



## Editorial

## A kind of peace: Tracking the reflexive and resilient drug war



Nearly sixty years after the United Nations Single Convention on Narcotic Drugs, and almost fifty after U.S. President Richard Nixon's infamous declaration, cracks have started to appear in the edifice of international prohibition, while the more recent "war on drugs" has showed signs of de-escalation. The 2016 United Nations General Assembly Special Session reflected the growing demands of multiple member states to review global drug policies believed to undermine public safety, rule of law, and economic development. While falling (far) short of some participants' more radical ambitions, the meeting nevertheless produced a resolution expressing tentative support for "injecting equipment programmes," the "accessibility of controlled substances for medical purposes," and the "proportionate sentencing of drug offenders" (UNGA, 2016, p. 6, 7, 13). The document noticeably declined the language of harm reduction, decriminalization, and medical cannabis; yet, such programs and policies have increasingly found refuge in the national drug polices of states across the world. Legal cannabis - in Canada, Uruguay, and nearly one-fifth of U.S. states - is expected to span the Americas by 2018, while *de jure* and *de facto* tolerance of the personal cannabis possession stretches across the Western hemisphere, as far as the Czech Republic. Australia further expanded the geographic reach of medical cannabis in February 2017. Even more dramatic departures from the doctrine of prohibition have been seen in Portugal's comprehensive decriminalization of drugs for personal use, Bolivia's legalization of coca leaf consumption, and most recently, New Zealand's 2013 Psychoactive Substance Act, which established a regulated market for certain synthetic drugs. Finally, the limitations of the drug war are increasingly, if implicitly, acknowledged in the spread of evidence-based, public health approaches to illicit drug use. Not only has the U.S. government lifted its decades old ban on federal syringe exchange funding, but the country's first supervised injection facility was approved for construction in Seattle, Washington (Gutman, 2017; Ungar, 2016).

At the same time, the turn toward liberalization has been uneven - across and within regions, nations, drugs, and users. The Philippines' "Operation Double Barrel" has seen the extralegal execution of at least 7000 suspected drug users and dealers since July 2016 - a new, literal war on drugs that has been endorsed by President Rodrigo Duterte (and allegedly, U.S. President Donald Trump) (Human Rights Watch, 2017). At least 33 countries retain the death penalty as a legal sanction for drug offenses, a roster that has in fact grown over the past thirty years, and whose political strength is evidenced in the absence of statements addressing capital punishment in the 2016 UNGASS resolution (Harm

Reduction International, 2015; UNGA, 2016). While the movements for medical and recreational cannabis have gained impressive momentum in the U.S., legislators in multiple states have supported new "mandatory minimum" statutes targeting users and dealers of heroin and fentanyl (Balko, 2017). And where 2016 saw the approval of final phase clinical trials around MDMA treatment for post-traumatic stress disorder, novel psychoactive substances have been targeted for prohibition on both sides of the Atlantic in recent years; both synthetic cathinones and synthetic cannabinoids have been the site of new bans enacted in the UK (in 2010 and 2016) and the U.S. (in 2012) (BBC, 2016; Philipps, 2016; Stevens, Fortson, Measham, & Sumnall, 2015). Regionally, the expansion of opioid substitution therapy remains politically thwarted - most notably in much of the CIS - and the decades-delayed roll out of other harm reduction strategies in the United States focus solely on opioid users.

Perhaps the crucible of a now global drug war, the United States exemplifies the many contradictions and competitions currently defining drug control efforts around the world. Despite a slew of victories for harm reduction and selective decriminalization, the course of federal and state policies remains unclear, buffeted by the shifting winds of political opportunism. Candidate Donald Trump played to popular opinion in his repetitive calls for the expansion of drug treatment (including opioid substitution), and characterization of recreational cannabis as states' prerogative (Johnson, 2015); indeed, while the 2016 presidential election might be broadly characterized as a battle between liberal reform and "law and order," candidates across the political spectrum expressed their disapproval of indiscriminate incarceration (Chettiar, 2015). Such aspirations have seemingly evaporated in the early months of the new Trump administration. Less than a month into his tenure, the president promised to be "ruthless in the fight" against drugs during a speech given the same day as the confirmation of Attorney General Jeff Sessions - a veteran politician and former state prosecutor known for his vocal support of the drug war (White House, 2017a, 2017b). Where (then) Senator Sessions famously foiled the advance of bipartisan legislation proposing shorter sentences for federal drug offenders in the fall of 2016, he has since signaled his intention to reinvigorate hostilities after a relatively quiet eight years, declaring "I think we have too much of a tolerance for drug use - psychologically, politically, morally. We need to say, as Nancy Reagan, said, 'Just say no'" (Schuppe, 2017). To be sure, many strategies recalling the early days of the drug war have percolated into public view since the new administration took power: wholly new, and recently curtailed or eliminated,

mandatory minimums sentencing statutes have been (re)proposed at the state and national levels (Horwitz, 2017; Ward & Langley, 2017); a multi-state and federal crusade against “drug-related homicide” has targeted individuals who sell, supply, or share substances linked to fatal overdose (McLean, 2016a, 2016b); and most notoriously, the construction of a southern border wall has been held up as a means of curtailing both illegal immigration and drug trafficking (White House, 2017a, 2017b). Such new-old strategies largely emphasize supply reduction, while otherwise relying upon harsh custodial sanctions and intimidating imagery to depress demand.

If there is any novelty in the drug war’s apparent “reboot,” it may reside in the increasing imbrication of treatment and harm reduction with law enforcement; considering potential impacts upon users, it is yet uncertain how this entwinement may enhance or undermine the efficacy of the former fields. As of December 2016, approximately 1200 police departments in at least 37 states have been trained and equipped to reverse opioid overdose, an intervention that certainly expands naloxone access among frequent first responders, but may also draw funding away from public treatment and harm reduction providers (North Carolina Harm Reduction Coalition, 2016). Moreover, recent research has demonstrated the reluctance of many people who inject drugs to involve the police in overdose situations, even against the backdrop of Good Samaritan legislation (McLean, 2016a, 2016b). Local criminal justice systems are further finding more “innovative” ways to finance harm reduction interventions. For example, the proceeds of civil asset forfeiture – a long-debated program that allows law enforcement to seize, and easily retain, the cash and property of suspected drug offenders – are being used in several states to finance the purchase of naloxone that officers carry (Coughlin, 2015; Schneiderman, 2015). In another “private-public partnership”, a Pennsylvania judge sentenced two men convicted on heroin distribution charges to pay for naloxone acquisition in the effected jurisdiction – once released from prison (del Valle, 2016). Where such examples seemingly affirm a new criminal justice commitment to preserving users’ lives, policy developments in the realm of treatment would appear to devalue the same individuals’ autonomy. As multiple states are considering laws allowing for the compulsory treatment of overdose victims, the unceasing spread of drug courts across the United States reflects a growing commonsense that the threat of punishment makes rehabilitation more successful – even when many drug courts prohibit participant enrollment in substitution therapy (Matusow et al., 2013). A similarly flawed logic informs the use of fatal drug delivery laws to compel the reporting of overdose incidents – a more dubious proposition, given that untimely aid may result in homicide charges for those making the call. Despite bipartisan political agreement on the desperate need to increase public treatment budgets, any expansion may be stymied by co-occurring increases in arrests, prosecutions, incarceration, not to mention the costs associated with building a 1000-mile concrete wall (BBC, 2017).

Such incongruous policy currents may reveal what Marie Gottschalk (2016) has characterized as “carceral clawback” – the process by which the logic of criminal justice and its punishment imperative has resisted roll-back, and infected other social institutions, like medicine and public health; they certainly demonstrate that an increasing openness to harm reduction methods does not necessarily imply an end to the drug war. Perhaps the emerging drug control environment in the United States is best explained by Craig Reinerman’s (1994, p. 97) classic observation that the perception of and reaction to any drug problem is strongly shaped by the “particular groups of people” associated with different drugs. Where Reinerman (p. 97) argues that “drug scares” may identify, and seek to control, a “dangerous

class” of users, the recent epidemic of opioid and heroin use in the U.S. – which has seen intense surges in largely white, rural and suburban areas – may instead be driving the demonization of dealers and undocumented immigrants. In a press conference announcing a new federal commission on opioids (headed by a former prosecutor and dominated by law enforcement professionals), the president characterized opioid addiction as a “terrible affliction” that was linked to the “weakening” of the southern border during the last eight years (White House, 2017a, 2017b).

Taken together, the papers that follow also describe the ambiguous direction of both international drug prohibition and national drug wars, demonstrating how a proliferation of promising statements by United Nations bureaucrats and local politicians have yet to comprehensively transform drug laws or meaningfully cede funding to non-criminal justice approaches; authors, however, are unequivocal in their evaluations of indiscriminately punitive policies and “just say no” messaging as ineffective, expensive, and deeply damaging to individuals, communities, and entire territories. Abadie et al. (2018) focuses on an area of the United States that has been heavily harmed by drug war tactics, yet have seen little respite amidst recent talks of reform. Writing from rural Puerto Rico, Abadie et al. (2018) uses ethnographic data to show how the aggressive policing of drug dealers and popular “puntos” ultimately represses people who inject drugs (PWID), sweeping up buyers, low-level runners and lookouts into a prison system that provides nothing in the way of treatment or prevention resources. Here, incarcerated PWID face a “choice” between unmedicated withdrawal or black market heroin and shared syringes, while those that persist outside the system must constantly seek out new sellers, markets, and venues for injection within a perpetually destabilized drug scene. Moreover, the authors describe how the punishing logic of the war on drugs has infiltrated the culture of drug treatment in Puerto Rico, where “three strikes” policies routinely eliminate “non-compliant” individuals from overburdened opioid substitution programs.

Where Abadie et al. discuss the salience of economic and social marginalization in explaining the drug war’s resilience in the U.S.’s geographic fringe, another contribution by Henning and Dimeo (2018) posits the extension of said war’s “prohibit-detect-punish” model to a population characterized by relative privilege: amateur athletes. Despite following the same logic, and set of strategies, as the war on drugs – individual deterrence through punitive sanctions, without regard for social context – the “war on doping” has received little critical attention; indeed, Henning and Dimeo write that the anti-doping policies are often perceived as “positive social contributions,” which respond to “systematic cheating and corruption” (Henning & Dimeo, 2018). Analyzing diverse media and policy sources, the article documents both the expansion and intensification of efforts to curb drug use in sports, via the targeting of non-elite athletes and the erection of national criminal laws against doping. The authors contend that while the former developments may initially appear “reasonable,” such policies may carry unanticipated risks for athletes, fail to capture the diverse motives for performance-enhancing drug use among amateur sportspersons, and are further doomed to ineffectiveness.

Similarly subverting popular perceptions around “effective” drug policies, Brujin, Vols, and Brouwer (2018) discuss the expansion of punitive drug policies in a country many consider synonymous with drug tolerance. The authors specifically describe the widespread use of home closure, or eviction, as an administrative penalty levied against “commercial” drug offenders in the Netherlands. A power first awarded to municipal authorities in 2007, home closure is a sanction originally intended to target private residences that effectively supplied or functioned as so-called “coffeeshops”, or represented hubs of drug activity; however, as Brujin et al. reveal through both a 2015 survey and

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