_V1601405.pdf](https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_59/ECN72016_CRP2_V1601405.pdf)
- 18 See Mimiko on Latin America, Asia and (more broadly) Africa. N. O. Mimiko (2012) *Globalization: The Politics of Global Economic Relations and International Business*, Carolina Academic Press
- 19 Those countries traditionally referred to as 'First' or 'Developed' world: Europe, North America, East Asia. For an explanation of the categorisation of countries used in this brief see Mimiko, N. O. (2012). *Globalization: The Politics of Global Economic Relations and International Business*. Durham, N.C.: Carolina Academic. <http://www.cap-press.com/pdf/2316.pdf>
- 20 The concept of 'path dependence' refers to decisions and courses of action available in the present being constrained by those taken in the past, thereby limiting the field of possibilities. It is a way of stating that present conduct is shaped by its historical trajectory, regardless of the benefits or otherwise accruing from the selected path.
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- 22 International Narcotics Control Board, 'Shared Responsibility in International Drug Control' Annual Report 2012; [http://www.incb.org/documents/Publications/AnnualReports/AR2012/AR\\_2012\\_E\\_Chapter\\_1.pdf](http://www.incb.org/documents/Publications/AnnualReports/AR2012/AR_2012_E_Chapter_1.pdf)
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constituted the majority of those in drug treatment in East and Southeast Asia. The sub-region features the use of both crystalline and tablet mode, the former usually representing the most potent form. According to the Asia and Pacific ATS Information Centre (APAIC), 'In 2013, China, Myanmar and the Philippines reported an increase of people receiving treatment for methamphetamine use from the previous year. For instance, in China the number of registered methamphetamine users increased by more than 40 per cent in 2013 since 2012. Moreover, people receiving treatment for methamphetamine use accounted for the largest share of people treated for drug use in 2013 in Lao PDR at 98 per cent, the Republic of Korea at 96 per cent, Brunei Darussalam at 96 per cent, Cambodia at 94 per cent, Indonesia at 80 per cent, Thailand at 90 per cent, and the Philippines at 83 per cent. According to expert perception, methamphetamine is the most commonly used drug among young drug users and among drug users arrested for the first time in Singapore in 2013.'

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## About the Global Drug Policy Observatory

The Global Drug Policy Observatory aims to promote evidence and human rights based drug policy through the comprehensive and rigorous reporting, monitoring and analysis of policy developments at national and international levels. Acting as a platform from which to reach out to and engage with broad and diverse audiences, the initiative aims to help improve the sophistication and horizons of the current policy debate among the media and elite opinion formers as well as within law enforcement and policy making communities. The Observatory engages in a range of research activities that explore not only the dynamics and implications of existing and emerging policy issues, but also the processes behind policy shifts at various levels of governance.

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