

## DRUG CONTROL IN THE 21ST CENTURY – FROM PRIVATE PASSION TO SYSTEMIC CONFUSION

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### Introduction

International drug control has chalked up an impressive record of policy failure yet continues to intensify its provisions and expand its remit. This idiosyncrasy is best understood by regarding drug control as a system with separate, but linked elements dedicated to maintaining itself. Inherent to the system is an ideology which is derived from and supported by ‘scientific truths’. The survival of the regime depends on the active support of professional groups that benefit from the regime and are its chief proponents.

In a recent House of Commons debate, the Shadow Home Office Minister Alan Campbell was asked to give his opinion on the drug policy pursued by the government of Portugal. Mr. Campbell, who only six months ago held the portfolio for drugs in the previous Labour government, answered that evidence was important, but that politicians needed to “take into account what the public think about such matters.”<sup>1</sup> Were such immaculate democratic sentiment extended across the board, we should prepare for the re-introduction of hanging and the flogging of finance sector bonus barons in public squares. Mr. Campbell’s populist protestations should not, however, be mistaken for a new drive to representative government, because successive governments, including the one in which Alan Campbell served, explained the objective of their drug policy as sending out a message. When the evidence for increased medical and social harm was insubstantial, penal tariffs for possession and supply were still raised so as to signal the government’s view that cannabis was unacceptable. On the one hand then, politicians are happy to impose their own ideas on a reluctant public, on the other they will defer ‘to what the public thinks’ to procrastinate uncomfortable decisions.

What this amounts to is an ingenious defence against technical expertise that has gathered a convincing body of data to expose the policy as hopelessly inept. For the policy on psychoactive drugs has proven by its own standards as one of the most extraordinary policy failures of modern times, a fact acknowledged by increasing numbers of experts as well as by legions of

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<sup>1</sup> Mark Easton’s BBC blog of 16/09/2010 at:

<http://www.bbc.co.uk/blogs/thereporters/markeaston/> (18/09/2010). Alan Campbell’s cavalier disregard for evidence has been exposed in previous debates on the status *khat* (*Catha edulis*), see: A. Klein, ‘Repositioning drugs in an age of ‘normalisation’ – the challenge for policy makers’, *Drugs and Alcohol Today* (9) 2009, 2-4.

former policy makers who studiously wait for the departure from office before going public with their disenchantment.<sup>2</sup> To understand the persistence by policy makers with a course that has been so abjectly unsuccessful one may consult the latest in a long line of dignitaries. The former Spanish president Felipe Gonzales said that no one country could resolve this policy dilemma alone, but that it required a global agreement.<sup>3</sup> Intellectually this is not very satisfying. If a situation is problematic and a policy mistaken at global level, why not then revise it globally? Surely the failure to achieve objectives affect everyone, hence consensus for improvement can be sought?

Alas, the virtues of pragmatism blush before *Realpolitik*. International agreement is so hard to achieve on the grounds of simple issues such as effectiveness because of the toxic admixture of professed idealism with crude national interest. Nations with axes to grind, like Zimbabwe at this year's annual UN conference on drugs, can delay or water down proposals designed to enhance public health, simply to thwart traditional enemies (like the EU member states). Countries with massive prison populations and appalling human rights records can dress up brutal repression of drug use as a heartfelt concern for the next generation, while ill thought out phraseology, such as the 'right to a drug free childhood' finds its way into UN documents as an expression of idealism without borders. In effect, this international policy forum is left stuck in the same quagmire of policy inertia as the national level. Indeed, as international agencies derive their mandate from their member states, they can rightly point the finger back at national governments for any corrective steer. The call for an internationally coordinated initiative to revise drug policy is a simple transference of a political problem experienced at national level – in almost every country.

## **I Establishing Failure and the Deleterious Consequence of Drug Prohibition**

The argument against drug criminalisation is well rehearsed and precedes in outline if not in detail the war on drugs officially declared in 1971 by President Richard Nixon. There are three main lines of reasoning in terms of public health, crime and governance, which I will summarise briefly. They require a short preamble to explain why the policy has failed. Internationally coordinated drug 'control' policy has seen several waves of activity coinciding with UN conventions and special assembly resolutions. The latest effort, launched in 1998 as a ten year strategy, was aimed at eliminating the production of opium poppy, coca and to significantly reduce cannabis by 2008. As with previous efforts, the results have been so appalling that every

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<sup>2</sup> In the UK editorials in the British Medical Journal and the head of the bar association calling for the legalisation of drugs currently prohibited because the negative consequences outweigh the advantages.

<sup>3</sup> ABC, at: <http://www.cannabisni.com/world-wide-cannabis-news/1726-spanish-ex-premier-felipe-gonzalez-calls-for-legalising-drugs-worldwide> (13/09/2010).

effort to evaluate the achievements have been vigorously suppressed. Instead of falling back, drug production but more importantly drug consumption is spreading globally, with new consumer markets opening up all the time, and new products coming on stream. In spite of mendacious propaganda and vicious repression, cannabis has become entrenched as the world's most popular illicit drugs with hundreds of millions of users and widespread social tolerance.

The impact of a highly resourced and militarized 'war on drugs' has been felt across the policy field and carried cost that were spread across society at large. As a budget item drug control costs are buried in general criminal justice expenditure, while health and education measures are in any case low. It is not the finances that have affected users and non users alike, but a deteriorating policy field in three critical areas.

### **I.1 Public Health**

When drugs such as opium, alcohol and coca products were available from licensed outlets the quality of contents was assured, the conditions of sale and consumptions were regulated and public preference for moderation assured the prevalence of lower potency. As these were stripped away, supply lines slipped into criminal hands with little regard for product quality or customer welfare. Products were systematically adulterated, production conditions are notoriously hazardous, and both product and modes of administration, that is drug use, are determined by cost and avoiding arrest. The majority of drug related deaths occurring as overdoses result not from intoxicated mania but poor information on product strength and content, occasioned not by the malevolence of wicked dealers, but the hypocritical indifference of the policy maker. As cost is driven up and use underground, methods of consumption become furtive and risky. Methods that guarantee quick delivery with rapid onset of drug effect push aside more leisurely modes of consumption. Heroin injection has displaced opium eating, cocaine snorting and crack cocaine smoking have marginalised the coca leaf chew, and during alcohol prohibition the disappearance of beer was paralleled by the birth of the spirit based cocktail. Unanticipated consequences such as the spread of infectious diseases via needle sharing have opened new realms of front line activity by law enforcement and public health working effectively against each other. In statistical terms the spread of intravenous drug use across the former Soviet Union and into South and East Asia has created the single greatest vector for HIV/AIDS. For policy makers the response has remained straight forward – continue blaming the drug.

### **I.2 Crime**

When the first international agreements to curb the trade in drugs were signed in the 1920s the concerns were over public morality, and the opposition that had to be overcome was that of governments of opium and

coca exporting states.<sup>4</sup> Today, by contrast, the repression of drugs is justified by reference to the criminal groups involved in the supply. Drug control is dressed up as crime control, and in turn, the control of drug trafficking is used as a way of rationalising increasing law enforcement capacity and coordination. The argument provides an exquisite example of reversing causal reasoning, possible only in polities with shallow historical memories. The 19<sup>th</sup> century laudanum drinker or opium eater afflicted by a weakness of character and lack of industry may have had to delve into the company of social inferiors, but was never forced to mix with criminal elements. The opportunity for crime arose only with the advent of prohibition, overshadowed during the 1920s by the focus on alcohol, but exploding from the 1960s onwards. With every turn of the repressive screw the consequence was not less, but more crime, as amiable amateurs were pushed out by organised crime. Prohibition proved criminogenic in several aspects. Organised crime accumulated profits from the illicit drugs trade to diversify into other criminal as well as licit activities. Ambitions upstarts, by contrast, would commit crime to accumulate cash to enter the drugs trade with. And at street level, the rapid rise in property crime recorded across the western world from the 1960s onwards was in no small part corresponding to the increases in the cost of hitherto cheap drugs, and the brutalisation of their users. Drug control was inherently criminogenic because the demand for drug was in economic terms inelastic – people would score whatever the price.

### **I.3 Governance**

Following the ‘control’ of cocaine and opiates in the 1920s the police in the United Kingdom began arresting suppliers, between 50 – 300 per year up until the 1960s. As a new era of mass drug consumption opened, drug busts jumped to 15,000 in the early 1970s when the government passed the Misuse of Drugs Act. Police powers were extended and severe penalties brought in to combat and reverse this alarming social phenomenon. It led to much activity, with arrests rising to 100,000 in 2000, and as the New Labour government poured more money into a by now well funded police force they climbed to 288,000 in 2008/09.<sup>5</sup> As Newcombe points out:

“The UK police now search well over half a million people each year for drugs, and criminalise over a quarter million of these for drug offences – over 80% of which involve simple possession. That includes over 1,300 drug-related stops-and-searches and almost 800 drug-busts every day – or about one stop-and-search per minute and one drug-bust every two minutes”.<sup>6</sup>

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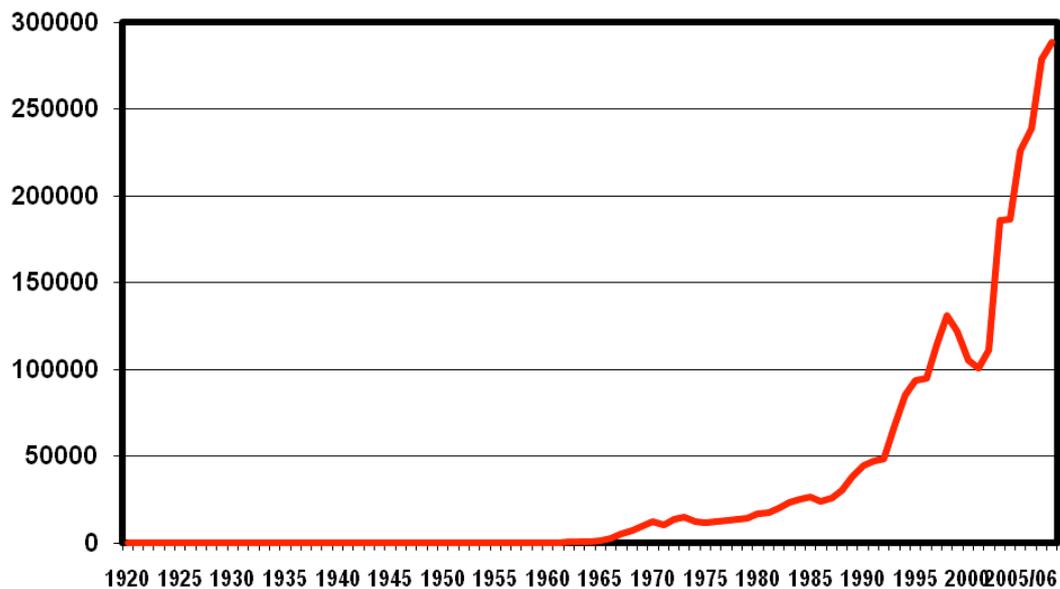
<sup>4</sup> W.B. McAllister, *Drug Diplomacy in the Twentieth Century*, London: Routledge 2000, pp. 9 – 54.

<sup>5</sup> L. Jason-Lloyd, *Misuse of Drugs*, Bristol: Jordan Publishing 2009.

<sup>6</sup> R. Newcombe, *Drugs and Alcohol Today*, *Forthcoming*.

With one in two young people in Europe availing themselves of illegal drugs as a readily available part of the recreational repertoire, the result has been not merely the normalisation of drugs, but also the casual breach of the law. In other words, a generation has grown up habituated to an inherent tension between social custom and the law. Law breaking becomes as engrained as living outside the protection of the law. In many countries of the world, this is neither unusual nor considered problematic, but a simple fact of life. By all counts of governance, however, this is an extremely unhappy situation, straining the social contract and corroding the legitimacy of the state. The impact has been far worse on so called drug producer or transit countries. Half-hearted attempts at clamping down on coca pushes, poppy fields, couriers and fast boats have accelerated a spiral of violence that has pushed Jamaica and Colombia into the top table for homicide rates, and Mexico onto the brink of stability. Law enforcement agencies and judiciaries across the world, meanwhile, have been riddled with corruption, severely compromising their competency and further corroding the legitimacy of the states they ostensibly serve.

*Figure 1: Annual Number of UK drug offences, 1920 – 2008/09.<sup>7</sup>*



## II The Professionalization of ‘Drug Control’

In the late 19<sup>th</sup>, early 20<sup>th</sup> century temperance, the belief in legislative restraint on the consumption of intoxicants was a progressive aspiration. Many proponents affiliated themselves with other noble causes, including the extension of suffrage or the end of slavery in Africa. The call for an end to opium sales in Britain came on the back of the far more clamorous campaign

<sup>7</sup> Courtesy of Russell Newcombe.

against the opium trade to China. Led by missionaries and priests, the campaign built on the lessons drawn from the abolition movement, particularly the politicisation of consumption and the strategic focus on influencing policy makers. Alliances with professional groups, such as physicians and apothecaries with very different objectives, were entered into opportunistically. In the first rounds of drug control negotiations held in Shanghai in 1909, Amsterdam in 1913, and during the 1920s in Geneva, churchmen and women continued to play a role, albeit of fading significance. Within a short period of time the Opium Control Board was established under the auspices of the League of Nations, with professional staff. Civil society organisations that had called the control regime into being were phased out and at present have a residual presence as 'observers'.

At the cutting edge in the formation of intergovernmental agencies, the Opium Control Board survived the dismemberment of the League and was reborn in the 1940s as the International Narcotics Control Board. Administrative and later operational support was provided by the United Nations Office on Drugs and Crime and its diverse predecessors, as well as expert councils at the World Health Organisation and in the national agencies of UN Member States. The organisation of drug control took place within most developed countries, led by the United States. While medical professions and pharmacists had led the assault on the open drugs market, it was law enforcement that became the prime beneficiary. New agencies such as the Federal Bureau of Narcotics (FBN) were formed, to combat a new 'social menace' and arguably offer a haven to unemployed alcohol prohibition agents. Under the leadership of Harry Anslinger they pursued a rigorous policy of criminalising drug offences and promoting a crime fighting response. The FBN inherited an operational framework from the age of alcohol prohibition and the preceding temperance campaign, which located the problem in the substance and its availability. The key objective was therefore to eliminate the supply. In contemporary parlance this translates into the calculus that supply reduction forces up the price of drugs and therefore pushes them out of reach. The corollary effect of unleashing a wave of acquisition crime is not one on which policy makers or leading police officers provide much comment.

Given the strong demand for drugs in rich western markets, supply networks quickly sprung up across national boundaries, in Mexico and the Caribbean, Morocco and Turkey. As these were closed down, new routes were developed, with nimble traffickers staying ahead of law enforcement and by dropping part of their cargo into local markets constantly expanding the demand for drugs. Control measures in Europe and North America, in other words, were and are responsible for the spread of drug traffickers to new launch pads, which soon developed new markets.

The displacement process, known jovially as sausage or balloon effect, is of course mirrored at street level. For every dealer caught another takes his

place, leaving the drug supply uninterrupted, while ever larger numbers of people are fed through the machinery of police station, courts and prisons.

### III Systems at Work

These processes and their effect are by now well known and widely publicised. If, in spite of expensive ineffectiveness at best and perverse negativity at worst, the process continues, models are required to explain the policy inertia. We can draw on the work of several thinkers to understand both the perseverance of an inept system and the risk it carries for the well-being of the body politic in the long term.

While drug control officers were pioneers in inter-governmental mechanisms, their national counterparts in the major states gained much greater weight and operational importance, but they stand in mutual dependence to one another in what one leading protagonist has described as the drug control system.<sup>8</sup> The administrative and authoritarian character of that system, in clear contrast to the charismatic campaigning by church and street based activists in the 19<sup>th</sup> century, calls to mind Max Weber analysis of 20<sup>th</sup> century bureaucracy. The definition applies as much to the impersonal role they play, where their individual personality is subordinate to and integrated in the office, as to their career trajectory, which is lifelong and arguably less concerned with permanent resolutions, but with continuously managing the problem. Offices in the drug control establishments are therefore best conceived of as prebends,<sup>9</sup> rent payments attached to offices that fulfil a range of fictitious duties, in this case relating to the elimination of drug problems. As the measures employed involve much violence and suffering, the agencies need to justify their activities in terms of successes gained.

For agencies there is a dilemma in on the one hand having to report success on projects already funded and completed and on the other hand the bureaucratic imperative of having to mobilise new funding. Reports by the US Office for National Drug Control Policy (ONDCP) have perfected this art. Successes on one front are set next to fresh assaults on different sectors, defined by new drugs or age cohorts. Hence we have the trumpeted fall of marijuana use by 14-16 year olds, next to rises in amphetamine consumption by university students, or glue sniffing in primary school. The ONDCP and its operational counterpart the Drug Enforcement Administration have, since their inception in the 1970s, benefited from ballooning budgets and payroll extensions. Yet the successes in terms of increased abstinence are risible. Prevalence levels of cannabis and cocaine have eased off, while heroin use has remained steady, but rises in prescription medicine and methamphetamine have made up for these gains.

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<sup>8</sup> H. Ghodse, *International Drug Control in the 21<sup>st</sup> Century*, London: Ashgate 2008.

<sup>9</sup> Weber, M. (1970) 'Bureaucracy'. In: H.H. Gerth, C. Wright Mills (eds), *From Max Weber: Essays in Sociology*, London: Routledge, pp. 186-245.

If the vagaries of the front line suggest an interminable Orwellian war against a phantom enemy, rather than a decisive set piece, this is not lost on some of the office holders themselves. The outgoing Secretary of the United Nations Office on Drugs and Crime UNODC has lamented the collateral damage of the war as much as the social settings in which drug control is taking place, with high levels of consumerism and little willingness to spend on drug prevention.<sup>10</sup> The problem is at least tacitly being moved away from the substance onto the wider social context. But if this implies collective responsibility as much as a lack of political will, why not consider policy alternatives to arrive at the least worst scenario? Cost benefit calculations cannot be engaged in because drug control has become a part of a governing ideology that has detached from concrete outcomes but sees its continuation as an end in itself. Its proponents are at one and the same time conservative defendants of a legal orthodoxy while at the same time avidly promoting an untested and revolutionary doctrine of 'the drug free world'. Inevitably, the position is rooted in a sense of moral righteousness immune to critique be this on the grounds of ineffectualness or perverse consequence. As such it has all the qualities of a secular faith, promoted and protected by the church of prohibition.<sup>11</sup>

In contrast to Christian churches, the authority of this church of prohibition derives not from a fundamental text, but from a corpus of scientific research that has established a 'regime of truth'. Complex and scattered across diverse scientific disciplines, the regime is anchored in a set of assertions that resist critical challenge and close a hermeneutic circle of self reference. The starting position is that there are certain substances that are drugs which have been declared illegal because they are dangerous. The consumption of these substances is illegal and requires scientific explanation, for which sociologists, criminologists and psychologists have been commissioned. Underlying the ban is the danger inhering in the substance itself. This central dogma is confirmed by a myriad of real world manifestations such as the crime and corruption surrounding the drug scene. Apologists, or what UNODC chief Costa has termed the 'pro-drug lobby' may attribute these consequences to the control regime itself, but such doubts do not arise in the believer. Crime is the product both of intoxication and irrational behaviour, brought about by the immediate drug effect, and in the long term by the mechanism of addiction. Described as one of the most valuable medical concepts of the 20<sup>th</sup> century,<sup>12</sup> addiction is yet another core doctrine. Users may begin experimentally, but in no time they will either become addicted to the

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<sup>10</sup> A. Costa, 'Making drug control 'fit for purpose': Building on the UNGASS decade'. Report by the Executive Director of the United Nations Office on Drugs and Crime as a contribution to the review of the twentieth special session of the General Assembly. Vienna, 10-14 March 2008.

<sup>11</sup> P. Cohen, 'The drug prohibition church and the adventure of reformation', *International Journal of Drug Policy* (14) 2003, 213-215.

<sup>12</sup> R. West, *Theory of Addiction*, Oxford: Blackwell 2006.

substance itself, or, as explained by the gateway theory, switch to a more powerful substance they then become addicted to.

How this works in practice is still mysterious, but impressive, scientific explanations have been provided by the National Institute for Drug Abuse (NIDA), the leading scientific centre for research on drug effects. Interestingly, NIDA's US\$ 1 billion budget in 2009 was used entirely for the purpose of tracking the harms inflicted by 'controlled' substances. There is no longer any research on placebo effect, on the risk inherent in unsafe practices, or on positive aspects of drug use. NIDA's entire research effort is geared towards underlining the danger of 'drugs of abuse.' Unsurprisingly, the institute has produced powerful reports on brain mechanisms using neuromaging and other cutting edge technologies. Findings distributed globally via NIDA's briefing notes, reports and conference series confirm the danger of drugs. In contrast to above mentioned revealed religions they do not hark back to a single text, but provide an ongoing series of publications and activity.

The terrible consequences of addictive behaviour are addressed by a growing body of treatment professionals who draw on the insights from science, psychiatry, psychoanalysis and spiritualism. Different treatment cures are on offer; most famously the Alcoholics Anonymous inspired 12-step course, to cognitive behavioural treatment and motivational interviewing. There are therapeutic communities, and retreats using purgatives. In spite of the confident claims of addiction scientists that addiction is a disease 'like any other', neither its aetiology nor the disease course have been identified or defined. Not understanding why people are sick has made curing them immensely difficult, and treatment outcomes remain depressingly unsuccessful. Many people drop out before the course is completed, and those who hang on relapse soon after.

Far from discouraging the treatment sector, it has only produced a redoubling of determination. Indeed, relapse is now explained as a constituent part of the 'recovery' process. Poor results have not, surprisingly, produced a public outcry or a political review. Largely because drug policy is not about material changes but an ideological commitment, so treatment is performed not because it works but because it reflects positively on the society we are.<sup>13</sup> To this we add, that treatment is done because it allows us to present drug control as a rounded, coherent and human system.

Indeed, in the conceptualisation of system developed by Luhmann, systems are "relations between elements; or a system is the relation of structure and process, a unit that directs itself structurally in and through its own processes".<sup>14</sup> The discrete professional domains of bureaucracy, law

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<sup>13</sup> S. Johnke, 'Treatmentality and the governing of drug use', *Drugs and Alcohol Today* (4) 2009, 17-21.

<sup>14</sup> N. Luhmann, 'System as Difference', *Organization*, (13) 2006, p. 37-57.

enforcement, scientific research and treatment, are separate but mutually supporting elements of a drug control system that is clearly different from its environment. It has established communications channels that like the NIDA briefing notes, statistics on arrests and seizures, or the Annual questionnaires collected from member states by the UNODC, have a ritualistic function in keeping the system going by reporting on activity. The circuits of communication, just as the system itself, are somewhat detached from the society, but remains of course utterly dependent upon it.

#### IV Vested Interests

If the imperviousness to excoriating critique is explained by the systemic nature of drug control, a further explanation is required for its vigour. How can the system continue producing failure after failure and yet withstand calls for reform? Ideology and belief help to explain the conviction of its adepts but popular opinion, invoked in the opening paragraph, continues to provide tacit support. Management of information, a century of propaganda and a residual trust in the authority of public office go some way to explain the suspension of disbelief. What it does not account for is the disregard of alternatives by the technical experts and professionals that populate the system. We have noted that there are believers in different agencies who are guided by faith. But as in other areas of life, the professional commitment of most officers and experts is measured against utilitarian benefits – career promotion, work life balance, opportunities arising for self advancement. And for these the drug control system, not so much in spite, but because of its lamentable string of failures, has provided a rich field of opportunity. This is most evident in the US, the cradle of the modern drug control system.

The Drug Enforcement Administration was formed in 1971 with a budget of US\$ 65 million and 2,755 employees. But 2009 this had mushroomed to US\$ 2,602 million and 10,784 staff.<sup>15</sup> The benefits are spread over the entire system, allowing for instance police forces to hold on their payroll a far larger number of officers than needed to maintain the peace. Their superfluity is handsomely masked by a Sisyphean job creation scheme, the arrest of drug users. One study has tracked the 30,000 cannabis busts carried out by the New York Police Department.<sup>16</sup> It is a win-win situation for the police department and the officers themselves, who enjoyed “opportunities for much-needed overtime, involving work that is relatively easy and free of danger.”<sup>17</sup>

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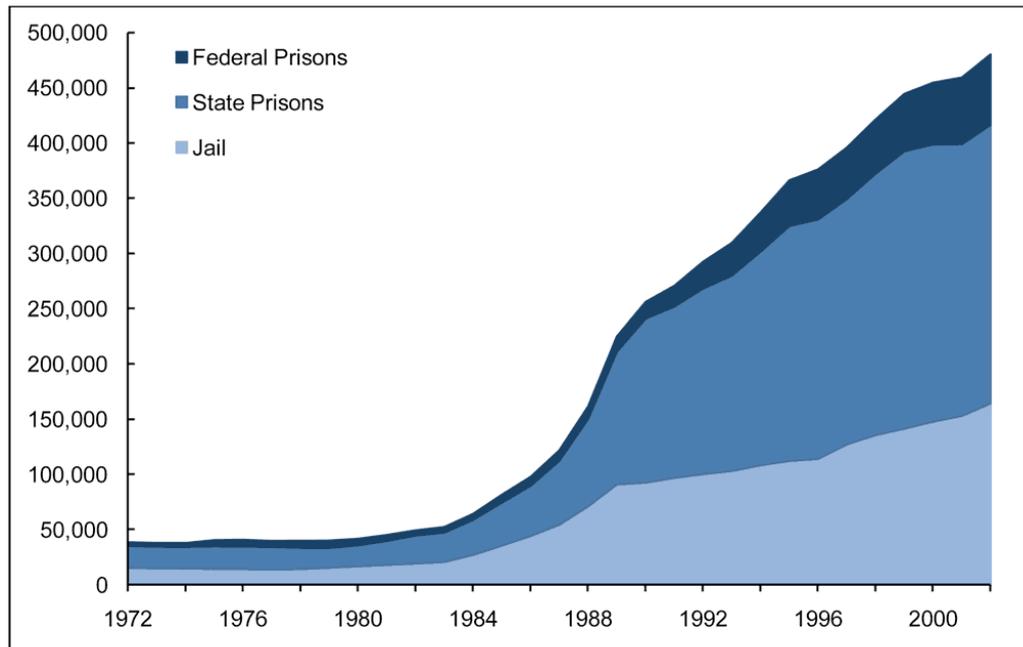
<sup>15</sup> DEA website, at: <http://www.justice.gov/dea/agency/staffing.htm> (10/09/2010).

<sup>16</sup> H. Levine and D.P. Small, *The Great Marijuana Arrest Crusade: Racial bias and the policing of marijuana in New York City, 1997–2007*, New York: New York Civil Liberties Union 2008, pp. 18-36. At: [http://www.nyclu.org/files/MARIJUANA-ARREST-CRUSADE\\_Final.pdf](http://www.nyclu.org/files/MARIJUANA-ARREST-CRUSADE_Final.pdf) (April 2008).

<sup>17</sup> P. Cohen, ‘The culture of the ban on cannabis: is it political laziness and lack of interest that keep this farcical blunder afloat?’, *Drugs and Alcohol Today* (8) 2009, 34-40.

The opportunity of drug control as job creation for police officers extends to other parts of the criminal justice system, particularly the prison service. This is particularly pertinent in countries like the US where many prisons are run by private companies ‘for profit’. It is estimated that a quarter of the US prison population of 2 million plus is comprised of drug offenders,<sup>18</sup> mainly repeat offenders on supply charges.

Figure 2: Estimated number of adults incarcerated for drug law violations in the United States, 1972 – 2002.<sup>19</sup>



The web of professional interests does not merely provide the system with internal stability, but also mobilises forces to ward off any attack. The targeting of drug consumers, which marked a definitive difference between alcohol and drug prohibition, is explained by the paradigm undermining danger posed by recreational user. If people are using drugs without falling victim to overdose, addiction or compulsive criminality, the *raison d'être* for prohibition falls apart. Hence also the shrill campaign against proposals for medical marijuana in California and a softer approach for repeat drug offenders. The television spots and newspaper advertisements are paid for by police federations, prison guard unions and the state's public prosecutors. The campaign disguised as a public service exercise, whipping up the fear of crime and fostering a sense of moral superiority, is nothing other than a brazen exercise of professional self interest.

## Conclusion

<sup>18</sup> J.P. Caulkins and S. Chandler, 'Long-Run Trends in Incarceration of Drug Offenders in the US', *Crime and Delinquency* (52) 2006, No. 4, 619-41.

<sup>19</sup> Courtesy of Transform TPDF. Data were extracted from Beck (1997), Beck & Glaze (2002), Cahalan (1986), Harrison & Karberg (2003), and Pastore & Maguire (2003) as described in Caulkins et al. (2006).

The underlying ideology, backed by the 'scientific evidence' from its particular regime of truth, allows drug control system beneficiaries to indulge in a particular self delusion: that the coincidence of professional interest with the particular paradigm of repression is serendipitous. Many officers across the criminal justice system may really believe that penalising drug offenders is indeed doing them a favour, an exercise of tough luck. If their inclinations are less sympathetically they may still believe that their efforts protect communities and the young or other vulnerable people. The same can be said to apply to many policy makers and politicians, who, though conscious of the collateral damage, remain attached to a view of the greater good. The costs in terms of corruption, the executions of traffickers in many countries, the unfortunate poor caught up in the trade as mules or runners are the inevitable consequence of combating an inherent evil.

Here the system's confusion comes to a head, because the source of that evil, so obvious for the erstwhile architects of the system, in an age of easier moral certitude and pharmacological ignorance is no longer easy to locate. Without a malevolent drug, a demon dealer or a corrupt addict to pin on the blame for entrenched drug use, the question must arise if the system itself is to blame. Could some of the critical problems, from overdoses to organised crime, be better addressed if the legal context were revised? As long as this option is firmly ruled out by policy makers, the system will continue to expand, wreaking havoc and extending a system of favours. Society at large has to pick up the bill, but with costs spread wide, protesters will be shouted down by the beneficiaries. Any coherent attempt at reforming the system therefore has to include a demobilization programme without which the old warriors will fight tooth and nail to keep the struggle going.