
The Secret of Worldwide Drug Prohibition

The Varieties and Uses of Drug Prohibition

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What percentage of countries in the world have drug prohibition? Is it 100 percent, 75 percent, 50 percent, or 25 percent? I recently asked many people I know to guess the answer to this question. Most people in the United States, especially avid readers and the politically aware, guess 25 or 50 percent. More suspicious individuals guess 75 percent. The correct answer is 100 percent, but *almost no one* guesses that figure. Most readers of this paragraph will not have heard that every country in the world has drug prohibition. Surprising as it seems, almost nobody knows about the existence of worldwide drug prohibition.

In the last decade of the twentieth century, men and women in many countries became aware of *national* drug prohibition. They came to understand that the narcotic or drug policies of the United States and some other countries are properly termed *drug prohibition*. Even as this understanding spread, the fact that drug prohibition covers the entire world remained a kind of “hidden-in-plain-view” secret. Now, in the twenty-first century, that situation, too, is changing. As “global drug prohibition” becomes more visible, it loses some of its ideological and political powers.

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In this article, I briefly describe the varieties and uses of drug prohibition and the growing crisis of the worldwide drug prohibition regime.

Drug Prohibition Is a Continuum from Heavily Criminalized to Decriminalized

Every country in the world has drug prohibition. Every country in the world criminalizes the production and sale of cannabis, cocaine, and opiates (except for limited medical uses). In addition, most countries criminalize the production and sale of other psychoactive substances. Most countries also criminalize simple possession of small amounts of the prohibited substances (Bewley-Taylor 1999; Nadelmann 1990; and many publications at the International Narcotics Control Board Web site at: <http://www.incb.org>).

In *Crack in America: Demon Drugs and Social Justice* (1997), Craig Reinerman and I suggested that the varieties of drug prohibition can be seen as a long continuum. In this article, I suggest that the most criminalized and punitive end of the continuum be called *criminalized drug prohibition* and the other end be termed *decriminalized drug prohibition*.

U.S. drug policy is the best-known example of criminalized drug prohibition. This form of drug prohibition uses criminal laws, police, and imprisonment to punish people who use specific psychoactive substances, even in minute quantities. In most places in the United States, drug laws prohibit even supervised medical use of cannabis by terminally ill cancer and AIDS patients. U.S. drug prohibition gives long prison sentences for possession, use, and small-scale distribution of forbidden drugs. Most U.S. drug laws explicitly remove sentencing discretion from judges and do not allow for probation or parole. The United States now has nearly half a million men and women in prison for violating its drug laws. Most of these people are poor and from racial minorities. Most of them have been imprisoned just for possessing an illicit drug or for “intending” to sell small amounts of it. The mandatory federal penalty for possessing five grams of crack cocaine, for a first offense, is five years in prison with no chance of parole. Criminalized prohibition is the harshest, most punitive form of drug prohibition (Reinerman and Levine 1997).

The cannabis policy of the Netherlands is the best-known example of the other end of the drug prohibition spectrum—a decriminalized and regulated form of drug prohibition. Several United Nations (UN) drug treaties—especially the Single Convention on Narcotics of 1961—require the government of the Netherlands to have specific laws prohibiting the production and sale of particular drugs. Therefore, Dutch law explicitly prohibits growing or selling cannabis. This regime is still formally drug prohibition, and the Netherlands does prosecute larger growers, dealers, and importers (or smugglers) as required by the UN treaties. In the Netherlands, however, national legislation and policy limit the prosecution of certain cafés, snack bars,

and pubs (called “coffee shops”) that are licensed to sell small quantities of cannabis for personal use. The coffee shops are permitted to operate as long as they are orderly and stay within well-defined limits that the police monitor and enforce. The coffee shops are not allowed to advertise cannabis in any way, and they may sell only very small amounts to adults. Like other formally illegal activities, cannabis sales are not taxed. Without a change in the Single Convention and other international treaties, this is probably as far as any country can go within the current structures of worldwide drug prohibition (Reinarman and Levine 1997).

The prohibition policies of all other Western countries fall in between the heavily criminalized crack-cocaine policies of the United States and the decriminalized and regulated cannabis prohibition of the Netherlands. No Western country and few Third World countries have ever had forms of drug prohibition as criminalized and punitive as the U.S. regime, and since the early 1990s drug policy in Europe, Canada, Australia, and elsewhere clearly has shifted even farther away from the criminalized end of the prohibition continuum. All these countries, however, are required by international treaties to have—and still do have—real, formal, legal, national drug prohibition (Andreas 1999; Bewley-Taylor 1999; Reinarman and Levine 1997).

Drug Prohibition Has Been Adopted Throughout the World

Drug prohibition is a worldwide system of state power. Global drug prohibition is a “thing,” a “social fact” (to use sociologist Emile Durkheim’s term). Drug prohibition exists whether or not we recognize it, and it has real consequences.

For many decades, public officials, journalists, and academics rarely identified any form of U.S. drug law as “prohibition.” Instead, they referred to a national and international “narcotics policy.” The international organization that still supervises global drug prohibition is called the International Narcotics Control Board (INCB).

National drug prohibition began in the 1920s in the United States as a subset of national alcohol prohibition. The first U.S. drug prohibition enforcement agents were alcohol prohibition agents assigned to handle “narcotics.” American prohibitionists had always worked hard to convince other nations to adopt alcohol prohibition laws. During the 1920s, some savvy prohibitionists (notably an obscure U.S. prohibition commissioner named Harry A. Anslinger) realized that the success of U.S. alcohol prohibition depended on support from other countries. However, the campaign to spread American alcohol prohibition to other nations was an utter failure. After 1929, the impoverishment, dislocation, and despair caused by the Great Depression further weakened support for alcohol prohibition. In 1933, unprecedented state referendums repealed the Eighteenth Amendment, ending national alcohol prohibition. The question of alcohol policy was turned back to state and local governments

to do with as they wished. A few states retained alcohol prohibition for years, and many U.S. counties today still have forms of alcohol prohibition (Blocker 1989; Kyvig 1979; Levine 1984, 1985; Levine and Reinerman 1993; Musto 1987).

Drug prohibition took an entirely different course. Since the early twentieth century, the United States has recognized that European governments are far more willing to accept antinarcotics legislation than antialcohol laws. The founding Covenant of the League of Nations explicitly mentions the control of “dangerous drugs” as one of the organization’s concerns. In 1930, Congress separated drug prohibition from the increasingly disreputable alcohol prohibition and created a new federal drug prohibition agency, the Federal Bureau of Narcotics, headed by the committed alcohol prohibitionist Harry A. Anslinger. In the 1930s, the United States helped write and gain acceptance for two international antidrug conventions or treaties aimed at “suppressing” narcotics and “dangerous drugs.” In 1948, the newly created UN made drug prohibition one of its priorities, and the UN Single Convention of 1961, supplemented by a series of subsequent antidrug treaties, established the current system of global drug prohibition (Bewley-Taylor 1999; Epstein 1977; King 1978; McAllister 1999; Musto 1987).

In the past eighty years, nearly every political persuasion and type of government has endorsed drug prohibition. Capitalist democracies took up drug prohibition, and so did authoritarian governments. German Nazis and Italian Fascists embraced drug prohibition, just as American politicians had. Various Soviet regimes enforced drug prohibition, as have their successors. In China, mandarins, militarists, capitalists, and communists all enforced drug prohibition regimes. Populist generals in Latin American and anticolonialist intellectuals in Africa embraced drug prohibition. Over the course of the twentieth century, drug prohibition received support from liberal prime ministers, moderate monarchs, military strongmen, and Maoists. It was supported by prominent archbishops and radical priests; by nationalist heroes and imperialist puppets; by labor union leaders and sweatshop owners; by socialists, social workers, social scientists, and socialites—by all varieties of politicians practicing all brands of politics in all political systems (see the INCB and United Nations Drug Control Program [UNDCP] publications, especially “Bulletins on Narcotics” from 1949 to the present, at http://www.undcp.org/bulletin_on_narcotics.html).

Over the past eighty years, every nation in the world eventually adopted drug prohibition. National drug prohibition was one of the most widely accepted, reputable, legitimate government policies of the entire twentieth century. Why?

Drug Prohibition Is Useful to All Types of Governments

There is no doubt that governments throughout the world have accepted drug prohibition because of enormous pressure from the U.S. government and a few powerful

allies, but U.S. power alone cannot explain the global acceptance of drug prohibition. Governments of all types, all over the world, have found drug prohibition *useful for their own purposes*, for several reasons.

The Police and Military Powers of Drug Prohibition

Drug prohibition has given all types of governments additional police and military powers. Police and military narcotics units can go undercover almost anywhere to investigate—after all, almost anybody might be in the drug business. More undercover police in the United States are in narcotics squads than are in any other branch of police work. Antidrug units within city, county, and state police departments are comparatively large and often receive federal subsidies. Police antidrug units have regular contact with informers; they can make secret recordings and photographs; they have cash for buying drugs and information. In the United States, police antidrug units sometimes are allowed to keep money, cars, houses, and other property that they seize. Top politicians and government officials in many countries may have believed deeply in the cause of drug prohibition, but other health-oriented causes could not have produced for them so much police, coast guard, and military power (Baum 1996; Gray 1998; Duke and Gross 1993).

Government officials throughout the world have used antidrug squads to conduct surveillance operations and military raids that they would not otherwise have been able to justify. Many times these antidrug forces have been deployed against targets other than drug dealers and users—as was the case with President Richard Nixon’s own special White House antidrug team, led by former CIA agents, which later became famous as the Watergate burglars. Nixon was brought down by his squad’s mistakes, but over the years government antidrug forces all over the world have carried out countless successful nondrug operations (on Nixon and other U.S. uses of antidrug forces, see Baum 1996; Cockburn and St. Clair 1998; Epstein 1977; Gray 1998; King 1972).

The Usefulness of Antidrug Messages and of Drug Demonization

Drug prohibition also has been useful for governments and politicians of all types because it has required at least some antidrug crusades and what is properly called *drug demonization*. Antidrug crusades articulate a moral ideology that depicts “drugs” as extremely dangerous and destructive substances. Under drug prohibition, police departments, the media, and religious and health authorities tend to describe the risks and problems of drug use in extreme and exaggerated terms. “Drugs” are dangerous enemies. “Drugs” are evil, vile, threatening, and powerfully addicting. Politicians and governments crusade against “drugs,” declare war on them, and blame them for many unhappy conditions and events. Antidrug crusades and drug scares popularize images of “drugs” as highly contagious, invading evils. Words such as

plague, epidemic, scourge, and pestilence are used to describe psychoactive substances, drug use, and moderate, recreational drug users (Baum 1996; Epstein 1977; Reinerman and Levine 1997).

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

In a war on “drugs,” as in other wars, defining the enemy necessarily involves defining and teaching about morality, ethics, and the good things to be defended. Since the temperance or antialcohol campaigns of the nineteenth century, antidrug messages, especially those aimed at children and their parents, have had recognizable themes. Currently in the United States, these antidrug messages stress individual responsibility for health and economic success, respect for police, resistance to peer-group pressure, the value of God or a higher power in recovering from drug abuse, parents’ knowledge of where their children are, sports and exercise as alternatives to drug use, drug testing of sports heroes, low grades as evidence of drug use, abstinence as the cause of good grades, and the need for parents to set good examples for their children. Almost anyone—police, politicians, schools, medical authorities, religious leaders—can find some value that can be defended or taught while attacking “drugs.” (See the U.S. government-sponsored antidrug Web site at www.theantidrug.com).

In the United States, newspapers, magazines, and other media have long found that supporting antidrug campaigns is good for public relations. The media regularly endorse government antidrug campaigns and favorably cover antidrug efforts as a “public service.” For doing so, they receive praise from government officials and prominent organizations. No doubt many publishers and editors deeply believe in the “war on drugs” and in defending the criminalized, prison-centered tradition of U.S. drug policies. But few of the other causes that people in the media support can be turned so easily into stories that are good for public relations and, simultaneously, that are very good for attracting customers and business.

Since at least the 1920s, top editors in the news media have recognized as an economic fact of their business that an alarming front-page antidrug story will likely increase sales of magazines and newspapers, especially when it is about a potential drug epidemic threatening to destroy middle-class teenagers, families, and neighborhoods. Editors know that a frightening story about a new, tempting, addicting drug attracts more TV viewers and radio listeners than most other kinds of news stories, including nonscary drug stories. In short, whatever their personal values, publishers, editors, and journalists give prominent space to scary antidrug articles because they know the stories attract customers (Baum 1996; Epstein 1977; Reinerman and Levine 1997).

Consider the case of crack cocaine and the still active U.S. war on drugs. In the 1980s, the media popularized the image of crack cocaine as “the most addicting drug known to man.” Politicians from both parties then used that image to explain the deteriorating conditions in America’s impoverished city neighborhoods and schools. Front-page stories in the *New York Times* and other publications warned that crack addiction was rapidly spreading to the suburbs and the middle class. In the election years of 1986 and 1988, politicians from both parties enthusiastically voted major increases in funding for police, prisons, and the military to save America’s children from crack cocaine.

Even if crack was as bad as Republicans, Democrats, and the media said, it still probably could not have caused all the enduring problems they blamed on it, but the truth about crack cocaine is as startling as the myths. Crack cocaine, “the most addicting drug known to man,” turned out to be a drug that very few people used continuously for long. Many Americans tried crack, but not many kept on using it heavily and steadily for a long time, mainly because most people cannot physically tolerate, much less enjoy, frequent encounters with crack’s brutally brief and extreme ups and downs. Nor has crack become popular anywhere else in the world. Heavy, long-term crack smoking appeals only to a small number of deeply troubled people, most of whom are also impoverished. Because frequent bingeing on the drug is so thoroughly unappealing, it was extremely unlikely that an epidemic or plague of crack addiction would spread across America to the middle class and the suburbs.

Nonetheless, the contradictions between the drug war’s myths about crack and the reality of crack cocaine’s very limited appeal have not undermined the credibility or usefulness of antidrug messages, news stories, or political statements. In this respect, drug war propaganda is like the propaganda from other wars: the claims often remain useful even though they are patently false or do not make logical sense (Reinerman and Levine 1997). In the 1990s, when crack cocaine finally ceased to be a useful enemy, American politicians, media, and police did not acknowledge their exaggerations and falsehoods about crack cocaine. They simply claimed victory, stopped discussing crack, and focused on other scary drugs, most recently MDMA (ecstasy) and prescription narcotics.

Additional Political and Ideological Support for Drug Prohibition

In many countries, popular and political support for drug prohibition also has been rooted in the widespread faith in the capacity of the state to penetrate and police many aspects of daily life for the “common good.” This romantic or utopian view of the coercive state became especially strong and pervasive in the twentieth century. Unlike, say, the dissenters who insisted on the U.S. Bill of Rights in the eighteenth century, and unlike the members of many nineteenth-century political movements, in the twentieth

century liberals, conservatives, fascists, communists, socialists, populists, left-wingers, and right-wingers shared this vision of the benevolent national state—if *they* controlled it. Drug prohibition was one of the few things on which they could all agree. Drug prohibition has been part of what I think it is appropriate to call the twentieth century’s “romance with the state.”

Because politicians in many countries, from one end of the political spectrum to the other, have shared this positive view of the powerful, coercive state, they could all agree on drug prohibition as sound nonpartisan government policy. In the United States during the 1980s and 1990s, Democrats feared and detested Presidents Reagan and Bush, and Republicans feared and detested President Clinton, but the parties united to fight the war on drugs. They even competed to enact more punitive antidrug laws, build more prisons, hire more drug police, expand antidrug military forces, and fund many more government-sponsored antidrug messages and crusades for a “drug-free” America. Opposing political parties around the world have fought about many things, but until recently they have often united in endorsing efforts to fight “drugs” (Baum 1996; King 1972; Reinerman and Levine 1997).

Finally, drug prohibition has enjoyed widespread support and legitimacy because the United States has used the UN as the international agency to create, spread, and supervise worldwide prohibition. Other than the U.S. government, the UN has done more to defend and extend drug prohibition than any other organization in the world. The UN currently identifies a “drug-free world” as the goal of its antidrug efforts (<http://www.odccp.org/adhoc/gass/ga9411.htm>).

The Spread of Drug Prohibition in the Twentieth Century

In the twentieth century, drug prohibition spread from the United States to every country in the world, for a number of reasons. First, drug prohibition spread so successfully because of the enormous economic, political, and military power of the United States. Second, many different kinds of governments throughout the world supported drug prohibition because they found that police and military resources marshalled on behalf of drug prohibition could be used for many nondrug-related activities. Third, drug prohibition also gained substantial popular support in many countries because drug-demonization crusades and antidrug ideology were rhetorically, politically, and even financially useful to many politicians, the media, schools, the police, the military, religious institutions, and some elements of the medical profession. Fourth, the spread of drug prohibition was aided by the twentieth century’s romantic or utopian ideologies about coercive state power, making the fight against “drugs” the one topic on which politicians of all stripes could usually agree. Finally, drug prohibition gained great legitimacy throughout the world because it was seen as a UN project.

All forms of drug prohibition, from the most criminalized to the most decriminalized, probably have involved at least some explicit drug demonizing. In general, drug demonization and drug prohibition reinforce each other. It is important to rec-

ognize, however, that *drug demonization existed before global drug prohibition, and drug demonization certainly will continue long after worldwide drug prohibition has passed away.*

The Place of Harm Reduction Within Drug Prohibition

Since the early 1980s, harm-reduction workers and activists in Europe and increasingly throughout the world have sought to provide drug users and addicts with a range of services aimed at reducing the harmful effects of drug use. In the United States, conservative pundits and liberal journalists have accused harm-reduction advocates of being “drug legalizers” in disguise, but in most other countries many prominent politicians, public-health professionals, and police officials who are strong defenders of drug prohibition also have supported harm-reduction programs as practical public-health policies (Heather et al. 1993). Even the UN agencies that supervise worldwide drug prohibition have come to recognize the public-health benefits of harm-reduction services *within* current drug prohibition regimes (INCB 2000, 59–60).

A better understanding of the varieties and scope of worldwide drug prohibition helps us to see better the place of the “harm-reduction movement” within the history of drug prohibition. I suggest that harm reduction is a movement within drug prohibition that shifts drug policies from the criminalized and punitive end to the more decriminalized and openly regulated end of the drug policy continuum. Harm reduction is the name of the movement within drug prohibition that in effect (though not always in intent) moves drug policies away from punishment, coercion, and repression and toward tolerance, regulation, and public health. Harm reduction is not inherently an enemy of drug prohibition. However, in the course of pursuing public-health goals, harm reduction necessarily seeks to reduce the criminalized and punitive character of U.S.-style drug prohibition (Heather et al. 1993; Reinerman and Levine 1997).

Consider the many programs identified as part of harm reduction: needle exchange and distribution, methadone maintenance, injection rooms, heroin clinics, medical use of marijuana by cancer and AIDS patients, truthful drug education aimed at users, drug-testing services at raves, and so on. Harm-reduction programs have pursued all these ways to increase public health and to help users reduce the harms of drug use. In order to carry out their stated objectives, these programs have often required laws, policies, or funding that reduce the harshness of drug prohibition. The reforms seek to reduce the punitive character of drug prohibition without necessarily challenging drug prohibition itself.

Harm-reduction advocates’ stance toward drug prohibition is exactly the same as their stance toward drug use. Harm reduction seeks to reduce the harmful effects of drug use without requiring users to be drug free. It also seeks to reduce the harmful effects of drug prohibition without requiring governments to be prohibition free.

Harm-reduction organizations say to drug users: “We are not asking you to give up drug use; we just ask you to do some things (such as using clean syringes) to reduce the harmfulness of drug use (including the spread of AIDS) to you and the people close to you.” In precisely the same way, these organizations say to governments: “We are not asking you to give up drug prohibition; we just ask you to do some things (such as making clean syringes and methadone available) to reduce the harmfulness of drug prohibition.”

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

The Critics of Global Drug Prohibition

U.S. federal drug prohibition began in 1920 as a subset of U.S. federal alcohol prohibition. U.S. alcohol prohibition lasted as national policy for only fourteen years. U.S. drug prohibition, however, quickly became far more acceptable than alcohol prohibition ever was, and it has now lasted more than eighty years, growing ever larger, more criminalized, and more powerful.

In many countries, increasing numbers of knowledgeable people—physicians, attorneys, judges, journalists, scientists, public-health officials, teachers, religious leaders, social workers, drug users, and drug addicts—now openly criticize the more extreme, punitive, and criminalized forms of drug prohibition. Harm reduction is a major part of that critical tradition. Indeed, harm reduction is the first popular, international movement to challenge drug demonization and the more criminalized forms of drug prohibition (Reinarman and Levine 1997).

As even the defenders of criminalized drug prohibition recognize, the drug policy reformers have changed the debate. On August 20 and 21, 2001, Canada’s major newspaper, the *Toronto Globe*, urged the country to “Decriminalize all—yes, all—personal drug use, henceforth to be regarded primarily as a health issue rather than as a crime.” Just before that, on July 26, *The Economist*—the respected, conservative, British business magazine—devoted a special issue to a well-informed discussion of drug policy reform. It called for drug decriminalization, further expansion of harm-reduction policies such as methadone and heroin maintenance, and consideration of open distribution of cannabis. It also reported that U.S. government antidrug publications “are full of patently false claims” and that U.S. drug policy “has proved a dismal rerun of America’s attempt, in 1920–33, to prohibit the sale of alcohol.” Since then, with the support of both Labour and Tory Parties, the British government has begun reforming its drug policies. Canada, too, is courageously moving away from U.S.-style punitive drug policies. However, all of this activity is fairly recent.

For much of its history, global drug prohibition has had very few critics. Even today, despite the impressive growth of the harm-reduction movement and of drug policy reform activities in many countries, the regime of worldwide drug prohibition still has very few explicit opponents.

One reason for the lack of organized opposition to global drug prohibition is that very few people actually know that it exists. In effect, global drug prohibition has operated for many years as a kind of official secret. Its existence was on a “need to know basis,” and most people, it seems, did not need to know. Hence, for most of its history, drug prohibition rarely has been called by that name. This nonuse of the phrase *drug prohibition* has occurred even though (and perhaps because) alcohol prohibition was always called *prohibition*, especially by the people in favor of it. Sometimes this prohibition on the use of the phrase *drug prohibition* has been enforced by prominent publications and government agencies as they tell contributors and grant recipients that they may not use the term.

Because hardly anybody knows that global drug prohibition exists, hardly anybody opposes it. Furthermore, even fewer people currently understand that by ending or even modifying the Single Convention of 1961, the question of national drug policy can be returned to individual countries and then to local governments to do with as they wished. Defenders of global drug prohibition like to evoke an international conspiracy of what they call “drug legalizers,” but nobody thus far has tried to launch even a half-baked international campaign with slogans such as “Repeal the Single Convention” or “End Global Drug Prohibition.”

Yet it may well be that the Single Convention stands in much the same relationship to worldwide drug prohibition that the Eighteenth Amendment to the Constitution and the Volstead Act stood in relation to U.S alcohol prohibition. Once the Eighteenth Amendment was gone, state and local governments were free to create alcohol policy at the local level. Once the Single Convention is gone or even modified, national governments around the world will be free (or freer) to create drug laws and policies geared to their own condition—including prohibition if they should so desire.

In recent years, critics of criminalized drug policies in a number of countries have been discovering, much to their surprise, what I have been saying here: that no nation in the world currently has the effective power to withdraw from global drug prohibition. Because of the international treaties and the economic and political sanctions that bind nations to the treaties, many nations (and many more regional or local governments) independently are reforming their drug prohibition laws and making them less criminalized. At present, however, no country in the world formally can end its national prohibition regime without facing massive economic and political retribution.

In recent years, drug warriors around the world also have been discovering, much to *their* chagrin, that they, too, are facing their own intractable Durkheimian social facts. Most alarming to them, they find that they cannot make the hundreds of millions of cannabis users in the world stop using the drug. They are discovering as well that

