THE ECONOMICS OF THE DRUG WAR:
UNACCOUNTED COSTS, LOST LIVES, MISSED OPPORTUNITIES[1]

Daniel Mejía and Joanne Csete

OPEN SOCIETY FOUNDATIONS

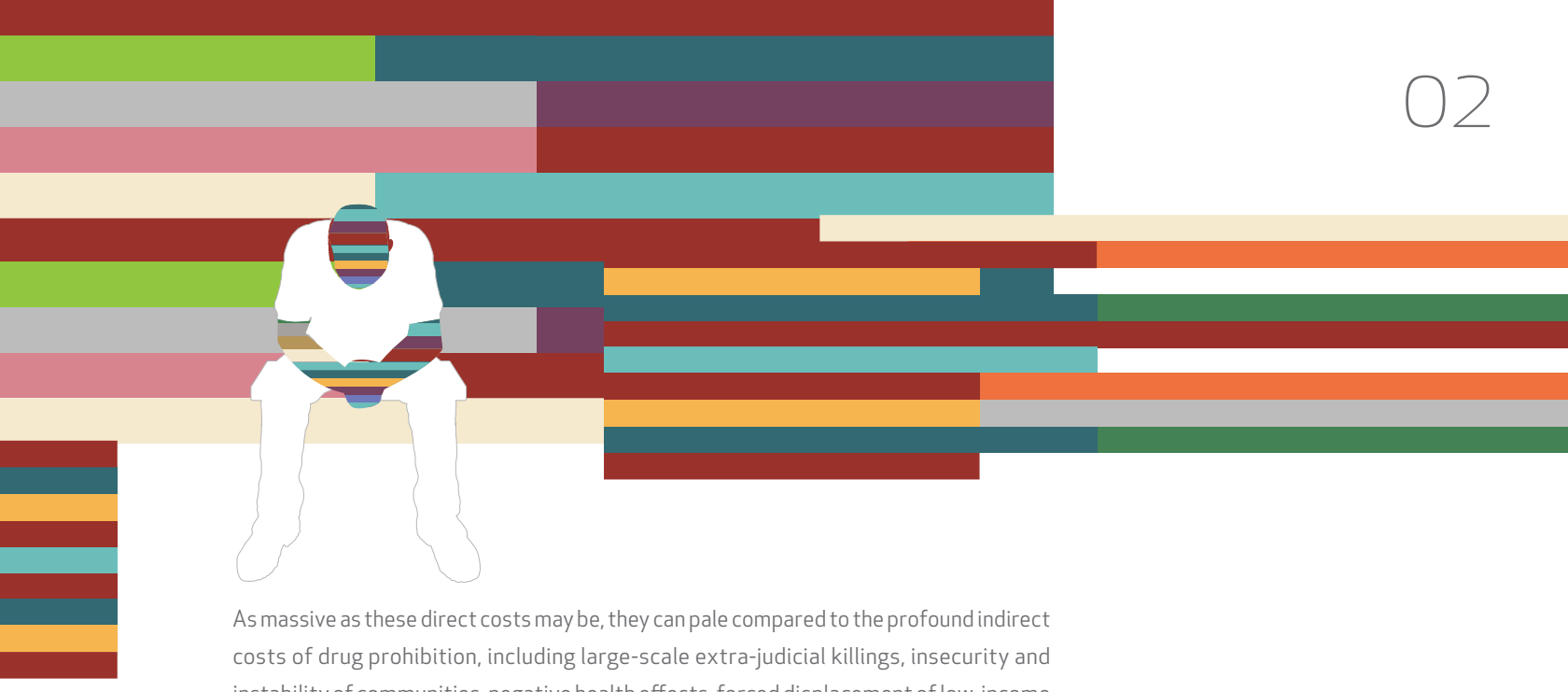
As member states of the United Nations take stock of the drug control system, a number of debates have emerged among governments about how to balance international drug laws with human rights, public health, alternatives to incarceration, and experimentation with regulation.

This series intends to provide a primer on why governments must not turn a blind eye to pressing human rights and public health impacts of current drug policies.

INTRODUCTION

The war on drugs is an expensive proposition. The direct costs of policing and interdiction of drug supply in some countries include not just ordinary policing but extensive military and paramilitary operations. The arrest, detention, criminal justice processing, and incarceration of millions of persons each year, including people charged with minor, non-violent drug infractions, are very costly to national and sub-national budgets.

1 This paper relies heavily on two chapters of a 2014 monograph published by IDEAS-The London School of Economics that was endorsed by five Nobel Prize-winning economists. These chapters are D Mejía, P Restrepo, "Why Is Strict Prohibition Collapsing?", pp. 26-32, and J Csete, "Costs and Benefits of Drug-related Health Services," pp. 70-76, in J. Collins, ed. *Ending the Drug Wars: Report of the LSE Expert Group on the Economics of Drug Policy*. London: IDEAS, 2014.



As massive as these direct costs may be, they can pale compared to the profound indirect costs of drug prohibition, including large-scale extra-judicial killings, insecurity and instability of communities, negative health effects, forced displacement of low-income people, entrenched high-level corruption, and the resultant loss of legitimacy of state institutions.

This paper does not attempt a precise quantification of all of these costs but rather aims to underscore the importance of seeing a full picture of all the costs of prohibition, including in producer and transit countries as well as consumer countries. This paper also highlights the opportunity costs of failing to invest in economically and scientifically sound health and social services as part of drug control. Too many discussions of the economics of drug control have failed to venture beyond the direct costs of interdiction and law enforcement in consumer countries to account for the reality of lives lost, security disrupted, and state institutions compromised as part of "international cooperation" in the drug war. With this paper, we seek to inform a fuller discussion of the economics of the drug war at the UN General Assembly Special Session on drugs.

The United States alone—arguably the biggest contributor to global drug control expenditures—had a federal drug control budget in 2015 of about $25.5 billion.

DIRECT AND INDIRECT COSTS OF THE DRUG WAR

Direct costs of prohibition

There have been many estimates of the direct costs of pursuing a "drug-free society," which remains the stated goal of drug policy in many countries. The UK-based NGO Transform Drug Policy Foundation estimates that policing and interdiction of illicit drugs globally costs over U.S. $100 billion annually.[2] The United States alone—arguably the biggest contributor to global drug control expenditures—had a federal drug control budget in 2015 of about $25.5 billion,[3] and state- and city-level drug control expenditures probably amount to at least that much again.[4]

The billions per year spent on incarceration of the large number of persons sentenced to at least one year in prison for drug offenses in U.S. federal and state facilities—estimated at over 304,000 in 2013[5] —only begins to represent the cost to society and communities of mass incarceration that falls disproportionately on racial minorities and people living in poverty. In the European Union, where drug-related incarceration is much less frequent on a per-capita basis than in the United States, the member states nonetheless spend an estimated €7 billion per year (about U.S. $7.8 billion) on drug-related pretrial detention and imprisonment.[6] None of these figures captures the high costs, including extra-judicial killings and insecurity of communities, associated with drug markets or the cost to society of corruption of state institutions with drug proceeds. A conservative estimate of the value of illicit drug markets is over U.S. $330 billion annually, resources that are in the hands of criminal networks and available for fueling corruption.[7] Societies also bear a high cost linked to problematic drug use, including the cost of drug-related crime and of health and social services needed by people with drug dependence or people unable to protect themselves from HIV and other bloodborne disease.

2 Transform Drug Policy Foundation. *The Alternative World Drug Report*. Bristol, UK, 2012. At: http://countthecosts.org/sites/default/files/AWDR.pdf

3 U.S. Government, Executive Office of the President. *FY2015 Budget and Performance Summary: Companion to the National Drug Control Strategy*. Washington, D.C., 2014. At: https://www.whitehouse.gov/sites/default/files/ondcp/about-content/fy2015_summary.pdf

4 J Walsh. "Just How "New" Is the 2012 National Drug Control Strategy? Washington Office on Latin America, May 8, 2012. At: http://www.wola.org/commentary/just_how_new_is_the_2012_national_drug_control_strategy

5 EA Carson. *Prisoners in 2013*. Washington, DC: U.S. Bureau of Justice Statistics, 2014.

6 European Monitoring Centre for Drugs and Drug Addiction. *European Drug Report 2014*. Lisbon, 2014, p. 70.

7 Global Commission on Drug Policy. *Taking Control: Pathways to Drug Policies that Work*. Rio de Janeiro, 2014. At: http://www.globalcommissionondrugs.org/wp-content/uploads/2016/03/GCDP_2014_taking-control_EN.pdf

The incidence of the full costs of prohibition—the example of Colombia

Though the United States and other countries of the Global North have high drug-control budgets, the prohibitionist "drug war" costs that fall on countries of the Global South are particularly heavy. If drugs that are now illicit and subject to prohibitionist measures were made legal, consumer countries would bear virtually all the costs associated with drug use, including health and social services and loss of economic productivity linked to problematic use. Under prohibition, however, a significant part of drug control costs is transferred to producer and transit countries that are obliged by international agreements to implement supply-reduction interventions aimed at increasing the price and reducing the availability of drugs that reach consumer countries.[8] These interventions include campaigns to eradicate illicit crops such as coca and opium poppy, interdiction of drug shipments, finding and destroying laboratories in which drugs and synthesized, and policing traffickers in other ways. With respect to Latin America, the United States helps sustain this division of labor with multi-billion-dollar programs such as Plan Colombia and the Mérida Initiative, but the bulk of the heavy cost in human life, violent crime, unsafe communities, corruption, and the loss of legitimacy of state institutions is borne outside the United States.

"The prohibitionist "drug war" costs that fall on countries of the Global South are particularly heavy."

Consider the following thought experiment: Suppose that all cocaine consumption in the United States disappears and is relocated to Canada. Would the U.S. authorities be willing to confront drug traffickers at the cost of seeing the homicide rate in cities such a Seattle go up from its current level of about 5 homicides per 100,000 population to 150 per 100,000 to prevent cocaine shipments from reaching Vancouver? One supposes not, but this scenario mirrors what Colombia, Mexico, and other Latin American countries have experienced in their cities over the last 20 years as pronounced cycles of violence and political corruption are the cost they have paid to keep drugs away from U.S. consumers.

8 Mejía and Restrepo, op.cit., note 1.

The economics of prohibition can be rationalized only if the assumptions behind it are solid. These are that (1) supply-reduction efforts are highly effective in reducing the flow of drugs to consumer countries; (2) supply reduction can be achieved at a low cost; and (3) producer and transit countries are willing over a long period to incur the costs of supply reduction in exchange for foreign aid to subsidize those costs.

The case of Colombia and surrounding countries serves to examine these assumptions. Plan Colombia, a joint U.S.-Colombia initiative to combat cocaine production and trafficking, has cost the equivalent of more than 1 percent of Colombia's GDP (about U.S. $1.2 billion) per year over many years. But there is little evidence that the expensive measures funded by this effort are effective. Aerial spraying of coca crops, the most used strategy to combat cocaine production, has been shown to have little or no effect in reducing cocaine production or influencing the price of cocaine.[9] Furthermore, spraying has been shown to cause health problems in the communities exposed to the herbicides,[10] to damage the environment,[11] to cause displacement of households, and to cause loss of confidence in state institutions.[12]

In addition to aerial spraying, Plan Colombia has supported interdiction efforts—seizure of drugs en route to the United States—which are more effective than herbicide spraying in temporarily blocking supply flows, but over time simply cause displacement of drug trafficking operations to other parts of the region. Thus, as Colombia shifted to more interdiction and less crop eradication after 2007, coca production rose in Peru and Bolivia, cocaine processing facilities moved to Venezuela and Ecuador, and the bases of operation of drug traffickers were displaced to Mexico and Central America. The epidemic of violence that was unleashed in Mexico was due partly to the decision of the Calderón government to unleash the army to fight drug traffickers but also partly to the displacement of the bases of trafficking networks from Colombia to Mexico.[13] The dramatic increase in homicides in Mexico (Fig. 1), then, was an unforeseen and unimaginably high cost of the pursuit of drug prohibition on several fronts. The second assumption underlying prohibition was violated: supply reduction was not achieved at a bearable cost.

9 D Mejía, P Restrepo, S Rozo. "On the Effects of Enforcement on Illegal Markets: Evidence from a Quasi-Experiment in Colombia." *World Bank Economic Review*, 2015 (forthcoming).

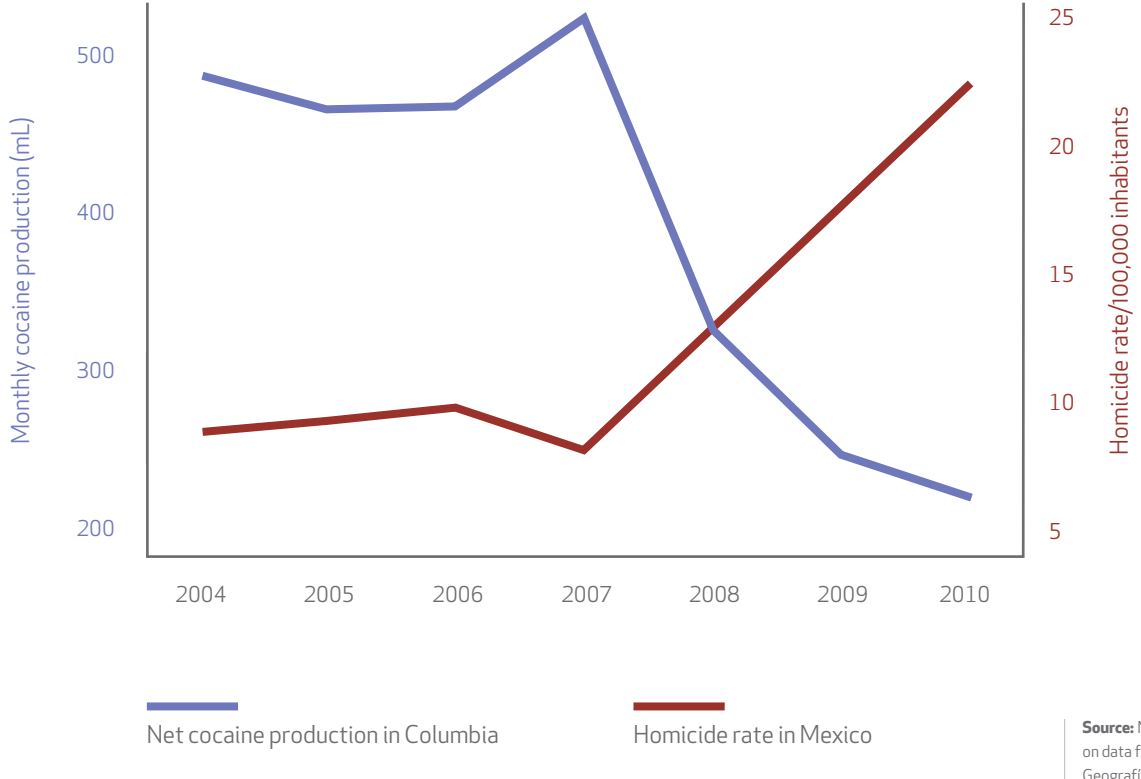
10 A Camacho, D Mejía. "The Health Consequences of Aerial Spraying of Illicit Crops: The Case of Colombia." Washington, D.C.: Center for Global Development, Working Paper # 408, June 2015.

11 RA Relyea. "The Impact of Insecticides and Herbicides on Biodiversity and Productivity of Aquatic Communities". *Ecological Society of America* 2005: 618-627; C Navarrete-Frías, C Veillete. "Drug Crop Eradication and Alternative Development in the Andes." Washington, D.C.: Congressional Research Service, 2005, at: http://fpc.state.gov/documents/organization/61022.pdf; L Dávalos, A Bejarano, H Correa. "Disabusing Cocaine: Pervasive Myths and Enduring Realities of a Globalized Commodity," *Intl J Drug Pol* 20(5):381-386, 2009; L Dávalos, A Bejarano, M Hall, H Correa, A Corthals, O Espejo. "Forests and Drugs: Coca-driven Deforestation in Tropical Biodiversity Hotspots." *Environ Sci Technol* 45(4):1219-1227, 2011.

12 M García, "Cultivos Ilícitos, Participación Política y Confianza Institucional", in A Gaviria and D Mejía, eds. *Políticas Antidroga en Colombia: Éxitos, Fracasos y Extravíos*. Bogotá: Ediciones Uniandes, 2011, pp. 357-386.

13 J Castillo, D Mejía, P Restrepo. "Scarcity Without Leviathan: The Violent Effects of Cocaine Supply Shortages in the Mexican Drug War," Center for Global Development WP # 356, Washington, D.C., February 2014.

Figure 1: Net cocaine supply from Colombia and homicide rate in Mexico (in metric tons)



Source: Mejía and Restrepo (note 1) calculations based on data from the Instituto Nacional de Estadística y Geografía (INEGI), UNODC, and Colombian National Police.

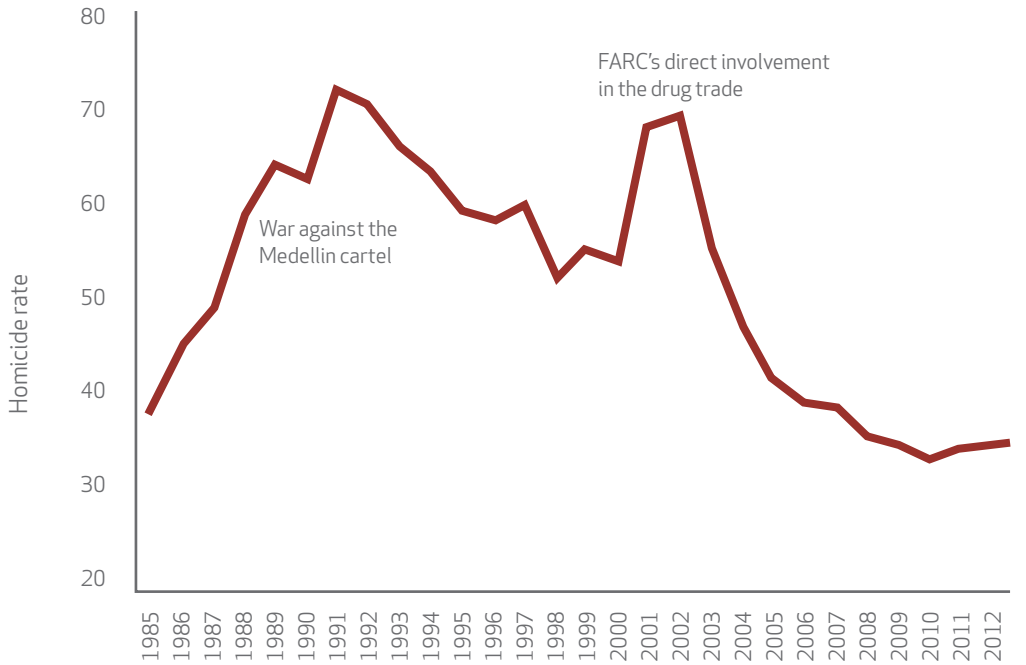
While the violence in Mexico has captured the headlines, extra-judicial killing as a cost of the drug war can also be assessed by tracking Colombia's domestic homicide rate. As shown in Figure 2, the war against the Medellín cartel in the late 1980s and early 1990s was associated with a spike in the homicide rate to 72 per 100,000 population, which, while high, pales in comparison to the horrific 420 peak rate in Medellín itself in this period. The rate of extra-judicial killing rose again in the late 1990s with the increasing involvement of FARC in the drug trade and declined over time as the military became stronger. An estimated 25percent of the current homicide rate in Colombia is still attributable to the dramatic increase in the size of illegal drug markets from 1994 to 2008.

Although extra-judicial deaths may be the most visible and heinous of the costs of the drug war, they are far from the only costs. Deep corruption of public officials that seems inevitably to go hand in hand with the high profits of drug trafficking is a crucial obstacle to socioeconomic development. Drug cartels have funded political campaigns and penetrated—and corrupted—media outlets as well as cultural and sports enterprises. The violence, crime, and corruption associated with the existence of the illegal drug trade are difficult to quantify completely, but for Colombia, Mexico and many small Central American countries, they undoubtedly account for a non-negligible fraction of GDP and significantly lower economic growth than would otherwise be the case.

With respect to the third fundamental assumption underlying the economics of drug prohibition, it seems, at least in Latin America, that several hundred million dollars a year in counter-narcotics assistance is beginning to be judged inadequate to compensate for the full costs of supply reduction measures. Colombia, for example, has been nationalizing the costs of the drug war, giving it more control over the choice of policies and actions undertaken. As a result, the benefits of aerial fumigation in coca-growing regions—as against the high costs—are being questioned.[14] In Mexico, the government has in some cases chosen to give up substantial aid packages to keep control over its operations against drug cartels.

14 In May 2015, the Colombian government took a courageous meassure and announced that it will stop the aerial spraying program. The decision was taken based on the possible health effects that the program might be having on the populations exposed to the herbicide used in the aerial spraying campaigns. This measure became effective in October 2015.

Figure 2: Homicide rate in Colombia (per 100,000 population), 1985-2012



Source: Mejía and Restrepo (note 1) based on data from Colombian National Police.

In short, the direct costs of prohibition-oriented supply-reduction measures are being put into perspective in producer and transit countries. The assumptions of the drug war are not holding. The dramatically high collateral costs of the drug war in lives lost through violence, state legitimacy lost through corruption, and poor rural communities bearing the brunt of aggressive crop eradication are being taken into account in decision-making. The full picture of the perverse economics of the drug war is taking shape in policy-making outside the consumer countries.

The costs of supply-side prohibition: the case of Afghanistan

Afghanistan declined 19% from 2014 to 2015, but at about 183,000 hectares, it was still one of the highest in recorded history.[15] In 2014, Afghanistan produced about 85% of the world's opium.[16] The importance of revenue from opium to the household-level and national economy in Afghanistan is undeniable[17] and is likely one of the reasons for the limited success of billions of dollars worth of programs to reduce the supply of opium poppy from the country.[18] From 2002 to early 2016, the U.S. alone spent about $8.5 billion in counter-narcotics efforts in Afghanistan, mostly supply-reduction activities.[19]

As with the case of coca eradication in Colombia, poppy eradication programs in Afghanistan do not have a record of sustainable success and have been associated with negative unintended consequences. Byrd and Mansfield, both with long experience in Afghanistan, conclude, for example, that increases in poppy fields eradicated may not correspond to lower poppy production, even in the short run.[20] Poppy cultivation may be displaced by eradication efforts but may not necessarily be lower because of them. Byrd and Mansfield note that eradication programs may also undermine respect for government entities and lead households to be allied with anti-government forces, especially where there are no or very limited viable livelihood alternatives to poppy cultivation.[21] They also speculate that aerial spraying of poppy fields, which is not currently a part of Afghan counter-narcotics strategies, would be particularly ineffective since poppy cultivation is even more mobile than coca farming, and would likely be harmful to humans, livestock and food crops.[22]

15 UN Office on Drugs and Crime, Islamic Republic of Afghanistan Ministry of Counter Narcotics. *Afghanistan Opium Survey 2015: Cultivation and Production*. Vienna, Dec. 2015.

16 UN Office on Drugs and Crime. *World Drug Report 2015*. Vienna, 2015, p 42.

17 W Byrd, D Mansfield. Afghanistan's opium economy: an agricultural, livelihoods and governance perspective (revised version). Washington, DC: World Bank, 2014.

18 CJ Coyne, AR Hall, S Burns. "The War on Drugs in Afghanistan: Another Failed Experiment with Interdiction". Washington, D.C.: *George Mason University Working Paper in Economics*, no. 15-37, 2015.

19 Special Inspector General for Afghanistan Reconstruction (SIGAR). Quarterly report to the United States Congress. Washington, DC, April 2016.

20 Byrd and Mansfield, op.citl, p 37.

21 Ibid.

22 Ibid., p 41.

Between 2002 and 2012, the U.S. allocated some $2.46 billion to agricultural sector assistance to Afghanistan.

In 2015, UNODC noted that record low poppy yields in recent seasons in the traditional areas of poppy cultivation in southern Afghanistan, which are due to many climatic and agricultural factors, may be leading to expansion of poppy cultivation in the Central and Northern regions.[23] UNODC suggested that the complex factors leading to lower poppy yields may set the stage for success with alternative development programs[24] aimed at poppy-growing households.[25] Between 2002 and 2012, the U.S. allocated some $2.46 billion to agricultural sector assistance to Afghanistan, including alternative development efforts.[26] The UNODC annual report on drugs in 2015 estimated that all OECD (Organization of Economic Cooperation and Development) donor funding for alternative development programs amounted to about US $3.5 billion, of which about 36% or about $1.2 billion went to Afghanistan.[27]

23 UN Office on Drugs and Crime, Islamic Republic of Afghanistan Ministry of Counter Narcotics. *Afghanistan Opium Survey 2015: Socio-economic analysis*. Vienna, Mar. 2015.

24 As noted by Byrd and Mansfield, op.cit., alternative development, a term still used by UNODC (see extended section in World Drug Report 2015), often referred to substituting a licit crop for poppies in a traditional development assistance framework. The term "alternative livelihoods" is more often used by most players in Afghanistan and is meant to suggest a more comprehensive approach in line with multisectoral national anti-poverty efforts and recognizes that no single program such as crop substitution could be effective in transforming economic possibilities for rural households. We use the term "alternative development" here because it is still frequently used in the literature and in UN guidance, but we recognize its shortcomings.

25 Ibid.

26 Special Inspector General for Afghanistan Reconstruction (SIGAR). Quarterly report to the United States Congress. Washington, DC, October 2014, p 181.

27 UNODC World Drug Report 2015, op.cit., pp 83, 86.

As in the Andes, expensive alternative development programs in Afghanistan have had a spotty record of success. In reviewing UK government-funded alternative development programs in Afghanistan, the UK Independent Commission for Aid Impact (ICAI) noted some positive impact on the livelihoods of some beneficiaries but that the objectives associated with establishing a "vibrant, licit" economy to replace poppy cultivation were vague and did not recognize the complexity of the motivations for poppy-growing.[28] ICAI also recommended that rural households be better and more systematically consulted in the design of these programs.[29] Byrd and Manfield assert that donor-supported alternative development/livelihood programs in Afghanistan have often been designed exclusively from a counter-narcotics perspective – i.e. to create "poppy-free" zones – rather than truly to promote improved lives and livelihoods of rural Afghan households.[30] They conclude that some of these programs enjoy limited success because they assume the presence of a strong local or regional leader who can impose poppy bans in their jurisdictions, whereas in reality "opium production is both symptomatic of the dispersion of power as well as a major contributor to the autonomy of those in the periphery."[31]

"Opium production is both symptomatic of the dispersion of power as well as a major contributor to the autonomy of those in the periphery."

28 Independent Commission on Aid Impact (ICAI). DFID's bilateral support to growth and livelihoods in Afghanistan (report no. 31). London, 2014.

29 Ibid., p 11.

30 Byrd and Mansfield, op.cit., pp 45-46.

31 Ibid., p 46.

TREATMENT, DEMAND REDUCTION, AND REDUCING HARM: MISSED OPPORTUNITIES

Another collateral effect of the costly concentration on prohibitionist supply reduction has been the neglect of drug-related health and social sector measures for which there is a strong economic—and humanitarian—rationale. In most countries, drug control budgets are heavily skewed in favor of interdiction and other antitrafficking and supply reduction measures. But demand reduction, particularly through facilitating treatment for persons with the heaviest drug use, is feasible and cost-effective and confers many benefits on society. In many drug markets, a high percentage of the demand for drugs is accounted for by a relatively small percentage of the heaviest users. Thus reducing problematic heavy drug use can have enormous benefits.

In its technical guidance for assessing the costs and benefits of treating drug dependence, the World Health Organization (WHO) underscores that effective treatment for drug dependence has not only a clinical and humanitarian benefit but potentially a significant economic benefit to societies as well. WHO notes numerous economic costs of drug dependence leading to heavy use, including the following:

- **loss of productivity in the workplace and the home;**
- **drug-related crime and the law enforcement and criminal justice costs associated with it;**
- **the cost of health and social services for people who use drugs and those around them;**
- **drug-related road accidents; and**
- **the costs of cleaning up unsafely discarded injection equipment and dealing with related injuries.**[32]

32 E Single et al. *International Guidelines for Estimating the Costs of Substance Abuse*, 2nd ed. Geneva: World Health Organization, 2004.

The WHO suggests that these are the tangible costs that can be quantified. Costs associated with the loss of life, pain, and suffering linked to drug dependence are less quantifiable but obviously no less important.

A large body of evidence indicates that investment in treating drug dependence easily pays for itself if it addresses the costs noted in the WHO's list above. For example, a review of cost-benefit analyses of drug dependence treatment in the United States found that on average there was an almost nine-fold return on investment in good-quality treatment of addiction, about half of that return in the form of reduced crime, about 15 percent in health service costs averted, and about 13 percent in increased employment and earnings of patients.[33] More recent studies from the United States conclude that even the cost of residential treatment, the most expensive form of drug dependence treatment, can be offset easily by savings associated with reduced crime and the costs of incarceration.[34]

Opiate substitution therapy (OST), which has a very long record of successful use, has been widely studied especially because of its central role in prevention of HIV linked to injection of opiates. OST usually consists of daily administration of opioid medicines, especially methadone or buprenorphine, in pill or liquid form—no injection required—to stabilize cravings of people with opiate dependence. The WHO and other UN agencies have noted that in addition to HIV prevention, OST reduces risk of opiate overdose and associated deaths, reduces criminal activity, and enables people to hold jobs and live normal lives.[35] Their review of the evidence led the WHO, the UN Office on Drugs and Crime, and UNAIDS to conclude that every dollar invested in OST would yield $4-7 in crime reduction alone and about $12 if savings from averted health care costs are added.[36]

In spite of the economic—and public health—arguments for OST, these services continually suffer from neglect and underinvestment in many countries with significant opiate-using populations. In a 2014 review, Degenhardt and colleagues estimated that in the six countries accounting for about half the number of people who inject drugs

33 KE McCollister, MT French. "The Relative Contribution of Outcome Domains in the Total Economic Benefit of Addiction Interventions: A Review of First Findings". *Addiction* 98: 1647-1659, 2003.

34 A Basu, AD Paltiel, HA Pollack. "Social Costs of Robbery and the Cost-effectiveness of Substance Abuse Treatment. *Health Economics* 17(8):927-946, 2008.

35 World Health Organization, UN Office on Drugs and Crime, and UNAIDS (UN Joint Programme on HIV/AIDS), WHO/UNODC/UNAIDS position paper: *Substitution Maintenance Therapy in the Management of Opioid Dependence and HIV/AIDS Prevention*. Geneva, 2004. At: http://www.unodc.org/documents/hiv-aids/Position%20Paper%20sub.%20maint.%20therapy.pdf

36 Ibid.

in the world, OST coverage rates are miniscule.[37] Those countries are Russia, where there is no OST as it continues to be banned by law; China with an estimated 5 percent OST coverage; Malaysia with 2 percent; Vietnam, 4 percent; Ukraine, 3 percent; and the United States at about 15 percent. Plainly, this proven treatment tool is underused at the cost of avoidable human suffering, crime, and loss of productivity.

The cost of needle and syringe exchange programs is usually modest, and the benefit of averting a lifetime of HIV or hepatitis C treatment is high.

Provision of clean injection equipment to people who use drugs, usually through needle and syringe exchange programs, is another public health measure that has proven itself in both health and economic terms. The cost of such programs is usually modest, and the benefit of averting a lifetime of HIV or hepatitis C treatment is high. A widely cited study by the government of Australia making conservative estimates of the cost of HIV treatment concluded that benefits of needle exchange programs in that country are fourfold the costs in the short term and much higher over the long term as the programs contribute to a cumulative decline in HIV transmission among people who inject drugs.[38]

An additional and disturbing health consequence of the war on drugs that has hit countries of the Global South hardest is poor access to pain medicines and other controlled medicines for licit clinical use. The original purpose of the UN drug conventions was to ensure that countries could set aside adequate opioids and other controlled substances for medical and research purposes, but the international system has failed in this objective. Some 80 percent of the world's population, mostly in low-resource countries, has no access to opiates and other pain medicines, and almost 90 percent of the morphine used for pain relief is used in North America and Europe.[39] In some countries, opiates are not registered for greatly needed licit uses because of over-reaching drug laws, or doctors are

37 L Degenhardt, BM Mathers, AL Wirtz et al. "What Has Been Achieved in HIV Prevention, Treatment and Care for People Who Inject Drugs, 2012-2012?" A review of the six highest-burden countries. *International Journal of Drug Policy* 25(1): 53-60, 2014.

38 Government of Australia, National Centre in HIV Epidemiology and Clinical Research. *Return on Investment 2: Evaluating the Cost-effectiveness of Needle and Syringe Programs in Australia.* Canberra, 2009.

39 D Lohman, R Schleifer, JJ Amon. "Access to Pain Treatment as a Human Right." *BMC Medicine* doi:10.1186/1741-7015-8-8, 2010.

not trained in the use of these medicines or fear that using them will encourage addiction. Millions of people suffering needless and agonizing pain for want of scientifically sound and humane palliative care is an especially cruel cost of the drug war, and the failure to ensure access to pain medicines is a terrible missed opportunity.

In addition to addressing the health problems noted above, there is obvious economic value in preventing new drug use and perhaps even more in preventing problematic use. Policy-makers are keen to embrace prevention programs, but few large-scale prevention programs, including school-based programs, have a record of success. Indeed, the United States, for example, has spent billions from the public coffers for prevention programs for young people that have not resulted in less drug use or delayed initiation of drug use.[40] There is an emerging consensus that simply preaching abstinence or attempting to scare young people by describing the worst possible consequences of drug use is not likely to be effective.[41] Rather, some experiences indicate that prior research to understand the motivations of and pressures on young people to initiate drug use is essential, followed by the design of programs that speak to that reality.[42] In addition, Australia and some European countries have had success in focusing their prevention efforts not on prevention of all drug use—the unrealistic goal of most U.S. programs—but rather prevention of problematic and harmful use.[43] Focusing pragmatically on prevention of harmful use rather than unrealistically on prevention of all use, however, requires challenging the central presumption of prohibition. Some countries seem to prefer ineffective preaching of abstinence messages to young people in the prohibitionist spirit in spite of overwhelming evidence arguing against that approach.

Focusing pragmatically on prevention of harmful use rather than unrealistically on prevention of all use… requires challenging the central presumption of prohibition.

40 See, e.g., AG Gandhi, E Murphy-Graham, A Petrosino et al. "The Devil Is in the Details: Examining the Evidence for 'Proven' School-based Drug Abuse Prevention Programs." *Evaluation Review* 31(1):43-74, 2007; CH Weiss, E Murphy-Graham, A Petrosino, AG Gandhi. "The Fairy Godmother—and Her Warts: Making the Dream of Evidence-based Policy Come True". *American Journal of Evaluation* 29(1):29-47, 2008; K Zernike, "Anti-drug Program Says It Will Adopt a New Strategy", *New York Times*, February 15, 2001.

41 UN Office on Drugs and Crime. *International Standards on Drug Use Prevention*. Vienna, 2013.

42 T Babor, J Caulkins, G Edwards et al. *Drug Policy and the Public Good*. New York: Oxford University Press, 2010, pp. 105-122.

43 R Room. "Preventing Youthful Substance Use and Harm—Between Effectiveness and Political Wishfulness." *Substance Use and Misuse* 47:936-43, 2012.

CONCLUSIONS AND RECOMMENDATIONS

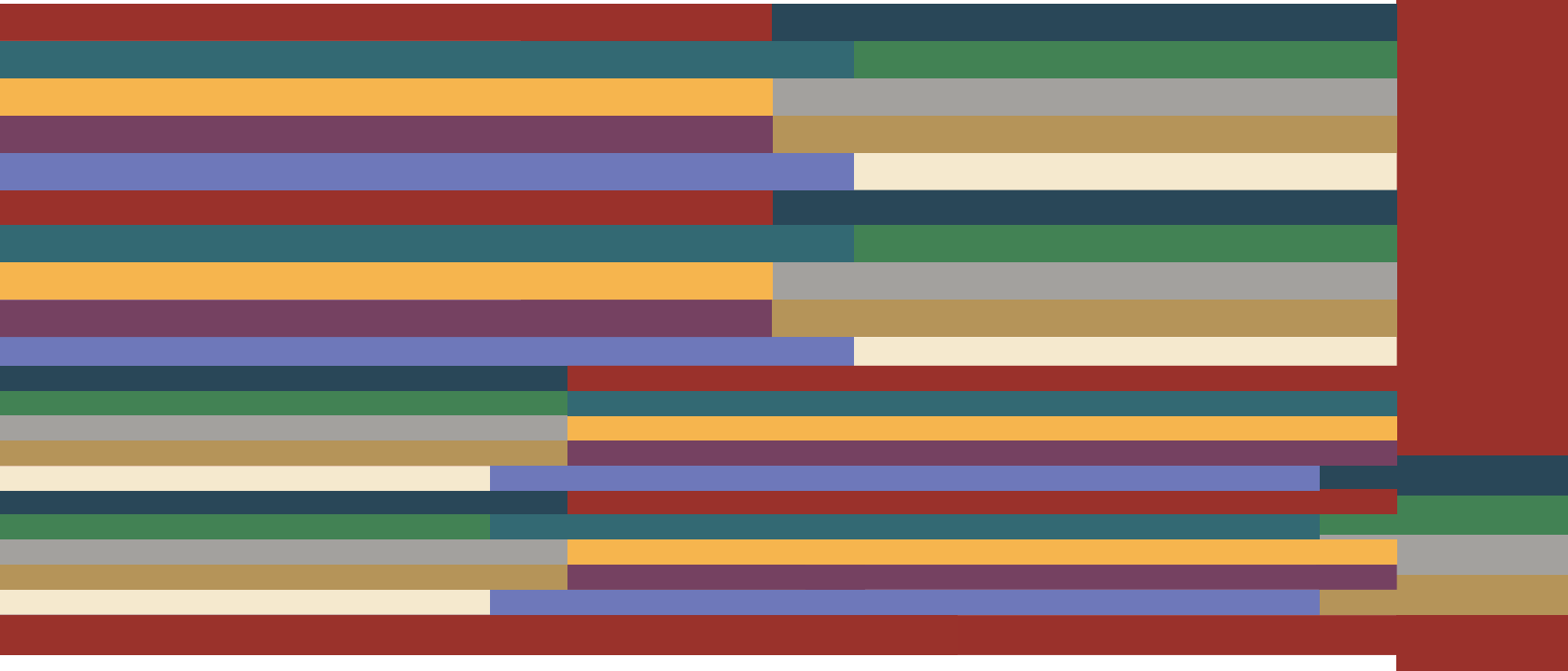
The full costs of the war on drugs are very heavy and have barely been quantified, let alone taken into account in policy decisions. It is crucial that the UN General Assembly Special Session on drugs in 2016 do a better job than past UN sessions to ensure that the complete range of costs and missed opportunities figure in members states' deliberations. Some have argued that the benefits of prohibition—especially higher drug prices leading to lower consumption and less problematic use—are underappreciated,[44] but that argument ignores the high cost of supply reduction to producer and consumer countries, which are even more underappreciated.

To inform a new global drug policy debate, the UNGASS deliberations and the statements from the session should:

- **Be based not on preconceived ideological positions but on research and a complete analysis of available evidence on the full costs and benefits of prohibition and alternatives to prohibition;**
- **Underscore the importance of the costs of prohibition, not only in consumer countries but also in producer and transit countries, including extra-judicial killing and other violence, the costs of crop eradication programs to rural people, and the destabilization of state institutions linked to corruption; and**
- **Highlight the economic and public health benefits of investing in cost-effective health and social services for people who use drugs and for people who need drugs for licit use, and investing in drug prevention programs that are grounded in the reality of the decision-making environment of young people.**

44 See, e.g., JP Caulkins. "Effects of Prohibition, Enforcement and Interdiction on Drug Use." In J. Collins, ed. *Ending the Drug Wars: Report of the LSE Expert Group on the Economics of Drug Policy*. London, 2014, pp. 16-25.

Most of all, we hope that the UNGASS will represent the turning of a page for the United Nations in member states' openness to new approaches to drug control for which the cost-benefit calculus may be much more favorable than that of prohibition. The community of nations, above all, must not be a vehicle for sustaining economically bad policy or impeding reform.



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224 West 57th Street
New York, NY 10019 USA
+1 212 548 0600

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