improved the text's ability to convey information to students. Finally, Lorna Notsch provided comprehensive copyediting, and Sally Ryman shepherded me through the production process.

My wife, Jane, never wants acknowledgment, but all authors know that their life partners contribute immeasurably to the long, often difficult process of writing and rewriting. Whether offering active or silent encouragement, especially on the down days, or discussion to work through the logic of complex arguments, Jane has been an incredible intellectual partner for my entire career.

I have benefited immensely from everyone's contribution. The responsibility for all that is written here lies with me. Because one of the joys of being a professor is the opportunity to continue learning, I hope that those teachers and students who disagree with this book will write articles and books to improve upon my contribution in the effort to develop an informed and reasoning citizenry.

Chapter 1 The Drug Trade as a Global and National Phenomenon

"Well, this is a normal business here [opium poppy production in Afghanistan] and I cultivate it to support my big family. In fact I should say it is not an illicit crop but rather a blessing which saves the lives of my children, grandchildren and two widowed daughters ... my brother-in-law became addicted in Peshawar and parted from his family and nice children. But I should say that poverty is a more serious threat to millions of already vulnerable people like us. If we have a good road, electricity, water and food then we would not cultivate poppy."[1]

—Bibi Deendaray, Kandahar

Losing in the Paris Cannabis Cup was a disappointment for François, hurting both his pride and the price that he would be able to demand for his product. He had tended his crop faithfully, ensuring that it had the necessary conditions for a hybrid variety to thrive: constant light, steady water, and sufficient fertilizer. So it must have been the quality of the seeds from Canada. He remembered his last visit to the United States, and the marijuana that his friend was growing in a spare bedroom. It looked beautiful and produced an incredible high. This time he would specify to his supplier that he wanted seeds from the United States.[2]

—Adapted from material in "The World Geopolitics of Drugs 1998/1999"

The use of illegal psychoactive substances, their production, and their sale are phenomena that occur throughout the world. As the preceding vignettes suggest, sometimes a specific drug crosses national boundaries and sometimes it does not. Such examples also illustrate that production, sale, and use occur in both developing and developed countries. A look at the historical record demonstrates, in addition, that these phenomena have been around since well before modern nations began outlawing the use of psychoactive substances at the beginning of the twentieth century.

Such commonalities in usage, production, and trade contrast with the differences among the public policies that nations have adopted in the effort to regulate psychoactive substances. These policies have varied across time within the same country as well as across national boundaries at the same point in time. In many countries, including the United States, some psychoactive substances such as alcohol are legal, with restrictions on consumption only for minors (another category whose definition varies across nations). Exceptions

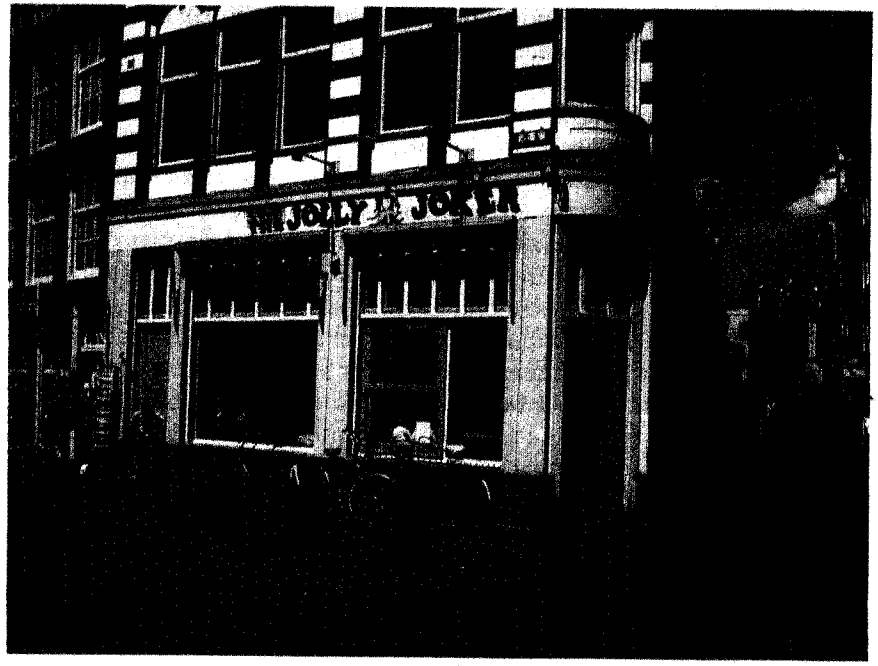
to this are countries governed by traditional Islamic law, known as Sharia, which prohibits any consumption of alcohol. Holland has become famous for its coffeehouses; the sale of marijuana and hashish has been licensed and taxed there since 1976. Britain decriminalized the possession of small quantities of marijuana in 2004, and Canada now licenses the production of marijuana for medicinal use.

The United States is a bit conflicted policy-wise. Some states permit the use of marijuana for medicinal purposes; however, the federal government not only prohibits it but also, in the name of a war on drugs, pursues suppliers even in those states that permit it. Marijuana use was actually legal in the United States until 1937; the nonprescription use of opiates and cocaine was legal until 1915. Alcohol was made illegal in 1920 only to be legalized again in 1933. And if one goes way back to 1604, England's King James I raised import duties on tobacco to curb what he considered, "A custom loathsome to the eye, hateful to the nose, harmful to the brain, dangerous to the lungs...."[3]

Over the years, countries also have attempted to influence each other's policies regarding consumption, distribution, and production of psychoactive substances, as well as the circulation of the money associated with the trade. For example, in the nineteenth century, the British exported opium from their colony in India to China to offset a trade imbalance. They in fact went to war twice with China (First Opium War 1839–1842, Second Opium War 1856–1860) to keep that market open. Eventually, after years of conflict, discussions between China and British India produced the 1907 Ten Years' Agreement, the first international agreement to diminish the opium trade.

The United States built upon this precedent to promote a prohibitionist international policy to proscribe a number of psychoactive substances. In the early part of the twentieth century, missionaries, moral entrepreneurs, and public health reformers pressured the United States government to negotiate treaties to restrict the international trade of opium and its derivatives.[4] Within the League of Nations and its successor, the United Nations (UN), more international treaties were negotiated that prohibited the domestic production and use of a variety of psychoactive substances. The most significant of these treaties are the 1961 Single Convention on Narcotic Drugs, the 1971 Convention on Psychotropic Substances, and the 1988 Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

Those treaties controlling the opium trade allowed for the distribution of a small number of licenses to select countries to produce opium for the legal international pharmaceutical market. Then in the 1980s, the United States again led the way for further regulation, this time of illegally generated money and financial assets, by the international financial system. Finally, in the wake of the terrorist attacks of September 11, 2001, the U.S. government raised the specter of profits from illegal drugs as a contributor to the financing of international terrorism.



SITUATED AMONGST OTHER CAFES AND RETAIL SHOPS IN DOWNTOWN AMSTERDAM, COFFEEHOUSES SUCH AS THE ONE SHOWN HERE ARE PART OF THE EVERYDAY LANDSCAPE.

U.S. DRUG CZAR JOHN WALTERS MEETS WITH GEN. JORGE CASTRO, CHIEF OF THE COLOMBIAN NATIONAL POLICE, AT THE ANTI-NARCOTICS MILITARY BASE IN SANTA MARTA.

In the latter part of the century, however, the international consensus that had been steadily building since 1907 began to show signs of strain. The Dutch were the first to break away. As early as the 1970s, they dramatically broke ranks by decriminalizing marijuana. By the 1990s, the rifts had deepened, with a number of factors combining to make the study of the drug phenomenon controversial and divisive. Groups formed that argued that dealing with these psychoactive substances through prohibition created more problems than it solved. These groups offered a variety of alternatives from decriminalization to public health strategies. Their ability to gain political power varied across countries. The resulting fractures in the international consensus on criminalizing the production, trade, and use of many drugs has reopened policy questions that, while muted in the UN at present, are becoming louder within the European Union, between Canada and the United States, and elsewhere.

For example, the United States has long been known as a major drug consumer despite its vocal "Just Say No" policy positions. Now, however, its leadership of the prohibitionist position has been further undercut by the revelation of its role as a major producer of such illegal drugs as methamphetamines and as an exporter of others, including LSD and high potency marijuana. Diminished credibility of the U.S. supported prohibition prescription has given other nations greater leeway in their search for alternative solutions. The new discord on drug policy raises one more threat to international cooperation at the start of the twenty-first century.

This brief look at the illegal drug phenomenon and some of its consequences in the international arena raises such compelling questions as: Why is there so much disagreement about what policies are most appropriate to address the issue? Why do specific domestic or international drug policies change or persist? Why do rich, democratic countries produce, sell, and consume illegal psychoactive substances in the same way as poor, nondemocratic countries? And, perhaps the most important question of all: How best can an issue so awash in myths, moral inconsistencies, social prejudices, and political rhetoric be studied?

Social science, with its emphasis on logical argument and empirical testing, is a particularly appropriate methodology with which to study the politics of drug policy. This text uses the context of the international drug trade to help students develop analytical social science skills such as how to formulate questions that can be answered logically and systematically, how to recognize the importance of theory in thinking critically about an issue, and how to evaluate relevant evidence to find support for their answers. Since the drug phenomenon occurs at the intersection of comparative politics (e.g., why individual countries respond differently to the same issue) and international relations (e.g., how countries influence each other's behavior), students also gain an opportunity to explore these subfields of political science.

Because illegal drugs are such a controversial issue—people hold divergent views about their nature, the consequences of their distribution and use, and their susceptibility to regulation—this text does not refer to the *problem* of drugs, but rather to the *phenomenon*, or factual circumstances of drugs, or psychoactive substances. A conclusion about whether drugs in and of themselves constitute a "problem," and if so, what that problem might be, that is amenable to public policy regulation should come out of one's analysis of the fact that such substances exist and are consumed, rather than be the starting point for analysis.

Drug policy is the result of four factors: what is known about the effects of drugs, the nature of the market for drugs, how people think about cause and effect when thinking about drugs and human behavior or health, and the politics of the policy process. It is the interaction among these four factors that provides the foundation for explaining why national and international policies vary in their approach to specific substances as well as in how they evolve over time. This chapter focuses on the politics of the policy process—how policies are designed and get adopted—the factor I believe has the greatest single influence in this area, but one that is still insufficient to explain why governments choose the policies they do. The discussion is sufficiently abstract to be useful whether discussing democratic politicians, military dictators, or religious zealots. Such a general picture is valuable in that it allows key points in the process to be isolated. Explanations of the variation in drug policies adopted over time and across place are focused at these key points.

The remainder of the chapter is devoted to a preliminary discussion of the scientific knowledge about psychoactive substances and the nature of drug markets. Students are provided with a brief overview of what is and is not known about how psychoactive substances influence human health and behavior. A third section examines three competing descriptions of the nature of illegal drug markets: balloons, organized crime, and a systems perspective. An argument is made for the analytical utility of a psychoactive substance commodity system (PASCS) for understanding how the consumer, producer, distributor, and money launderer are intimately linked; none can be understood nor their behavior significantly altered without appreciating how they affect each other. The next chapter provides an extended analysis of the dominant perspectives held by people today about cause and effect in the drug phenomenon.

The Politics of Policy

Government policy is the result of a standard strategic political process, even on an issue like drug policy that many people believe has important, subjective moral overtones. Consequently, one needs a way to think about the policy process in general so that the key points to explain differences in policy across time and place can be identified.

The idea of a policy cycle is well accepted in the field of policy studies, although analysts differ in how they conceptualize the different phases of the cycle. Dipak Gupta, who has written extensively on the public policy process, provides a useful model that can be modified for the purposes of this discussion.[5] (See Figure 1.1.) The focus of this text is the politics of getting drugs on the policy agenda, designing a policy response, and getting a policy adopted. For our purposes, policy implementation and evaluation are placed within the study of policy analysis.

The cycle starts with agenda setting, the placement of issues on the agenda. The politics of drug policy begins here with a debate about the outlines of a national strategy to identify the problem(s) to be tackled and to articulate one or more goals to be pursued. For example, in the United States, the actual consumption of illegal drugs is identified as the key problem, and the elimination of that consumption—a drug-free America—is the goal. In contrast, in Portugal the dangers associated with illegally consumed substances are identified as the key problem, and minimizing those harms to individuals and society is the goal. This means that U.S. drug policy is likely to focus on removing a substance from the marketplace, whereas in Portugal the emphasis is on mitigating any health consequences.

Policy politics revolves around the relationship between policymakers and the groups that keep them in office, their constituents. Policymakers,

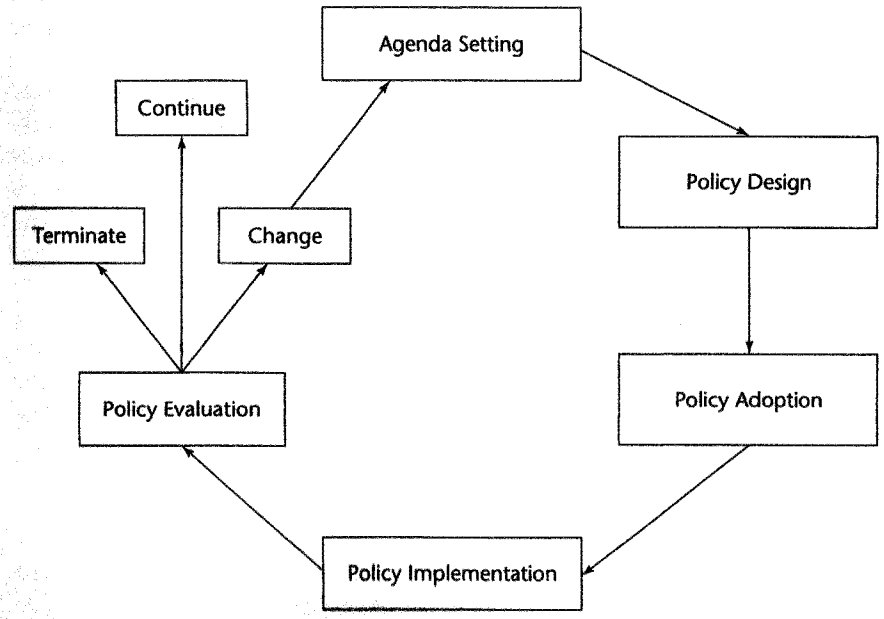


Figure 1.1 THE POLICY CYCLE

SOURCE: Adapted from Dipak Gupta, *Analyzing Public Policy*, (Washington, D.C.: CQ Press, 2001), 47.

whether in democratic or nondemocratic governments, respond to the needs of these constituents. In communist governments, the constituency might be the Central Committee of the Communist Party; in military dictatorships, it could be the commanders of the armed forces. In democracies, the constituency is found among the members of the electorate who are likely to vote and the groups whose support is vital for getting messages to and from the voters. People with the right to vote who do not exercise that privilege tend to have little influence over policy. Groups that pay for or communicate directly with likely voters are influential, but ultimately, it is their ability to affect voter decisions that matters for any policy that is not secret. Drug policy, by its very nature, cannot be secret since the goal is to provide information regarding such issues as potential legal or health costs or safer ways to use a substance so as to influence which psychoactive substances millions of people consume, produce, and distribute and how and where they do.

Obviously, drug policy isn't the only area of concern demanding attention and resources. Policymakers must devote limited time, money, and energy to each of the issues that matter to their constituents. Voters also have limited time, money, and energy; as a result, they most likely do not actively support every issue they believe important. Rather, they look for cues from their political leaders or from "experts" whom they deem knowledgeable about the issue to guide their actions. These cues help define the issue and preferred solutions; for example, drugs as a crime issue are best addressed through enhanced law enforcement policies and sentencing.[6]

Whether or not policymakers gather enough support among their constituents for a particular issue to make it onto the policy agenda depends on four variables. The first is the manner in which the issue is defined, which influences people's willingness to pay attention to it. The narrower the definition, the less likely the issue will gather support. For example, the rights of marijuana smokers don't generate mass attention, whereas concerns about the nation's natural environment generate huge rallies and considerable media focus.

An issue's social and temporal significance also draw attention. When prohibitionists label drug issues as affecting "the future of our children," they trigger concerns about long-term consequences while simultaneously raising the social significance of the issue by referring to children. Finally, the complexity of the issue matters. Simple issues are more likely to find support than are those requiring significant consideration of pros and cons. In drug policy, the claim that illegal drugs are "dangerous" is far easier for the general public to understand than is the argument that the risks associated with illegal drugs vary, are overblown, often come more from the illegality of the drugs than from anything inherent in the substances, and are not any greater than those associated with many legal drugs.

In addition to these four general factors, a sensational event may suddenly thrust an issue onto the policy agenda. Former first lady Betty Ford's revelation

that she had a problem with prescription drugs and alcohol helped bring drug abuse by middle-class America into the national spotlight.

Policy Design

Once an issue has been placed on the agenda, the process of formulating a policy response begins. The manner in which the issue is put on the agenda—for example, as a crime or as public health issue—greatly influences, but does not definitively determine, the formulation of policy. Issues can be dealt with in many different ways; it is the task of the policy designers to think strategically about how to produce the outcome desired and how to gather sufficient supporters to get the policy approved.

The outcome needn't be the ultimate goal of the policy, but simply an intermediate goal that the public understands to be a marker of progress toward the ultimate goal. For example, if the goal is elimination of drug use, increased law enforcement efforts that result in larger numbers of users and traffickers in jail may satisfy the public that progress is being made. Alternatively, if the goal is mitigation of the health consequences of drug use, the public will look for such things as fewer overdose deaths or lower rates of HIV transmission. Producing the desired outcome requires a theory of behavior, or analytical perspective, that explains why people do what they do and how one might provide the appropriate incentives to channel their behavior in desired ways.

Four analytical perspectives that currently dominate debates about cause and effect on behavior are presented in the next chapter. The person or team designing the policy will probably seek advice from an outside group that has studied the issue. The choice of that outside group normally is influenced by an affinity between the analytical perspectives of the advisers and policymakers. But not always. U.S. presidents and national science associations have commissioned major studies on marijuana three times, but each time Congress and the president have ignored the findings and recommendations for a relaxation of the prohibitionist thrust of marijuana policy.[7]

The continuum of drug policy domestically and internationally has ranged from active pursuit of violators—commonly identified as a drug war strategy—to active encouragement of production and sale. The prohibition of the production and trade of a particular psychoactive substance makes international criminals and pariahs of governments and those nongovernmental actors, primarily rebels and terrorists, who openly promote these activities. In between the extremes are a variety of policy positions. These include toleration—it's illegal and the penalties may be significant, but the illegal act is ignored; decriminalization—it's illegal, but the penalties are minor; and public health—consumers are provided a variety of treatments, such as needle exchange programs to mitigate the spread of AIDS or even legal prescriptions for registered heroin addicts, for their personal health needs as well as to protect others in society.

Policy Adoption

Policymakers are driven by two factors when considering whether to adopt a particular version of a policy: self-interest and ideology. In political systems in which graft is likely to be detected and politicians can be arrested for corruption, the self-interest of policymakers that matters most is to be re-selected by the constituency, whether for the same or another policymaking position. This leads policymakers to favor policies supported by their constituents. The second factor driving policymakers is their personal belief about cause and effect in human behavior, commonly referred to as ideology. These ideologies are generally understood by the policymakers' constituents, who select the policymakers specifically because of affinities between their ideologies and the constituents' own. Given this relationship, ideologies are related to the desires of constituencies.

Policy adoption is about negotiating support from diverse groups that have an interest in an issue but can differ widely over goals and means. To understand how policy coalitions are constructed, it is first necessary to explain why people mobilize into pressure groups. Why groups have varying impact on policy also must be explored.

Let's begin with the notion that policies carry costs and benefits. All other things being equal, people prefer to receive benefits and shift costs to others. Winners are those whose benefits from a policy far exceed any costs they might pay, whereas losers pay large costs and get relatively few benefits. Organizing a response in favor of or against a policy takes time and effort and may raise problems of collective action—people can get the advantage of having the policy adopted or rejected without any cost to themselves, consequently it's not in anyone's individual interest to contribute, but with no one contributing, the policy doesn't come about. In brief, the greater the number of people who have to be organized to accomplish something, the less likely it is to happen.

Consequently, it is to be expected that people mobilize in defense of their interests if the costs or the benefits are concentrated. In the case of costs, affected groups will oppose that policy; conversely, those who would benefit from the policy generally support it. Table 1.1 indicates the hypothesized impact on the policy process of the concentrated or diffuse distribution of a policy proposal's costs and benefits. From the table, we can see that the most likely type of policy a nation will adopt distributes its costs over a wide variety of groups and concentrates its benefits on particular groups.

The distribution of the costs and benefits of a policy is not the only aspect that affects the creation of a policy coalition. Groups that confront institutional, social, or economic barriers to participation in the political process are unlikely to affect policy even if the costs of that policy are concentrated upon them. For example, in the United States young black males are significantly more likely to be arrested and spend time in jail on drug charges than are white males, even though their participation in illegal drug activity does not differ

Table 1.1 Hypothesized Impact on the Policy Process of the Concentration of Benefits and Costs

	Benefits	
Costs	*Diffuse*	*Specific*
Diffuse	Inaction	Likely Acceptance
Specific	Likely Rejection	Conflict

NOTE: As the table shows, the likely outcome of a policy issue varies depending on whether the costs and benefits are spread across the general population or concentrated on a particular group. When both costs and benefits are spread broadly, the likely outcome is inaction because there isn't sufficiently concentrated constituent support to move the issue forward. When costs are focused on a specific group and benefits are broadly distributed, the policy is likely to be rejected because the small group will be more motivated to oppose it than will the diffuse beneficiaries to actively support it. When a policy would benefit a specific group with broadly distributed costs, acceptance is likely because the group that benefits will mobilize in support, but the costs will be so moderate when spread across a large group that little effective opposition will be mounted. Finally, when both costs and benefits are concentrated, conflict will likely ensue as both beneficiaries and those who pay will be motivated to mobilize to strongly support their interests.
SOURCE: Gupta, *Analyzing Public Policy* p. 55.

significantly from that of whites (see discussion in Chapter Three). President Bill Clinton's drug czar, General Barry McCaffrey, and others condemned this unintended outcome of the overly punitive focus of U.S. drug policy.[8] Despite such opposition—since young black males, their friends, and parents tend not to vote and middle-class drug users and dealers whose parents and friends are more likely to vote tend not to go to jail—current U.S. policy still finds plenty of support among the voters.

This is the stage at which the national drug strategy, with its attendant policies, takes actual shape. The relevant interest groups bargain with policymakers, offering their theoretical rationales and public support. For example, parents might articulate family dynamic explanations, whereas medical professionals could offer clinical arguments. Policymakers, in turn, look to include enough interests to build a strong coalition behind their policies. This requires identifying who can make what deals, what they are willing to accept, and the strength of the coalition needed to get the policy accepted. If the anti-crime and pro-family voices can provide enough support to get a bill through, the public health interest groups could be ignored.

Psychoactive Substances: What Are They and How Do They Work?

The consumption of psychoactive substances, in legal or illegal form, is a common phenomenon in the United States and in most other countries. Yet the average citizen, college student, or policymaker knows little about these substances, and even then, much of what is "known" falls more into the category of urban legend than scientific fact. In the mid-1980s a frightened public believed the sensational reports of crack cocaine being so powerful and addictive that a single use could create addicts with such superhuman strength that police bullets could barely subdue them. A decade later scientific studies demonstrated that crack had no such maniacal powers. Because fact is so often fiction, analysis of policy debates requires learning more about the nature of these substances and their effects.

A psychoactive substance influences communication channels in the brain. Different types of drugs influence different channels, thereby producing distinct impacts on feelings, experiences, and behavior. These immediate effects are consistent across episodes as long as a substance is not adulterated, although the quantity used may have to increase over time because of growing tolerance. People can, therefore, choose substances to produce the feelings they desire, at least in the short term. Some long-term effects that the user may not intend are well known, including addiction, but the probabilities of developing those effects are largely unknown. Still other effects remain the subject of scientific debate.

There is disagreement concerning the exact process by which these substances influence people, but there is a strong consensus among scientists that different substances affect different neurotransmitters. For example, hallucinogens like LSD disrupt the interaction of nerve cells and the neurotransmitter serotonin, which affects "the control of behavioral, perceptual, and regulatory systems, including mood, hunger, body temperature, sexual behavior, muscle control, and sensory perception." Disassociative substances such as PCP and ketamine influence the neurotransmitter glutamate, which affects "perceptions of pain, responses to the environment, and memory."[9] Still other psychoactive substances produce artificially high levels of the neurotransmitter dopamine, which communicates pleasure to the brain.[10]

Psychoactive substances are found in some rather common food and drink whose uses are not legally regulated. Among these are chocolate and coffee. Such substances are also present in products like tobacco and alcohol whose use is regulated by a person's age or, in the case of prescription drugs, by medical license. And of course, these substances are found in the drugs that most societies began to proscribe early in the twentieth century, including cocaine and heroin, or shortly after they were developed, such as Ecstasy and methamphetamine.

Most people around the globe probably choose not to indulge in the use of those psychoactive substances that are illegal in their countries. That said, as Chapter Two demonstrates, hundreds of millions of people do try illegal drugs at some point. It is also clear that there is great diversity in the product-specific characteristics of substances—some give users a high, others make users feel down—as well as in the social and individual traits of their users. Some are rich, others poor; some have many life opportunities, others few.

"Addiction" and "dependency" are concepts that, while having no clear scientific meaning and applying to only a minority of drug consumers, permeate the views many people have of the drug phenomenon. Illegal drugs are

widely believed to be particularly harmful to their users and intimately linked to violent crime because of their addictive qualities. Even the Web site of the National Institute on Drug Abuse (NIDA) usually begins a description of an illegal substance by noting that it is addictive.

The American Society of Addictive Medicine (ASAM) advocates a formal definition of addiction, which differs from physical dependence:

> The importance of maintaining this distinction has been highlighted in recent years by the emergence of the pain management movement, whose practitioners point out that in some situations (e.g., severe post-operative pain or pain associated with terminal cancer), it is clinically appropriate to give a patient medications at a dose and for a period of time sufficient to produce physical dependence. However, this alone does not lead to addiction, which always has a psychological component and is accompanied by a constellation of distinctive behaviors.[11]

There is both historical and scientific evidence that most users of psychoactive substances become neither dependent on nor addicted to those substances. Even in the case of heroin, a study by the Institute of Medicine of the National Academy of Sciences reports that only 23 percent of those who had ever used it became dependent. It may come as a surprise to many that the dependency rate for alcohol—15 percent of those who have ever used—is quite similar to cocaine's 17 percent. (See Table 1.2.)

This evidence has spurred a debate concerning the existence of addictive substances. If most users do not become addicted, then the cause of addiction cannot be the substance itself.[12] During the late nineteenth century this variation in addiction outcomes was noticed and explained in crude form by reference to "addictive personalities."[13] Modern science has discarded the notion

Table 1.2 Substance Use and Dependency Rates

Drug Category	Proportion that Have Ever Used (%)	Proportion of Users that Ever Became Dependent (%)
Tobacco	76	32
Alcohol	92	15
Marijuana (including hashish)	46	9
Anxiolytics (including sedatives and hypnotic drugs)	13	9
Cocaine	16	17
Heroin	2	23

SOURCE: Janet E. Joy, Stanley J. Watson Jr., and John A. Benson Jr., eds., *Marijuana and Medicine: Assessing the Science Base*, Institute of Medicine, National Academy of Sciences, 1999, Table 3.4, based on material from J. Anthony, Warner, L., Kessler, R. Comparative epidemiology of dependence on tobacco, alcohol, controlled substances and inhalants: Basic findings from the National Comorbidity Study. *Experimental and Clinical Psychopharmacology* 1994, 2, 244–268. http://books.nap.edu/html/marimed/notice.html.

of an addictive personality, focusing its attention on genes instead. In the case of alcohol, probably the most studied psychoactive substance, attention has been directed to familial genetic "dispositions" to alcoholism. This approach has been found to account for as much—or as little, depending on one's point of view—as 40 percent of the variation in alcoholism outcomes.[14] Yet that still leaves more than half of the variation in a drinker's alcoholism to derive from neither the substance itself nor the familial genetic links studied so far.

As students shall encounter again and again throughout this book, scientific knowledge about psychoactive substances and the links between substance and behavior are too inconclusive to provide significant guidance in policy debates. What the scientific evidence does allow at this point is that addiction and dependence are not caused by the substance itself, but rather develop from a combination of the psychoactive substance, genes, and the social context within which the consumer lives and uses the substance. Social context is not necessarily defined by economic factors. It also could be defined by how one feels about race, subcultures, or other characteristics that have social meaning.

A Commodity Systems Framework

The phenomenon of drug use is best understood by linking consumers to everyone who makes it possible for them to ingest their drug of choice. Consumers and producers are mutually dependent; neither could exist without the other. And since consumers are rarely located close enough to producers that one could simply meet the other and complete the sale, some type of transportation network must also exist. Producers and transporters, in turn, generally need access to a variety of inputs, including labor, chemicals, and in the case of illegal products, perhaps weapons and corrupt officials, to produce and transport the substance. Hence, the providers of these inputs also need to be considered. In regard to illegal products, since participants want to enjoy their profits and since spending dirty money is risky, money launderers play an exceedingly key role. Therefore, a systematic way to think about how a variety of roles are integrated to produce a product and sell it to consumers is needed.

The dominant models available for analyzing the drug trade fail to view all of these roles as part of a system whose purpose is to make a profit for its participants. The balloon model—"you punch it here, it pops out there"—is an expression of frustration that suggests that, short of "popping" the drug trade through an overwhelming use of resources, policymakers have no impact on how much air is inside the balloon or on how widespread and active the drug trade is. This view can hardly help increase understanding about why decades of effort, billons of dollars, millions of prisoners, and thousands of deaths have failed to pop or at least significantly deflate the drug balloon. Paradoxically, it also spurs people to keep trying, because they believe that if they can just get the air out of the balloon, they will destroy it.

The organized crime model provides important insights into how a major portion of the illegal drug system functions, but it doesn't provide understanding about the creation and extent of the system itself. Organized crime can develop in some parts of the system when certain characteristics are present—chiefly high value and illegality.[15] Most analyses that discuss the business of drugs mean precisely this organization of crime. But Mexican marijuana sales in the United States during the 1970s could be explained without reference to organized crime syndicates or networks, and the Medellín cartel in Colombia was certainly an organized crime unit, yet it had little direct control over coca grown in Bolivia. And the current scourge of synthetic opium use via the prescription drug OxyContin is not the result of organized crime; rather it is a decentralized process spread mainly by word of mouth and well-intentioned primary care doctors trying to stay up to date with advances in pain medication and keep happy a client base that demands such medication.[16]

Given the shortcomings of the previous two models, a systems approach is clearly needed to accommodate a more comprehensive examination. The Harvard Business School developed an agribusiness commodity system model in the 1950s that can be readily adapted to psychoactive substances, whether natural or synthetic. "An agribusiness commodity system exists for the purpose of catering to the consumer's nutritional needs, his style of living, and his society's changing value structure."[17] The categories "recreational," "psychological," or "sociological" can be substituted for "nutritional" without damaging the model, and clearly, style of living and a changing value structure are important elements in understanding how societies respond to the existence of psychoactive substances.

Essentially, a commodity system

> encompasses all the participants in the production, processing, and marketing of a single farm product, including farm suppliers, farmers, storage operators, processors, wholesalers, and retailers involved in a commodity flow from initial inputs to the final consumer. It also includes all the institutions and arrangements that affect and coordinate the successive stages of a commodity flow, such as the government, trade associations, cooperatives, ... financial partners, financial entities, transport groups...."[18]

Even in those PASCSs that are illegal, government remains an actor, since it decides on legality as well as when, where, and how to enforce laws.

The strength of the agribusiness commodity system model lies in its integrative character. From the perspective of managers of firms located in the vertical structure of agribusiness, the model provides a way of visualizing their operations within the system of which the firms form a part. The model also suggests that public policies are more effective if developed in terms of the total system and if the implications of the policies for all the segments of the system are understood. "A public policy maker cannot make a policy for one segment ... without affecting the whole structure, which will in turn affect the segment that once was viewed in isolation."[19]

Traders, producers, money launderers, and everyone else engaged in the phenomenon of supplying consumers of psychoactive substances can readily be thought of as businesspeople in competition with each other to supply a product within a legal framework that proscribes their business. This business process produces an integration of functions from production and its needs, through the distribution process, all the way to retail, where consumers send a signal back through the system by purchasing the substance.

Figures 1.2 and 1.3 diagram the general psychoactive substance commodity system for illegal and legal substances, respectively. Students should study

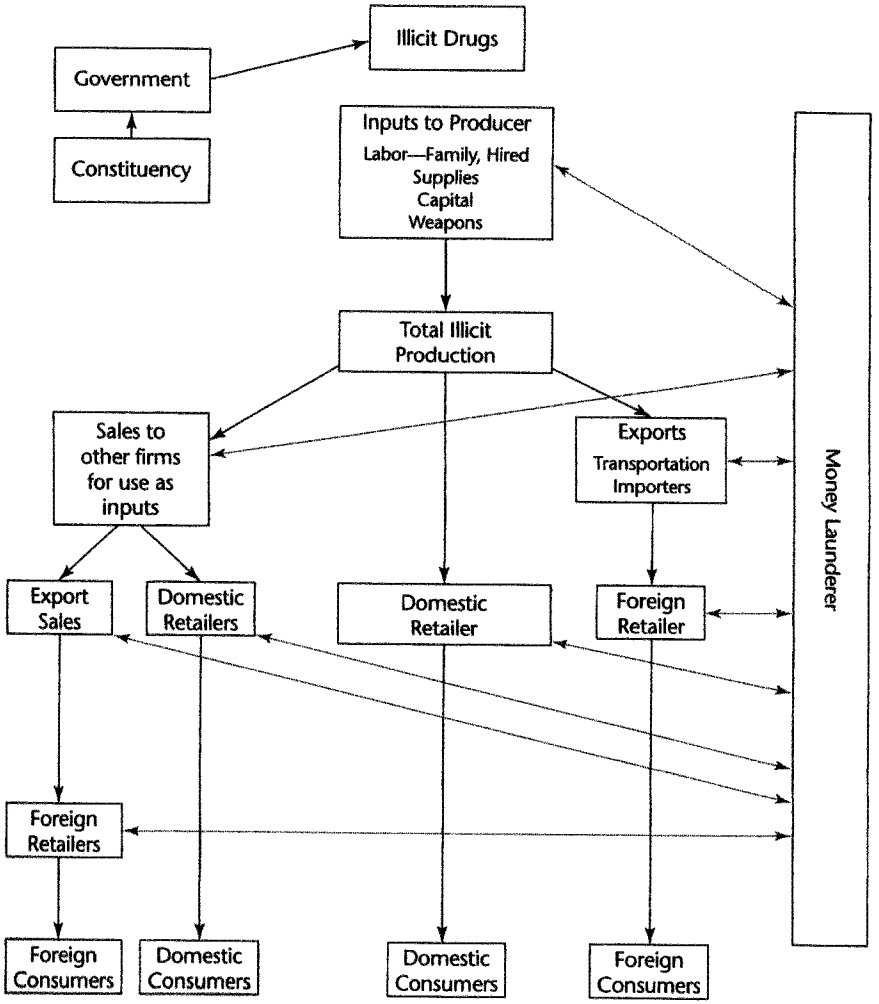


Figure 1.2 PSYCHOACTIVE SUBSTANCE COMMODITY SYSTEM: ILLICIT DRUGS

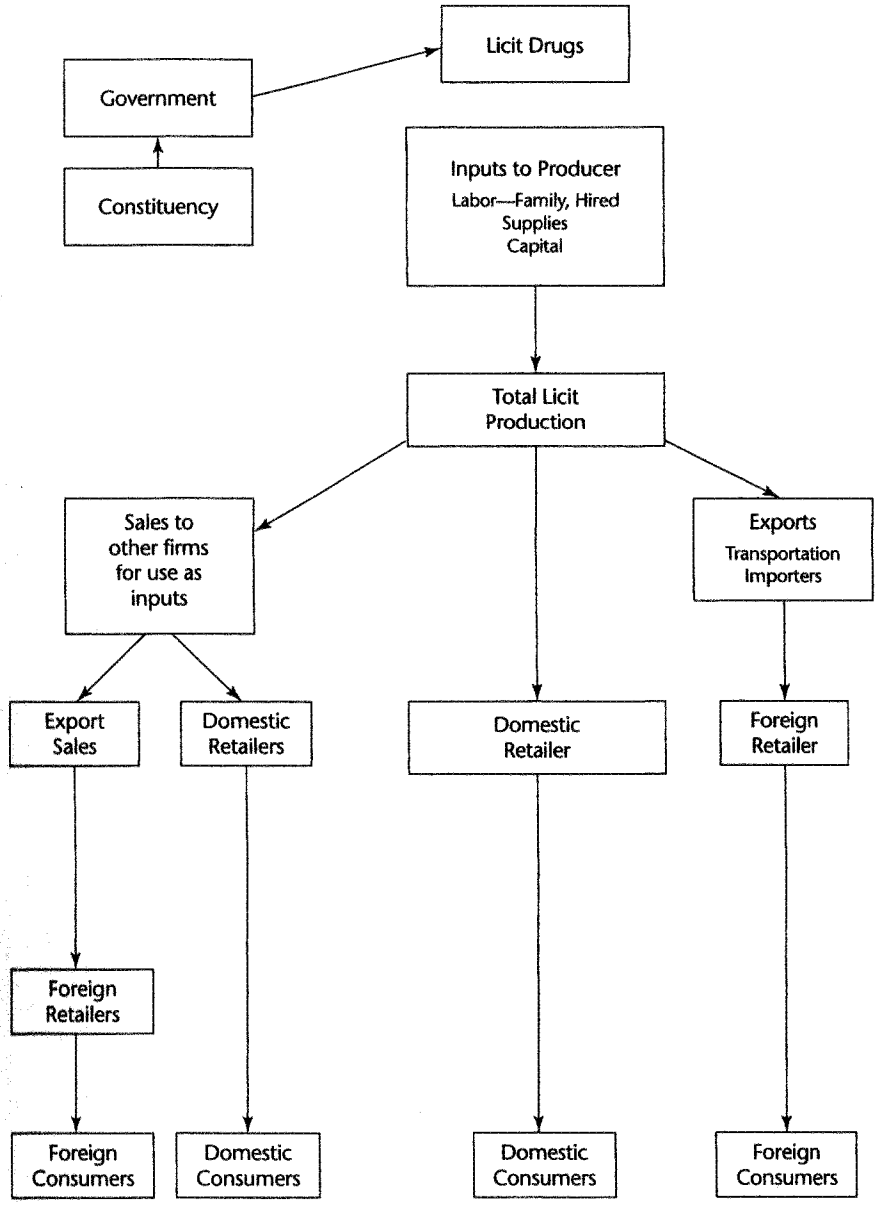


Figure 1.3 PSYCHOACTIVE SUBSTANCE COMMODITY SYSTEM: LICIT DRUGS

the systems well, noting their similarities and differences. Each phase will be explored in great detail in subsequent chapters, and the place of different participants in the system as a whole will be noted, whether that system be legal or illegal.

A systems approach suggests that before attacking a specific part of the system public policy makers should ensure that alternative means for adversaries to achieve their goals are not available or that their costs exceed the benefits of circumvention. For example, in the 1990s the United States utilized a combination of such positive incentives as crop substitution payments and such negative incentives as increased aid to militaries to pursue growers and traffickers in Peru and Bolivia. The result was dramatically reduced production in those countries. Colombian farmers in areas ignored by the United States, however, saw a new market opportunity and began producing coca. The new producers more than offset the decline in Peru and Bolivia, and the overall supply of cocaine to the United States actually increased. Now the United States is frantically pouring more than a billion dollars annually into fighting drugs in rebel-held territory in Colombia. The underappreciated consequence of all of this is that less funding is available for the positive incentives that initially discouraged production in Bolivia and Peru. Positive incentives are no longer high enough to dissuade illegal production and, as a consequence, it is again on the rise in these countries.

Similarly, the United States made great strides during the late 1980s in raising the costs of shipping drugs from Colombia directly through Caribbean waters to the southeastern United States. But because demand continued in the United States and the U.S. government had not invested sufficiently in creating an appropriate incentive structure, first in Central America and Mexico and subsequently in the Caribbean islands, Colombian shippers found ready alternative routes.

Ignoring the intimate links among all the actors in the system produces policy changes that are often met by adaptation by the targets of the policy and an outcome at odds with the intent of policymakers and their supporters. Under these circumstances it's easy to understand policymakers' frustration and retreat to the image of a balloon beyond control. Yet if the drug phenomenon is thought of as a complex and global system, policymakers and their supporters are less likely to narrowly target seemingly isolated pieces of it. Not only will frustrations be minimized, outcomes closer to those sought will be produced.

Summary

Chapter Two presents the major competing explanations for why the phenomenon of an illegal drug trade exists and why the policies to deal with it have been adopted. These explanations are theories of cause and effect: They define an issue, tell why it occurs, and suggest the best possible courses of

action (policy) to influence the behavior of people or countries involved. In their most abstract form these theories compete with each other, but it is possible to combine them in distinct ways. Combinations, however, require understanding the hierarchy among the theories being used.

Chapters Three through Six examine the distinct phases in the PASCS: consumption, production, distribution, and money laundering. In each, I examine how the alternative theories explain the issue, the policy recommendations that one would expect from each theory, and the politics of making drug policy. These chapters also evaluate the existing state of knowledge about the characteristics of each phase, for example, who consumes what drugs, why, and with what consequences. Examples of policies in many countries are provided, but there is an emphasis on the U.S. experience because it offers the most comprehensive data.

In Part II, Chapter Seven examines the political economy of international cooperation and conflict over contemporary drug policy. The chapter identifies the advantages and disadvantages of unilateral, bilateral, and multilateral efforts, providing examples from the United States, Europe, and Latin America. Part III consists of three case studies, historical accounts of three nations' distinct approaches to the drug phenomenon that are apt to generate comparative discussion and analysis. Chapter Eight follows the evolution of U.S. drug policy from a focus on reducing crime in the early 1970s, through the stillborn efforts at harm reduction, to the drug war approach that began in the 1980s. In Chapter Nine, the evolution of Dutch drug policy away from a drug war in the 1960s toward harm reduction is described. Lastly, Chapter 10 turns to the Swedish experience to present a move from harm reduction in 1965 toward prohibition in the late 1960s and on to the adoption of a drug war strategy starting in the late 1970s.

STUDY QUESTIONS

1. What are the advantages and disadvantages of beginning your study of drug policy with the assumption that drugs are either "bad" or "harmless"?
2. What does highly, or powerfully, addictive mean? What would you set as the criteria for labeling something "highly addictive"? Why? Search the Web site of the Office of National Drug Control Policy, specifically the Drug Facts section (www.whitehousedrugpolicy.gov/drugfact/index.html) and count the number of substances labeled as either "highly" or "powerfully" addictive. Now find a definition of those terms on the Web site.
3. Compare the utility for analysis of describing drug markets one wants to understand and explain as 1) analogous to balloons; 2) markets controlled by organized crime; and 3) commodity systems.

Chapter 2 Analytical Perspectives for Explaining the Drug Trade

A big party is coming up this weekend. Alcohol and cigarettes will abound. Your dorm mate down the hall wants to provide the Ecstasy pills and the alcohol. He calls a friend, who calls another friend, who is waiting for a new shipment from Europe. Everyone's heard about the bust of the Hassidic young men bringing pills from, and taking cash back to, Amsterdam, but the supply is still readily available for anyone willing to pay the price.[1] And $10 to $25 is less than the price of a good concert!

—Adapted from material in Christopher A. Szechenyi's "Ecstasy bust leads to Israel organized crime, officials say"

How can the sequence of events just described be best understood? Are these criminals breaking the law, social deviants satisfying their unnatural desires, or morally weak individuals succumbing to evil? Or are they rational individuals responding to opportunities to engage in behavior that brings them some desired outcome—fun, excitement, social prestige, money—at what they perceive to be an acceptable risk?

This text compares four of the major analytical perspectives used by the public, policymakers, and social scientists to explain the drug phenomenon and policy responses. If students scan the media, listen to their neighbors, read public policy speeches, or examine academic journals, four concepts seem to dominate discussion of the drug phenomenon: deviance, beliefs, markets, and national security threats. Deviance is behavior that doesn't conform to the dominant norms, and in the approach to drugs signals a focus on abnormality as key to understanding the drug phenomenon. Beliefs are ideas that guide behavior and suggest ideological disagreements over appropriate use of psychoactive substances. Markets are places where supply and demand meet, thus emphasizing the transactional nature of drugs. Challenges to security and sovereignty are considered national security threats and highlight the international dimensions of drug use and trafficking.

Underlying each of these concepts, explicitly or implicitly, is a view of cause and effect that helps the user of that concept understand the phenomenon of the drug trade. Good social science demands that individual views regarding cause and effect—individual theories—be explicit so that their logic can be examined and their related hypotheses can be subjected to empirical tests.

Each of these concepts is linked to an analytical perspective that, as discussed in Chapter One, identifies what is important, where to look for causality, why these factors cause outcomes that are reason for concern, and how, if at all, it might be possible to vary these outcomes. In the case of the drug phenomenon, the analytical perspective that one holds identifies the particular problem of concern, such as some people use these substances or the government attempts to regulate individual use of them. It also highlights who is causing this problem, as in emotionally damaged people use drugs or politicians make policy against people's true interests. Lastly, the analytical perspective one holds demonstrates why the problem arose. For instance, emotionally damaged people use drugs to offset their pain or power-hungry politicians seek to control people's lives.

If individuals want to effect a particular outcome they must address the identified causes. For example, if analysts see psychological problems as the cause of drug use, mental health services may be offered to help users overcome their problems without these substances. Multiple policy prescriptions can follow from a single analytical perspective. For instance, both treatment for drug users or decreased availability of drugs would produce a decline in drug use. Some policy options, however, would not make sense within certain perspectives—if drug use is identified as the key problem, then legalization of such use would be an illogical response.

The task of an analytic perspective, therefore, is to make sense of the phenomenon of interest by organizing the elements of the issue in a meaningful way that allows conclusions to be reached and policy to be made that effects the desired outcome. Individuals need to follow the logic of their analytical perspective if they want to discover the answers to their questions about a particular phenomenon. For example, one analytical perspective suggests that poor people produce drugs because the selling price is high. Following this perspective, an examination of production in areas dominated by poor people should show that economic development would decrease production by providing opportunities to produce higher value crops or get a higher paying job.

Four Analytical Perspectives

Each of the four analytical perspectives most commonly used to understand the drug phenomenon provides some insight into drug trade and policy. However, each is incomplete to varying degrees in what it can explain. Readers of this text are encouraged to consider how these perspectives can be used, alone and in combination, to provide logical and empirically supported arguments for understanding the different public policies adopted to deal with the drug phenomenon across time and country.

Social Deviance

The first analytical perspective, social deviance, assumes that a common culture shares social norms and values that determine the behavior of most of the people in that society. A leading text notes that the concept

> refers to behaviors or attributes manifested by specified kinds of people in specified circumstances that are judged to violate the normative expectations of a specified group. "Shared normative expectations" refers to group evaluations regarding the appropriateness or inappropriateness of certain attributes or behaviors when manifested by certain kinds of people in certain situations.

The motivation for deviant behavior generally arises because individuals or groups cannot succeed through accepted terms and thus choose to undertake activities in which they can succeed, despite the proscription of these activities by society. At times, nondeviant individuals may seek to be part of a group and wind up behaving deviantly simply because they want to fit in. This is the perception of those advocating the importance of peer pressure. Whether the motivations actually produce deviant behavior depends upon the "relative strength of the motives to commit the act and of those not to commit the act and on the situational context and other opportunities to perform the act."[2]

There is a tendency to assume that societal norms are "natural" and inherently correct, and anyone who questions these norms is automatically suspect. This is the origin of the identification of deviant behavior as antisocial. The core argument of this perspective is that being socially deviant *causes* people to act in ways that transgress societal norms.

Analysts of the drug phenomenon who utilize this perspective believe that some individuals suffer from a flaw that leads them to violate social norms against the consumption of illegal drugs.[3] Many of these analysts assume that the national policy of a drug-free America and voters' support of legal proscription of currently illegal substances constitutes the social norm on drugs. Drinking at a college party, even by those who are underage, is acceptable because alcohol is not proscribed by society at large. Using Ecstasy, however, is by definition indicative of deviant behavior because the substance is illegal.

The nature of the flaws that allegedly cause deviance is in dispute among analysts. Some think that social and economic factors, such as poverty, child abuse, or discrimination, are key causal or contributory elements. Other analysts of this same school reject such links, emphasizing that the majority of people experiencing these social and economic factors do not engage in socially deviant behavior. For these particular analysts, genetic factors, such as low intelligence, chemical imbalances, or a familial history of addiction produce a weak character susceptible to deviance.[4] Users of illegal drugs at college parties are thus expected to have come from some type of socially o

economically deprived background, to have trouble adjusting to college pressures, and to be poor students.

Although sociologists and criminologists apply the social deviance perspective to analyze the behavior of individuals, the public policy discourse and the study of international relations have been heavily influenced by the creation of an analogy between governments or nations who "misbehave" and deviant individuals. Thus, Afghanistan under the Taliban, South Africa during apartheid, or Argentina under military rule become pariah states. Colombia, with vast cocaine and heroin producing territory under guerrilla control, and post-Taliban Afghanistan with opium-friendly warlords running vast parts of the country are called failed states. The logic of these labels is that the drug use—or other undesirable behavior—occurs because a country suffers from a major flaw that makes it unable to abide by accepted norms: either it has no control over itself or its government could not survive if it stopped the unacceptable behavior.

Social deviance approaches are most useful when the relevant norms are widely accepted and only change moderately and slowly. These arguments can accommodate the fact that a society may create different laws to govern the use of distinct psychoactive substances, but such approaches have difficulty explaining such dramatic changes as the U.S. prohibition of alcohol in 1919 and its subsequent re-legalization in 1933. In addition, the widespread use of some illegal substances (for example, almost half of U.S. high school seniors have tried marijuana) renders the deviance claim a rhetorical device rather than a useful analytic approach for understanding the politics of drug policy. Consequently, the study of social deviance may not be particularly helpful for understanding and making meaningful comparisons among the politics surrounding psychoactive substances that are 1) legal, as in the case of alcohol and tobacco; 2) widely used but illegal, such as alcohol by underage drinkers or marijuana; or 3) infrequently used and illegal, like heroin.

Studies of social deviance have provided important insights when they focus on select groups of users without asserting that all users suffer from the same characteristics. Addicts are often on the margins of society, and as their contact with the mainstream decreases, they get caught in a pattern of deviance amplification.[5] This insight may go a long way toward explaining why a small group of users not only accounts for most of the illegal drug use, but also for the nondrug crime associated with such use.

To that end, this approach constitutes the theoretical basis for a crime-oriented understanding of why some individuals or groups violate the rules of behavior approved by society at large. Deviance studies have made some advances in understanding aspects of the criminal behavior of drug traffickers. As shown in more detail in Chapters Four and Five, only a minority of traffickers engages in violent behavior. Most prefer to maintain a low profile, make money, and enjoy the benefits of higher income in mainstream society.

But some drug lords, like those leading the Medellín (Colombia) and Tijuana (Mexico) cartels, pursue fame through violence, even at the cost of risking the billions of dollars they have already made. As a number of biographies illustrate, many of these violent drug lords were petty criminals who saw violence (which one can argue constitutes deviant behavior in most societies) as a way of exerting a degree of control over their environment and as a means of distinguishing themselves.[6]

However, because a focus on social deviance assumes that the substance under consideration is illegal, it doesn't help explain why there are variations in the legal status of psychoactive substances across place and time. In addition, while it is true that there can be socially disruptive and illegal behavior (beyond mere consumption) associated with these substances, this is not usually the case, and individuals who are not under the influence of psychoactive substances engage in many of the same behaviors. The challenge for social deviance analysts then is to develop measures to indicate when a norm becomes a social norm, what threshold is necessary to suggest that a social norm has become weak enough to render the label "deviance" obsolete, and the determinants and processes of norm change as mentioned earlier.

Rational Choice

A second analytical perspective, rational choice,[7] builds an argument that explains human behavior by emphasizing the rationality of choices made by individuals. A number of key concepts define a rational choice approach to analyzing the behavior of humans and of the communities they create.[8] First, actors are assumed to be instrumentally rational and egoist. This simply means that individuals, groups, or states (actors) want what they themselves define as best (egoist) and act in a manner designed to achieve it (rational). Being instrumentally rational does not imply that actors know all the relevant information. Rather it means that, given the information they have, they choose to do what appears will help achieve their goals. Choice thus plays a key role in a rational choice approach.

The existence of choice implies options—in models of strategic interaction these are called strategies—and a ranking of those options by the actor. Choices are perceived by actors to produce different outcomes, and they make choices based on how those outcomes correspond to what they desire. Actors also are assumed to have preferences concerning the rankings among outcomes; that is, they prefer the outcomes, not the options themselves. Taking psychoactive substances is therefore a strategy to achieve an outcome, such as dancing all night, getting instant gratification, or relaxing, that is preferred to the other expected outcomes, like getting too tired or drunk to dance or watching TV alone, if one does not take the drug.

A rational choice approach assumes that actors usually engage each other in situations characterized by strategic interaction: the outcome of their interaction

is the combined result of what each wants and does. This means that neither actor might have chosen the outcome achieved. Instead, the outcome came about because of choices each actor made while anticipating what the other might choose. For example, a student at the party might consume a tainted drug rather than untainted Ecstasy and become critically ill instead of dancing into the night, an outcome that was not the intent of either the student or the policymakers who made Ecstasy illegal.

In addition to the individuals involved, a rational choice approach takes into account the institutional context within which an action occurs. Institutions are rules that guide behavior. They can be explicit as in the case of laws or implicit as in cultural, social, or group norms, and they can be embodied in formal organizations or simply constitute the social context within which actors interact. These rules provide incentives, both positive and negative, for certain types of behavior. Rational egoistic actors consider these costs and benefits when evaluating outcomes and choosing their actions. Rational choice analysts do not assume that everyone who violates these rules is deviant; such violations might simply signal the weakness of the rules themselves.

This element of choice holds whether actors behave in accordance with the law or act outside of it. It is also true for addicts, in the sense that the first use of a substance was a choice influenced by a variety of positive and negative incentives. It is important to realize that since the dependency rate for illegal substances is well below 25 percent for most substances, the first decision by addicts to use drugs can be made, with some rational justification, in the belief that they will not become addicted. In addition, some addicts are able to respond to decreased availability or greater risk by cutting back on consumption, even abstaining for months at a time, until the supply situation becomes more favorable.[9]

As shown, the centerpiece of the rational choice approach is the focus on this act of choice: why consumers consume, producers produce, traffickers traffic, and money launderers launder. These analysts focus on understanding the choices individuals confront and the incentives for choosing to consume, produce, traffic, and launder. The rational choice approach also allows movement beyond the sterile chicken-or-egg debate about whether drug consumption is demand- or supply-induced, by demonstrating how supply and demand are intimately related.

Such an approach can also help expand understanding of how countries respond to the existence of psychoactive substances. By recognizing that the distribution of benefits and costs of different policy options across different actors influences preferences and behavior, clarity of comprehension can be gained of the different ways in which the same society treats distinct psychoactive substances, for instance, alcohol and marijuana in the United States. Greater understanding can also be acquired regarding how countries vary in their approach to the same psychoactive substance; for example, the United States prohibits marijuana even as the Netherlands decriminalizes it. Policymakers

respond strategically to the preferences of the people institutionally empowered to select them. As a result, public policy has to be understood in terms of political influence and the distribution of costs and benefits of alternative policies.

Like the other analytic perspectives, rational choice approaches have weaknesses. Preferences are assumed or derived after the fact by reasoning backward. For example, analysts might say, "Given this strategic context and this outcome, the actors must have valued these choices above these other options." This problem with preference formation occurs because the rational choice approach provides no way of understanding how rational individuals determine their value structures. As a shortcut, individuals are assumed to want more rather than less and what they want is often assumed to be material in nature. But even if students wanted to dance more at the dorm party, their value structures might lead them to reject both alcohol and Ecstasy despite the impact on their ability to dance and the minimal chance of getting arrested. The rational choice approach does not help increase our understanding of how students came to have their value structures.

Constructivism

The constructivist approach insists that individual behavior is fundamentally influenced by socially constructed norms. Consequently, behavior related to drugs, including policy choices, depends upon the way in which relevant actors conceptualize the phenomenon of psychoactive substances and policy options. Constructivists begin their analyses from the point of view that "ideas, which can only exist in individuals' heads, are ... socially causative."[10] By this they mean that facts derive their meaning from the viewer's preconceived notions rather than from inherent factors. For example, in the drug trade, consumption, production, and trade of psychoactive substances, as well as the laundering of money generated by these activities, are indisputable facts. In that sense, each constitutes a "phenomenon."

Constructivists note that understanding of the meaning of these facts varies by substance, time, place, and even by the social characterization (class, ethnicity, national origin, gender, age, or race) of those involved. Americans tend to see the person who brought booze to the dorm party as simply a partier, whereas they are likely to find more negative words—irresponsible, pusher—to describe the person who brought the Ecstasy. This despite the fact that both individuals broke the law, that both substances are dangerous to users, and that alcohol is often associated with violent behavior by the user when Ecstasy is not. Constructivists, therefore, argue that there is no inherent reason why drug use should be considered deviant or illegal. Rather, such social and legal norms, and any subsequent categorization of behavior as deviant, are generated by particular groups in particular societies at particular times.

Although constructivists focus on norms, they differ from social deviance analysts because they believe that norms are constantly being challenged and altered. Consequently, deviance is not an explanatory category. It is a descriptor with negative connotations that reflects the views of those using it rather than a powerful causal argument or an objective concept that promotes the understanding of a phenomenon. Understanding why alcohol is legal and Ecstasy illegal requires more examination of those presenting the arguments than study of the substances themselves.

Users consume, producers produce, and traffickers sell because they perceive their actions to be acceptable, not because they conceive of themselves as failures. "Toking up" a marijuana joint at a social gathering is seen as akin to sipping wine at a reception. To constructivists there are no bad norms from the perspective of those who promote them.[11] One instead needs to understand the competition among norms to explain behavior. That competition revolves around norm entrepreneurs and institutions.

Ideas are constantly available, so constructivists look to norm entrepreneurs to explain which ideas become group norms. The entrepreneur believes in the idea and therefore provides information about it and its benefits and develops a coalition to support it. As this coalition gains adherents the idea becomes accepted and, if successful, institutionalized into group norms. These norms become internalized; group members begin guiding their behavior by them subconsciously.

In fact, ideas can become so influential that they matter more than hard evidence. The gateway theory about marijuana leading to hard drug use—despite a plethora of evidence to the contrary and the growing evidence that alcohol and tobacco use predate marijuana use—sounds logical. It also gives parents reason to worry about marijuana, even as they downplay the relevance of alcohol or tobacco.[12]

The constructivist perspective forces individuals to deal with the fact that drug policy is partly the result of subjective perceptions about different substances and about consumers and nonconsumers, as well as the entire range of people involved in the drug phenomenon. But this perspective also has its own fundamental weaknesses; methodologies have not yet been developed with sufficient social scientific rigor to determine the origins of ideas in individuals or to test for the existence and power of specific ideas in explaining their dominance over empirical evidence, individual behavior, and policy preferences. Constructivist analysts need to develop arguments about when these idea entrepreneurs will arise, the direction of their policy prescriptions, and the chances for their success in building a coalition sufficiently powerful to influence policy.

Realism

The final analytic approach, realism, focuses on explaining how domestic public policy relates to a global market as well how a government behaves internationally. Realists focus on threats to a nation, and these threats are not

limited to conquest by military means. But simply claiming that national security is at risk does not automatically make someone a realist. The use of a realist analytical perspective requires following the logic of realist theory.

Realism assumes that international politics occurs in a condition of anarchy—a context in which no set of rules is binding on all states—and that each state seeks to preserve its own sovereignty, which is understood as the ability to respond to international opportunities and challenges as it believes best fits its interests. In this context, subordination, subjugation, or elimination of states is a constant possibility. States therefore compete with and mistrust each other on matters that could affect their ability to survive, thrive, and make policy decisions that respond to their own best interests. As a result, power in its military, diplomatic, and economic forms is the chief currency in international politics; cooperation on important matters is limited to immediate self-interest and, consequently, will be brief and unlikely to be fully adhered to by any nation.[13]

Realists begin by asking whether any component of the psychoactive substance commodity system (consumption, production, distribution, or money laundering) weakens the nation in international competition. Such weakness might come from a diverse combination of domestic and international sources. For example, if heroin addiction could potentially become widespread, the economic costs attributable to use per se (health care costs, absence from work) could divert an important percentage of money from the economy or the defense budget and might also subvert an antiterrorist government in Afghanistan. Realists could then conclude that heroin use in the United States (although Americans get most of their heroin from Colombia) and Europe poses a potential national security threat to these regions.

All of this means that realists do not automatically support a drug war policy. A realist needs to know the actual costs of drug use and the opportunity costs of diverting funds to combat that use. If drug use is not a threat to a nation's ability to compete internationally or the diversion of resources to combat the threat is affordable, a realist perspective would suggest not getting involved in the policy debate, or if one did, such a perspective could not help one decide what should be done.

It might, however, be especially useful in understanding why the U.S. position on drug use dominates international policy. Because the market for drugs is international in scope, power differentials among states determine which policy options governments adopt. Stronger states are expected to be more unilateral in their foreign policy on drugs, whereas weaker states follow the lead of the most powerful states. Following the lead means that the powerful states force weaker states to pay higher relative costs. Hence, the U.S. government severely conditions its aid to Colombia on that country's willingness to spray herbicides over coca, poppy, and marijuana fields, a practice that would violate federal Environmental Protection Agency (EPA) laws in the United States.[14] Realists also expect that antidrug efforts are unlikely to be top

Box 2.1 **Realism, Foreign Governments, Drugs, and U.S. National Security**

The George W. Bush administration is vocal in its criticism of the North Korean government's participation in the drug trade, declaring that such behavior indicates the rogue nature of that government. Meanwhile, the post-Taliban government in Afghanistan is accused by many observers of not pursuing poppy eradication and drug traffickers because members of the government participate in those activities, as well as because the Karzai government needs the support of the warlords involved in the drug trade. The consequence is that, after the Taliban's near elimination of the crop, production is flourishing in Afghanistan once again. Unlike its condemnation of similar behavior by the North Koreans, however, the current Bush administration does not criticize the actions (or rather, inaction) of the Karzai government. A realist would explain this difference in treatment by emphasizing the priority of the war on terror over the war on drugs and the fact that the Karzai government is an ally of the United States, whereas the present North Korean government has already established itself as a threat because of its decision to reinstitute its nuclear weapons program early in the twenty-first century.

priorities for most governments; consequently, policy on drug issues will be subordinated to security or economic concerns.

A major weakness of realism in explaining drug politics is that it has no theory in regard to domestic politics. Causal arguments about the domestic politics of drugs can't simply be extrapolated from the international relations argument that governments act as if they were rational, unitary actors or that institutions have little influence over actual behavior. After all, realists argue that the chief difference between domestic and international relations is that the domestic political order is hierarchical, not anarchic.[15] Consequently, institutions that support that hierarchy have an effect on who decides policy and on the distribution of costs and benefits of different actions and, therefore, on the perception of threat by the policymakers.

Combining Perspectives on Drug Policy

Readers may protest that multiple views about the phenomenon have been presented here as opposed to just one. True, but inevitably, one conceptualization dominates each individual's perceptions. The existence of other issues may be recognized, but they will be interpreted within the context set by a fundamental conceptualization of what drugs represent to the individual and who is involved in the psychoactive substance commodity system (PASCS). In the following examples, one perspective dominates, but other perspectives

contribute to the explanation of why public policy needs to address the drug phenomenon.

- Participants in the illicit PASCS are, by definition, social deviants. They need to be restrained by high costs for their deviant behavior and they represent a national security threat if their values are allowed to attract others through a war of ideas or peer pressure. These deviants may need personal health treatment, but that should be administered either in prison or under court supervision.
- Individuals make choices. Some of these individuals, but not a majority, may be deviant; others are simply seeking to increase their pleasure at what they perceive to be acceptable costs. Pleasure is individually defined; a national security threat depends upon the resources—economic and human, such as lives ruined by the use of drugs—spent on consumption. Personal health treatment and information can decrease those costs to a nation without infringing upon civil rights.

In the search for an understanding of the politics of drug policy, it is useful to distinguish among five distinct national drug strategies that nations might pursue: demand reduction, supply reduction, crime reduction, harm reduction, and civil rights protection. Although most national strategies may discuss reducing demand and supply for illicit drugs, associated crime, and harm to the consumer and society as well as protection of civil liberties, they can differ in the relative priority given to each. Some nations may insist that publicly financed harm reduction be provided to users only after they have entered the criminal justice system; others would keep law enforcement out of the picture entirely in order to attract illicit drug users to rehabilitation centers, needle exchanges, or safe injection rooms. In this latter example, harm reduction policies are an alternative to deterrent and punitive policies because policymakers believe that reducing harm takes precedence over deterring use or reducing crime.

Determining which national strategy a country has adopted requires analyzing budget allocation and policy implementation at the point of contact with someone in the PASCS. But students must beware: government budgets are quirky and opaque by design.[16] Money allocated for one policy might be diverted into another as agencies are assigned new tasks; old functions might be taken out of the drug control agencies altogether but still carried out by new agencies whose budgets do not show up on the national drug tally sheet.

Demand Reduction

A national strategy that gives priority to reducing demand does not deny that producers, distributors, and money launderers exist. Policymakers may even dedicate some resources to pursuing people and disrupting supplies in these phases of the PASCS. But the logic of this national strategy is that the key

driving force in the entire phenomenon is the demand for illegal drugs. As demand falls the incidence of all the other issues related to drugs is expected to decline in turn. For example, the decrease in demand should produce falling prices, falling prices mean that profits for producing and selling these substances decline, and declining profits translate into people turning to other pursuits to generate an income. The ultimate expression of such a demand reduction strategy would be a population in which "just say no" actually happens; for example, in fundamentalist Muslim countries people willingly choose or are socially pressured to not drink or smoke.

Supply Reduction

The attraction of a supply reduction strategy lies in both economics and politics. As supplies decrease, price increases and demand falls. If supplies keep drying up, demand will keep falling. As already indicated, even heroin addicts decrease their use in response to price increases. In addition, such policies focus on people who seem to be particularly disreputable—pushers, terrorist organizations, greedy bankers—and not on the victims of their perfidy or bad genes. Since production, distribution, and money laundering are all important for supply, policies to reduce supply can focus on any or all of these phases of the PASCS. The U.S. focuses on interdiction of cocaine imports and elimination of the coca crop are supply reduction strategies to deal with cocaine consumption.

Crime Reduction

This national strategy focuses on crimes other than those committed by getting the illegal substance to consumers or by consumption. Examples are property crime—burglary, shoplifting—committed by users to generate money with which to purchase the illegal drugs, or violent crime by users for the same purposes or by distributors and money launderers to enforce their claims for a larger piece of the illegal pie. Property and violent crime committed by people as a result of drug use, such as driving while high, or battery and assault while in a drug-induced paranoia, also fall into this category. Richard Nixon's support for methadone and other treatment programs for heroin addicts was stimulated by concern for crime reduction.

Harm Reduction

The basic idea behind harm reduction strategies is to reduce the potential negative effects to users and society that result from use of illegal substances. These harms are usually health related and can include death by taking an overdose, mixing substances, or consuming adulterated substances, or the spread of HIV to the sexual partners of intravenous drug users. Because these

substances are illegal, their purity, dosage, and interactive dangers with other drugs are unknown to most individuals.

To the degree that a potential user is deterred by the threats inherent in consuming illegal drugs, harm reduction may increase use even as it reduces the associated health risks. For the comparative analysis of national strategies, it is important to distinguish between use and harm. Some analysts see use of illegal psychoactive substances as harmful in and of itself, but the decriminalization of these same substances in some countries suggests that those harms are acceptable to those societies. Portugal's recent decriminalization of the consumption of all psychoactive substances, including the possibility of mandatory treatment if an individual's consumption becomes problematic, is an example of such a situation.

Civil Rights

A national strategy that puts the safeguarding of citizens' civil rights as the number one priority focuses on the right to privacy, a respect for property, and a person's right to individual liberty. The fundamental principle guiding this strategy is that it is more important to limit government's power and its intrusion into the private lives of citizens than it is to stop or significantly decrease the demand for, and supply of, psychoactive substances. Some, but not all, advocates of the primacy of civil rights also believe that it is an individual's inherent right to decide whether or not to use any psychoactive substance as long as that individual takes responsibility for the economic, social, medical, and criminal consequences of that use. This focus on the safeguarding of civil rights is the way most contemporary Western societies treat alcohol and nicotine consumption, except in those countries that regulate secondhand smoke; such regulation is a harm reduction strategy.

Explaining National Strategies

Analysis of why a particular national strategy is chosen cannot proceed by simply reasoning backward from strategy to analytic perspective. It's true that some perspectives cannot logically favor some strategies; for example, a social deviance analyst would be hard pressed to organize a policy around the notion of harm reduction. But in other cases the relationship between analytic perspective and strategy is not as clear-cut. A strategy heavily based upon demand reduction does not necessarily imply that the coalition backing the plan is led by policymakers and constituents who view the drug phenomenon through the lens of social deviance.

Proponents of other analytic perspectives could also favor demand reduction policies but for different reasons. Table 2.1 illustrates the complexity of linking policy to analytic perspective, and thus shows the need to investigate the actual case to see which perspective, or combination of perspectives, actually does the

Table 2.1 Analytic Perspective Hypotheses Regarding Adoption of National Drug Strategy

	Analytic Perspective			
Strategy	*Social Deviance*	*Constructivism*	*Rational Choice*	*Realist*
Demand Reduction	Consumers are deviant and must be stopped.	Consumers are vulnerable and must be helped.	Consumers need information regarding harms to themselves from a drug or the law.	Why consumers consume is irrelevant; what matters is that consumption is threatening nation's ability to compete internationally.
Supply Reduction	Consumers are deviant but can be helped; those who supply the drug are "merchants of death" and must be stopped.	Consumers are victims; pursue those responsible for spreading the problem.	Users are rational consumers; increase cost of supply and use will decline.	Production-related issues threaten government or that of an important ally.
Crime Reduction	Crime intimately connected to desire to use and supply drugs.	Fear drives constituents, whether crime rate is high or not.	Crime rate perceived high by constituents and as connected to drugs.	Drug-related crime threatens government or that of an important ally.
Harm Reduction	Unlikely that a social deviance analyst would support this strategy.	Consumers perceived as victims; psychoactive substances perceived as largely within acceptable bounds, if their worst aspects are mitigated.	Costs of prohibition are high, and there is a weak link between drugs and crime; some people will always use and society needs to protect itself against spread of harm by users.	Harm to drug users creates significant opportunity costs that threaten ability to defend nation.
Civil Rights Protection	Constituency fears an increase in the police power of the state more than the harm caused by drug use because power corrupts politicians and law enforcement.	"Our bodies, ourselves;" right of individual to decide gains support as knowledge of the exaggeration of the harm directly related to it spreads.	Constituency feels secure from crime and deviance but has concerns over the budget for reduction strategies and has concerns over giving the government more ability to control personal choices.	Unlikely that a realist analyst who perceives drugs as a national security threat would support this strategy because the nation matters more than the individual.

Table 2.2 Analytic Perspective Explanations for International Policy Process

	Analytic Perspectives			
International Policy Process	*Social Deviance*	*Constructivism*	*Rational Choice*	*Realism*
Unilateralism	Governments of potential partners are corrupt and weak, so nation must go it alone	Primacy of a national security viewpoint makes leaders unwilling to work together.	The benefits achievable by acting alone outweigh the costs associated with cooperation.	Great power imposing its will on small powers.
Bilateral Cooperation	Only two governments are strong and honest enough to work together to control the drug trade.	Only two governments are driven by similar ideas regarding the PASCS.	Two governments are exploring the possibility of creating an international institution because both are unhappy with the payoffs of acting unilaterally.	Two great powers find it in their short-term interest to work together and keep others out of the agreement in order to have greater control over the distribution of the benefits produced.
Multilateral Cooperation	Many governments are strong and honest.	There is recognition by countries that the psychoactive substance commodity system is global and that effective policies must therefore also be global.	An international institution has been created to deal with the drug issue.	Policy produced is mainly rhetorical or one or more of the great powers are providing the collective good of a drug policy; other countries are free riding.

best job of explaining why and how the policy was adopted. In short, systematic and logical thinking is necessary but is not a substitute for empirical evaluation.

In addition, Table 2.1 relates how the analytic perspective justifies its support for a particular national strategy. Empirical analysis means investigating the process of coalition building to ascertain whether important partners in the policy coalition articulated these rationales. Each analytical perspective produces distinct hypotheses to explain the selection of a national strategy to deal with the phenomenon of psychoactive substances.

The distinct analytical perspectives can also help one understand the process through which international policy is made, and therefore how a specific country's national strategy influences another's. International policy can be the result of three processes: unilateralism, or one nation imposing its preferred policy on the rest; bilateralism, or two countries negotiating and agreeing upon a common policy; and multilateral cooperation, or multiple countries negotiating and agreeing upon a common policy. Table 2.2 summarizes the logic by which each perspective would explain why a particular international process was chosen for discussing the drug trade.

Summary

Analytic perspectives help make sense of complex phenomena and guide the search for causal relationships. Especially when addressing controversial topics, it is important to follow the logic of causality advocated by a particular analytic perspective as well as gather the empirical evidence to support a particular argument for why a nation adopted a particular national drug strategy.

The following chapters more closely discuss the evidence for why people become involved in the distinct phases of the PASCS and the consequences of this involvement. The causal logic of the different analytic perspectives and the data will help evaluate which arguments best explain the politics of drug policy.

STUDY QUESTIONS

1. Why can't the facts in regard to drug use, crime, and addiction determine how the "drug problem" is defined?
2. What is the purpose of an analytic perspective?
3. Which of the four analytic perspectives do you think you will give primacy in your analysis of the drug phenomenon? Why?

Chapter 3 Conceptualizing Consumption: Drug Use and Drug Users

On December 21, 1970, Elvis Presley arrived at the White House bearing an unexpected offer for President Richard Nixon: his assistance in the war on drugs. Caught by surprise but more than happy for the assistance of such a celebrity, the president posed for a picture with the rock star. He also arranged to provide him with an honorary badge to designate Presley as a special narcotics agent. Less than seven years after this meeting, Elvis died suddenly at the age of forty-two. The autopsy report (kept sealed until 1990) revealed that he had fourteen different drugs in his body at the time of death and a history of drug abuse.[1]

—Compiled from "When Nixon Met Elvis," National Archives and John Cassidy's "Presley's death on prescription finally revealed," Sunday Times (London)

It is appropriate to begin the empirical section of this book with an examination of who uses what. Whether individuals think that there is a drug problem or not often depends upon who they believe consumes what drugs and what the effects of these drugs are for the users and for society. How consumption and the consumer are conceptualized, in addition to affecting analysis, fundamentally influences the policies adopted regarding supply and demand. As this chapter demonstrates, even this simple starting point—who uses what—thrusts one deep into philosophical, moral, social, and political debate. Some of this debate is the result of the absence of data, but most of it is created by advocates of particular analytic perspectives, who emphasize different "facts" about drug use and its consequences to make their point.

Social reality is so complex that facts can be difficult to separate from context and perspective. When individuals try to construct a comprehensive picture, they confront three different types of facts: those that are indisputable, such as marijuana can get you high; those that are debatable, such as cocaine is highly addictive; and those that are missing, including the addiction rates for different psychoactive drugs. Given that some facts are debatable or missing, there is a choice of how to proceed. The focus can be placed on the facts that support a particular view, or the ambiguity and absence of data can be exposed and suggestions made as to why the missing data is expected to support a particular view, or as comprehensive a picture of the phenomenon as possible can be developed and then tested to see if a particular view stands up.