

Twenty-First Century Global Drug Trades and Consumption

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Abstract and Keywords

Twenty years after the UN General Assembly Special Session called on the international community to commit to a “drug-free world,” the world is anything but drug-free. Drug use has become an even more global problem. This chapter maps trends in the global consumption and production of illicit drugs since the 1990s. First, it explores the centrality of heroin, particularly in Afghanistan, which produces 90 percent of the world’s illicit opium, and traces heroin’s evolution in the United States, as diversified by pharmaceutical opioids and fentanyl. Second, it tracks the globalization of cocaine use, its new markets in Africa and Europe and a trail of intensified drug violence in Mexico, Brazil, and Central America. Cannabis use, too, has continuously expanded into the world’s leading illicit pleasure, due to new technologies and strains, and lenient or decriminalization policies by states and nations. Lastly is the growth of methamphetamine, whose production and use exploded in the United States and then Southeast Asia. In 2016 the UNGASS admitted its failure to see the endurance of illicit drugs, although still blocking attempts at major drug policy reform.

Keywords: UNGASS, UNODC, drug trafficking, cocaine, cannabis, heroin, methamphetamine, fentanyl, Myanmar, Thailand

IN 1998, Kofi Annan, then the secretary-general of the United Nations, called for a “drug-free world.” At the time, ridding the world of drugs seemed an ambitious yet plausible objective; the Soviet Union had recently collapsed, and global capitalism appeared triumphant, so many previously unattainable universal goals looked within reach. However, nearly two decades later in 2011, the prominent authors of a report from the Global Commission on Drug Policy, Annan among them, baldly declared, “The global war on drugs has failed.”¹ They called for ending the drug war. This about-face by such a leading global figure raises the obvious question: Why did Annan change his mind?

Despite the efforts of the UN and others, drug abuse remained a persistent and universal issue in the decades after Annan’s 1998 call to arms. The United Nations Office of Drugs and Crime (UNODC) estimated that in 2016 nearly 275 million people ages fifteen to six-

ty-four used illegal drugs, such as cannabis, cocaine, opiates, and amphetamines, and nearly 31 million people suffered from a drug-use disorder. The profits from the drug trade reinforces its role within both formal and underground economies; in 2005, the UN estimated the global drug trade to be worth \$320 billion annually. Although these numbers are likely exaggerated, the illicit drug trade has proven intractable, adaptable, and resilient.² Furthermore, countries have expended massive amounts of money and resources to stop the drug trade and eliminate drug use. It is estimated that the United States has spent nearly one trillion dollars to stop the illicit trade in drugs since Nixon first announced his war on drugs in 1970–71. Since then, the United States and many other nations also implemented strict penalties for drug use and possession, and increasingly militarized efforts to suppress supply and interdict distribution. And yet, efforts to stop the drug trade had little to no discernible effect. By the 2020s, Annan's dream of a drug-free world appeared further from reality than it had been nearly thirty years prior.

(p. 628) Instead, between the 1990s and 2020s, the world saw an expansion of its most-used drug, cannabis, to a new scale of global use, and political shifts to regulate or tolerate that reality in a number of national and local drug regimes. That period also witnessed the enduring, even deepening use of heroin as the world's benchmark illicit drug, emanating from its massive trafficking hub in war-torn Afghanistan. It saw the outbreak of an unprecedented pharmaceutical opioid epidemic in the United States, which generated deep social harms, including record overdose deaths. The globalization of cocaine consumption from the Americas continued, along with intensified drug violence in its lucrative trafficking routes. Likewise, there was a continuous upturn of amphetamine-type substances (ASTs) as they shifted from their former stronghold in the United States to new markets and production processes in Southeast Asia.

In 2016 the United Nations General Assembly Special Session (UNGASS) summit, a specially planned UN mega-conference on global drugs, and a target of rising drug reformers, admitted that the war on drugs had failed and advocated a more tolerant approach. But attempts to reform drug policies were blocked by conservative and institutional forces. In effect, UNGASS 2016 revealed the deepening contradictions within the international system about approaches to stem drug abuse in an increasingly globalized and commercialized world.

Cannabis

When Ronald Reagan became president of the United States, he described marijuana as “probably the most dangerous drug.” His belief that as a “gateway drug” cannabis use would lead to more pernicious forms of drug abuse guided his version of the war on drugs, which dramatically increased government efforts to combat the drug trade. Despite unprecedented amounts of money allocated for the war on drugs, which included increased militarization of interdiction and supply-side programs, as well as draconian punishments for users and dealers, cannabis use and trade did not stop. In fact, since Reagan's presidency, cannabis has thrived.

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Cannabis is now the most widely consumed illicit drug in the world, used by an estimated 192 million people.³ Unlike the early twentieth century, when cannabis was a niche drug found in jazz clubs, or in the 1960s and 1970s, when it was most associated with counter-cultural groups, cannabis is now mainstream. Countries with cannabis-tolerant policies, such as the Netherlands, used to be outliers amid a world of strict criminalization of cannabis use. However, since the beginning of the 2000s, multiple countries have either decriminalized or legalized recreational cannabis use. In the United States, with its long history of cannabis criminalization (1937–present), a growing list of states have legalized cannabis for recreational use, and more than half of the states have legalized cannabis for medical purposes. Such dramatic changes to drug policy reflect the increasing normalization of cannabis use, a trend which shows no signs of slowing down.

(p. 629) Cannabis use has long been part of the human story. People used cannabis for a wide array of spiritual, medicinal, and recreational purposes in early Asian and African civilizations. Yet, the still growing use of cannabis on a global scale is a clear indication that the norms and perceptions of cannabis are changing and challenging many of the policies designed to prohibit and restrict its trade and use.

Some of the most dramatic changes to the consumption of cannabis have occurred in the United States. When Richard Nixon escalated the war on drugs in 1971, cannabis use was emblematic of the decline of American youth; it was believed to turn kids into hedonists and criminals. To send someone to prison for using cannabis seemed justified.⁴ However, criminalizing cannabis use did not stop people from using, nor people from growing and trafficking the drug. If anything, the cannabis trade grew exponentially. For example, according to the 2015 National Survey on Drug Use and Health, 22.2 million Americans had used cannabis in the past month.⁵

Starting in the 1980s, a profound disconnect emerged between US policy and the realities of cannabis use. Penalties for use and trade became more stringent as politicians demonized cannabis. But stricter punishments and rhetoric did little to deter it. Throughout this period, rogue doctors, cannabis enthusiasts, and reform activists challenged federal drug policy and pushed aggressively for more tolerant policies.⁶ It was largely through medical marijuana legislation that cannabis began to emerge from decades of criminalization. In 1996, California passed the Compassionate Use Act, which legalized access to medical marijuana for registered users.⁷ Since then, thirty-six states have legalized access to medical marijuana, and at the moment of writing seventeen states have legalized recreational use, with key states swinging that way. The industry has proven lucrative for those earlier states embracing recreational cannabis; in Oregon and Washington, the first states to legalize recreational cannabis, cannabis sales topped one billion dollars in 2016.⁸

The changing norms regarding cannabis use are less drastic in some European countries that historically viewed use more liberally. In this vein, the Netherlands has long stood as the benchmark for more tolerant approaches to cannabis use. Although cannabis, and other drugs, are still prohibited under law, by the 1970s Dutch policymakers tended to

advocate for a less punitive, more public health-centered approach, a system known as *gedogen*. So-called coffeeshops (cannabis-selling establishments operating with quasi-legality) sprouted throughout the country. Over time, the Netherlands emerged as a global destination for cannabis tourism, with Amsterdam serving as arguably the global capital for cannabis culture and industry.⁹ Paralleling the United States, in Britain, cannabis quickly emerged as the most widespread illicit drug, largely because it became more accessible to middle-class youth throughout the 1990s and 2000s. Moreover, government efforts to stop cannabis use in the 1980s proved futile, and by the 2000s, efforts were made to reclassify the drug to pave the way for decriminalization and possible legalization.¹⁰ Many European countries have opted for more tolerant policies as cannabis use expands, instead of the restrictive approaches that did little to deter it.

The swing to more lenient approaches to cannabis is evident in Latin American countries too. Cannabis was and is illegal in most South American countries, yet its use (p. 630) remains widespread, and as a result, has spawned a thriving black market. In response, some countries moderated their policies in search of ways of mitigating the effects of strict prohibition. Uruguay stands as a vanguard in this regard. Uruguay legalized cannabis production and sale in 2012 under the leadership of President José Mujica. Unlike the United States, which embraced the vast commercial potential of cannabis, legalization in Uruguay was enacted largely to undermine the black market (mainly coming from Paraguay, South America's "pot basket") and to limit the power of drug-trafficking organizations.¹¹ Likewise, Colombia, historically an on-off key producer of cannabis for the global illicit drug trade, legalized medical marijuana in 2016, with its entrepreneurs hoping to capitalize off of domestic demand in Colombia itself. And by 2020, even Mexico joined the cannabis decriminalization wave.

A substantial black market for cannabis remains despite many countries turning to more tolerant policies. The demand for the cannabis resin, hashish, remains a cornerstone of the illicit cannabis trade, especially in Southwest Asia, Europe, and the Middle East. In Afghanistan, hashish was historically used recreationally and medicinally. But hashish use has spread in Afghanistan since the end of the Afghan-Soviet War and the chaos brought on by the Taliban regime in the 1990s. Afghanistan lacks a significant public health infrastructure, especially in rural areas, and many Afghans use hashish to deal with physical pain and emotional stress. Furthermore, there is little stigma associated with its use, which sustains the demand.¹² Other parts of South Asia, such as India and Nepal, also remain key sites of cannabis use. As in Afghanistan, there cannabis was long engrained within local cultures and customs, reinforcing growing use.

Although cannabis remains illegal in much of the world, use of the drug continues to spread. The continued normalization of use, combined with a growing social movement that works to increase awareness of the benefits of cannabis, as well as problems associated with cannabis policies, have prompted significant changes to the drug's legal and commercial standing. As a result, demand for cannabis will likely grow as more and more countries embrace medical and recreational cannabis industries.

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In terms of production, cannabis, which is grown in a variety of climates, does not create the “flows” found in the illicit cocaine and opiate trades, which are limited to certain regions of the world.¹³ Moreover, the growing acceptance of cannabis as a viable commercial product led to greater diversification in production, highlighted by its technological advancements.

Changes to the production of hashish show how illicit sources of cannabis evolved in response to the budding market for legal marijuana. For example, during the 1990s, the demand for hashish exploded in Europe, prompting producers in Afghanistan, Lebanon, Syria, and Morocco to expand production. Morocco in particular emerged as the major supplier for the European market. However, during the early 2000s, consumer demand for Moroccan hashish dropped due in part to the reputation that Moroccan hashish was usually of lower quality, ultimately making it unable to compete with higher-quality cannabis from European indoor producers.¹⁴ In response, Moroccan hash producers shifted to cultivating hybrid plants that yielded higher tetrahydrocannabinol (THC) content and utilized more sophisticated extraction techniques, (p. 631) ultimately creating a higher-quality hashish and to better compete with indoor producers from Western Europe.¹⁵

Despite Moroccan hashish being the dominant cannabis product found in the illicit market in Europe, Afghanistan is sometimes claimed to be the largest producer of hashish in the world, though with little evidence.¹⁶ Decades of conflict and political instability have reinforced cannabis’s role within the rural Afghan economy. For example, since the 1990s the various political groups that have ruled Afghanistan, in whole or in part, have tried to curb cultivation of cannabis. The Taliban banned cultivation claiming it was un-Islamic, and a similar policy stance was adopted by later Afghan governments following the 2001 US-led invasion. Moreover, the Afghan cannabis trade seems intrinsically linked to the opium trade, as farmers often grow cannabis prior to growing opium, in effect testing the durability of government bans from the previous year.¹⁷ Cannabis is sure to remain a vital piece of the Afghan economy as long as Afghanistan’s political conflict persists.

Lebanon, like Afghanistan, has also struggled to control the illicit hashish trade, especially as violent conflict continues to limit the government’s ability to curb the growth of illicit drug trades. During the 1990s, the Lebanese government eradicated cannabis and opium production, but in the following decades, as conflict erupted in neighboring countries, hashish production thrived in the Bekaa Valley bordering Syria. This site became even more pronounced with the outbreak of civil war in Syria in 2011 and the subsequent emergence of the ISIS terrorist insurgency. Lebanon, along with other governments in the region, was either reluctant or ineffective in stopping the production of hashish. Much of the hashish was produced mainly in Shia controlled areas, some affiliated with Hezbollah, and the government avoided crop eradication, especially with more pressing security concerns, and for fear of creating a political backlash that might undermine the state.¹⁸ Afghanistan and Lebanon highlight the limitations, if not futility, of suppressing cannabis in regions rife with political conflict.

Conversely, in the United States the prohibition of cannabis had a tremendous impact on cannabis production, transforming the industry in unforeseen ways. When President Reagan launched an aggressive campaign to target global cannabis supplies in the 1980s, many of the foreign sources of supply, such as Thailand, were reduced or halted altogether by aggressive interdiction campaigns.¹⁹ Within US borders, Reagan's anti-marijuana tactics forced cannabis production indoors, where growers exposed the plant to more light and experimented with variations in soil and cross-breeding, resulting in a remarkably more potent, and ultimately, better product. In many ways, this move indoors standardized how cannabis would be produced in the future; it forced illicit producers to maximize use of space and in turn focused heavily on female plants that yielded the high-THC content varieties in high demand in the European and American markets.²⁰ As a result of this technological shift, the most potent cannabis produced in the world comes from the indoor farms in Europe and the United States, and this has become the norm for the emerging legal market, too. Conversely, legalized cannabis has not always resulted in more potent forms of the drug. Although Uruguay legalized cannabis, the government there is the drug's sole legal producer and growers (p. 632) appear uncompelled to produce the higher-THC content cannabis found in the more market-based models in the United States and Europe.²¹

Since the 2000s, as demand for cannabis grew and use became widespread, both legal and illicit sources evolved to create more potent cannabis products. Given the evolution in supply, and the seemingly unquenchable thirst for this drug, the cannabis trade, in both legal and illicit forms, will likely continue to thrive.

Opiates and Opioids

Although cannabis is the most widely used illicit drug in the world, no other drug embodies the long, complicated relationship between humans and drugs as does opium. On the one hand, opium is an essential medical tool as it eases pain and allays the symptoms of a wide array of diseases; on the other hand, opium creates intense euphoric sensations that can be addictive and fatal. It is this duality as both a medical and recreational drug that drives opium's role in the global drug trade. With an estimated thirty-four million users of legal and illicit opiates worldwide, the demand for opiates continues to grow, feeding both the legal market for pharmaceutical opioids and the illicit market for opiates like heroin.²² In this way, opiates are a significant problem for both supply and demand countries, with their consequences felt well beyond the immediate health concerns of drug addicts.

In terms of consumption, opium has a rich history of use, but since the 1990s the demand for opiates has expanded globally to new markets, and within established markets, especially the United States, there was a dramatic increase in the misuse of pharmaceutical opioids. Ultimately, more and more countries are faced with soaring rates of addiction and other harms associated with illicit opiates.

In the 1960s, the issue of US heroin addiction coalesced into a full-blown political crisis compelling President Richard Nixon to launch his 1970–71 war on drugs. However, since the 1990s the market for pharmaceutical opioids instead significantly rose, as the legal pharmaceutical industry generated billions of dollars in profits, largely off the tens of millions of Americans addicted to pharmaceutical opioids. The rates of addiction, overdose, and overdose death have increased so much that by 2016, over sixty-three thousand people died annually of drug overdoses, most due to pharmaceutical opioids, an alarming and globally unparalleled statistic.²³ To deal with the new crisis, American politicians followed a familiar path; they reduced access to doctors and pharmaceutical narcotics but did not put in programs that would significantly reduce demand, and as a result, many users shifted to illicit heroin.²⁴ Moreover, as users moved to heroin, they demanded higher potencies, leading to rising demand for heroin cut with, or replaced entirely, by the much more potent synthetic opioid fentanyl. Since 2014, the growing use of illicit fentanyl led to the dramatic spike in overdose deaths, reaching fifty-two thousand in 2015, at a rate of nearly one hundred people a day. The United States is not alone; (p. 633) the growing use of fentanyl fueled similar problems in Canada, Estonia, and to lesser degrees, Germany, Finland, and the United Kingdom.²⁵

As pharmaceutical narcotics flourished in the United States, heroin remained the opiate of choice for European users, prompting many countries to experiment with alternative methods to reduce the harms of opioid addiction. In the 1990s in the Netherlands, the growth of HIV and hepatitis C among heroin addicts reusing needles reached a tipping point, prompting a radical policy response. The government lent support to health officials in convincing addicts to smoke, rather than inject heroin, leading to reduced rates of HIV/hepatitis C and improved health among addicts.²⁶ Switzerland, too, implemented a series of harm reduction policies. Although some radical programs, such as the “Needle Park” program, proved unsustainable, other forms of harm reduction, such as needle exchanges, became core components of drug policy, helping to maintain a lower population of long-term users.²⁷ Likewise, opiate misuse remains an enduring problem in Russia. After the fall of the Soviet Union, Russia experienced an unprecedented wave of heroin use, with rates of use significantly higher than the rest of Europe. Russia did not, however, suffer overdose deaths like those seen in the United States; of the six million estimated drug addicts in Russia, roughly ten thousand die annually from overdoses.²⁸ Former republics of the Soviet Union in Central Asia have followed similar patterns in heroin consumption. Demand for heroin grew in nations such as Tajikistan and Kazakhstan as they emerged as major trafficking hubs, bringing opium grown in Afghanistan to Russian and European markets.²⁹ Despite efforts by Russia and other Central Asian countries to reduce addiction, the massive supply of illicit heroin, especially from Afghanistan, made it difficult to markedly reduce demand.

Afghanistan was and is the largest producer of illicit opium in the world, and it has had a devastating impact within that country as heroin use has exploded since the 1990s. Forty years of persistent conflict, combined with a critical lack of a public health infrastructure, forced many Afghans to use opium and heroin to cope with the physical and psychological effects of the ongoing war.³⁰ Not only was drug addiction becoming a persistent problem,

with an estimated two hundred thousand drug addicts, but so too were related rates of HIV/AIDS. Opiate abuse in Afghanistan is a relatively recent phenomenon, unlike its neighbors, which have longer historical legacies of opiate use and production. Like Afghanistan, Pakistan has also been experiencing a growing opiate epidemic with users now injecting Afghan heroin intravenously, and not only among Pakistanis, but also among Afghan migrants.³¹ Iran and India are also affected by the Afghan drug trade. Although Iran has a long, complicated history of opium use, its surge in intravenous drug use is new, with subsequent spikes in diagnoses of hepatitis C and HIV/AIDS.³² India, a major producer of opium in the nineteenth century, may be the largest consumer of illicit opium in the world. Throughout the 1990s and early 2000s, much of its illicit opiate consumption stemmed from the legal production of opium, as India is a major supplier for the global pharmaceutical industry. However, large quantities became diverted from the legal supply and fed the illicit demand.³³ Moreover, (p. 634) efforts to curtail diversion of the licit crop have led to outflows of illicit heroin from India, further amplifying the regional drug problem.

The spread in opium use rekindled markets that were historically vital to the emergence of opium as a global commodity. China, in particular, is experiencing a renewed opium problem, harkening back to the nineteenth century when it was the epicenter of the conflict over drugs and free trade. Opium use has increased since the era of economic reform in the 1990s, when China opened itself up for trade after decades of economic isolation. The opium produced in Southeast Asia for Western markets has gradually snaked its way back into China, especially in the rapidly urbanizing and industrializing southern provinces.³⁴ The People's Republic's claim that it has conquered historic opiate use is now in question.

The global demand for opiates grew substantially since the 1990s; however, the distinctions between illicit forms of opiates, such as heroin, and legal drugs became progressively blurred during this period. This was clearest in the United States, where the consumption of new pharmaceutical narcotics paved the way for users to shift to heroin and fentanyl. Moreover, the plethora of legal and illegal options made it increasingly difficult for governments to stop diversions and abuse of the drug. Whether or not governments adopt tactics like those in the Netherlands remains to be seen. In the meantime, the result seems all too familiar; as addiction spreads, opium's role is fortified within the global illicit drug trade.

During the 2000s, spreading consumption of opiates, as well as the profits from long-distance trafficking, entrenched opium as the cornerstone of global drug production and trade. In 2018, the UN estimated that global illicit opium production topped 10,500 tons, the most ever recorded in the twenty-first century.³⁵ As consumption of opiates grew in established markets, and penetrated new ones, the illicit production of opium expanded too, thriving in the politically volatile and economically unstable situations in Mexico, Colombia, the Golden Triangle (Burma, Thailand, and Laos) and the Golden Crescent (Afghanistan, Pakistan, and Iran).

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In the decades since the 1990s, no other country has produced opium, nor been affected by it, as much as Afghanistan. Opium was a vital cash crop for Afghanistan throughout much of the twentieth century, but by the late 1970s, as the economic system eroded under the pressure of the failing state, opium developed into a core commodity for rural farmers. But while opium production grew during the Afghan-Soviet War (1979–89), opium did not truly flourish until the emergence of the Taliban regime. The Taliban, in an effort to placate their main constituency, the rural peasantry, never made opium officially illegal. Without other viable economic options, many farmers and traders became reliant on the illicit trade.³⁶ Yet, in an attempt to garner international recognition, the Taliban were credited with enforcing the most successful drug prohibition of the last century, virtually eliminating all opium cultivation in 2001. Although the ban itself was more limited than previously thought, with opium still sold openly in markets, it was also a short-term policy initiative that won little support from farmers and was never a viable long-term solution to stopping opium production.³⁷

(p. 635) Developments under the Taliban unveiled how deeply intertwined opium had become with broader issues of governance in Afghanistan. After the Taliban were ousted from power in 2001, the new government under Hamid Karzai banned opium production and trade in 2002. However, the Karzai government was largely dependent on rural powerbrokers, many of whom were also dependent on opium money to maintain their own political power, and thus, counternarcotics policies were rarely enforced. Opium thrived within this political landscape; it spread to four times as many districts than during Taliban rule, and by 2005 estimates attributed Afghanistan with nearly 87 percent of the global illicit supply. As the illicit trade enveloped the country and helped support a resurgent Taliban, the United States increasingly viewed the illicit drug trade as a security issue to be dealt with using counternarcotics tactics.³⁸ Between 2002 and 2018, the United States contributed nearly \$8.78 billion to counternarcotics efforts in Afghanistan. Yet, the campaign against illicit production of opium yielded little results; Afghanistan produced nearly nine thousand tons of opium in 2017, roughly 80 percent of the global supply.³⁹ Moreover, the emphasis on crop eradications as the primary mechanism for reducing supply often undermined broader goals of defeating the insurgency and building a stable Afghan state. Eradications of opium fields became a continual source of instability. Local leaders, integral to the legitimation of the central government, were blamed as farmers lost their primary livelihood, weakening any political bonds between the government and rural populations and fueling violence and rebellion. Local and national leaders became perceived as puppets to foreign powers, uninterested in the welfare of the local population.⁴⁰ The prevalence of the illicit opium trade illustrates the complex challenges of Afghanistan's future.

The impact of the Afghan drug trade is extensive, as trafficking of Afghan opium impacts countries throughout Asia and Europe. Opium from Afghanistan is smuggled in virtually every direction, feeding markets in Europe, Russia, China, and South Asia.⁴¹ For many countries along the major trafficking routes of Afghan heroin, the profits from drug trafficking by criminal organizations has made it problematic to stop. In Turkey, drug-trafficking organizations have grown immensely powerful as one of the major transit countries

along the Balkan route, which supplies nearly 80 percent of the Afghan heroin for the European market.⁴² Iran, as both a consumer and trafficker of Afghan heroin, has struggled to control smuggling along its eastern border, and the abundance of Afghan heroin continues to feed a significant addict population.

Southeast Asia's Golden Triangle is historically one of the major producers of illicit opium. During the Cold War, opium was a significant source of revenue for groups seeking independence from the Burmese government, like the infamous Shan United Army.⁴³ The incessant conflict led many farmers and state officials to become dependent on the opium trade. For farmers lacking other options, opium provided vital revenues to help offset the cost of food and other basic necessities. The Burmese military, local government officials, and warlords, too, became reliant on the revenue from the opium trade, taxing opium farmers and traders as a way of maintaining and consolidating control in the country's borderlands.⁴⁴ During the 1990s, almost half of the heroin (p. 636) used in the United States was believed to originate in Myanmar. In response, in 1994 the US Drug Enforcement Administration launched Operation Tiger Trap to stop the flow of Burmese opium, which immobilized many of the trafficking networks, cutting off the large US market from Burmese suppliers.⁴⁵ But traffickers soon recovered; the growing demand for the amphetamine-based substance, known colloquially as *yaa-baa*, led many of the local drug lords and commanders to shift to making methamphetamine.⁴⁶ Although opium supply declined after the 1990s, the loosening of borders into China and India, as well as trade connections to Taiwan and Australia, opened up new trafficking corridors and markets and sustained the opium economy.⁴⁷

Although Colombia was then infamous for cocaine production, and Americans largely consumed pharmaceutical opioids, the diminished demand for heroin after Operation Tiger was fed by low-grade Colombian heroin and black-tar heroin from Mexico.⁴⁸ After the 1990s, as US authorities tightened the grips on prescription narcotics and reduced access to opioids, Mexican groups have shipped larger quantities of black-tar heroin to fill US demand. This shift from pharmaceutical opiates to heroin played a significant role in perpetuating the opioid crisis in the United States. Many heroin dealers targeted middle-class communities that were known to have high rates of opioid prescriptions; heroin pushers offered users low-priced heroin, or offered heroin when users lost access to pharmaceutical sources.⁴⁹ Moreover, drug treatment programs are still hard to access for millions of Americans, and without significant efforts to reduce demand, Mexican heroin remains a driver of the opioid problem in the United States.

The illicit production and trafficking of opiates have become intractable problems in source and transit countries, especially Afghanistan. Although billions of dollars have been spent to stop production, little of this has worked. As long as demand remains robust, countries like Afghanistan, Myanmar, and Mexico will continue to supply the illicit market.

Cocaine

In the 1970s, cocaine emerged as the ideal recreational drug; it symbolized glamour, luxury, and ecstasy. Even with the paranoia of the crack-cocaine epidemic of the 1980s, the allure of cocaine helped it maintain a primary position in American party culture. However, since about 2000 the use of cocaine has declined in the United States, giving way to other stimulants such as amphetamine-based drugs. Yet during that same period cocaine use spread well beyond the United States, reaching new global markets and affecting the world in unforeseen ways.

In terms of consumption, the imagery of cocaine as the drug of the elite and high society played a considerable role in its spread downward to more mainstream consumers. The UN estimates that there were nearly 18 million users of cocaine in the world in 2018, a relatively stable number from decades prior, however, the contours of the cocaine trade evolved in the intervening period.⁵⁰ Although the United States pulled much of (p. 637) the supply of cocaine north from the 1970s through the 1990s, cocaine consumption then expanded to new markets in Europe and South America.⁵¹

Given the past prevalence of cocaine use in the United States and its role in consolidating the cocaine trade, the relative decline in US consumption is notable. A confluence of factors, such as more effective interdiction in Colombia, the violent impact of Mexican drug-trafficking organizations, as well as a pivot to new and more accessible markets such as those in Europe, seems to have contributed to the decline of American cocaine use.⁵² The United Kingdom, in particular, emerged as an intensive market for cocaine. During the early 2000s, a glut of cocaine in the UK market dropped street prices significantly, which in turn spread its use. Since then, rates of cocaine use in the United Kingdom far outpaced those of other Western European nations.⁵³ Furthermore, the market for cocaine grew well beyond Western Europe. Rates of cocaine use increased steadily in recent years in Eastern Europe, and certain African and Asian cities have emerged as the fastest growing markets for cocaine in the world.⁵⁴ New markets have also sprouted up closer to supply. Brazil, which borders the Andean producer nations, emerged as an epicenter of cocaine use starting in the 1990s. In many ways, Brazil was ripe for the cocaine trade. As new markets developed in Europe and Africa, trafficking patterns swung away from the traditional northern routes to the United States, and Brazil's long Amazonian border emerged as ideal space for drug smuggling.⁵⁵ Interdiction may have played a key role as repression of Colombian "cartels" diffused them into Brazil. Moreover, once a transit country, cocaine fit neatly into the social, economic, and political dynamics of Brazil by which endemic poverty, racial inequalities, gangs, and political corruption reinforced both the consumption and the trade in cocaine.⁵⁶

Although the geography of demand for cocaine shifted in the 2000s and 2010s, little has changed in regard to production, as cocaine is still grown overwhelmingly in the Andean regions of Peru, Bolivia, and Colombia. The limited changes to the dimensions of supply are even more interesting given long campaigns by source countries to reduce or eliminate cocaine production. For example, in 2000, the Colombian government launched Plan

Colombia in an attempt to significantly reduce the supply of coca. With the help of billions of dollars in US aid and assistance, Colombia began an aerial eradication campaign against coca farmers. Although the spraying of herbicide did result in short-term reductions in coca production, since 2010 it became increasingly evident that the plan did little to disrupt long-term coca production, mainly spreading it to southern areas of the country and back to Peru. Furthermore, Plan Colombia inflicted damage on the environment and the health of local peasant farmers, leading to more backlash about the long-term viability of coercive supply-side interventions.⁵⁷ It also raised debate about how coercive control strategies alter the contours of drug production, by pushing production from some regions into others that are less accessible to drug enforcement, long referred to by critics as the “balloon effect.”⁵⁸

However, there are limitations to this analogy. While law enforcement strategies did contribute to crop displacement, aerial eradications and interdiction efforts were often selective. Many traffickers were better funded and trained than their law enforcement counterparts; some farmers moved or expanded crops to mitigate the effects of climate change from El Niño and from plant diseases. Thus, some of the displacement and adaptation that occurred was as much a proactive effort on the parts of farmers and drug traffickers as it was a consequence of coercive state policies.⁵⁹ Ultimately, the illicit nature of the drug trade makes it difficult to know the precise impacts of such policies. Certainly, suppliers respond to added pressures and changing costs, but how much, and because of what sorts of pressures, is still unclear.⁶⁰ Nonetheless, crop eradications have proven unsustainable and relatively ineffective, evidenced by a massive rebound in coca production to record levels in the region by 2018.

Trafficking networks, in turn, evolved over the last twenty years, as new markets for cocaine emerged and new routes developed to feed established markets. One of the pivotal changes occurred in the late 1990s, as Mexican drug traffickers assumed control over the trafficking of Colombian cocaine, especially as international pressure mounted against Colombian trafficking organizations.⁶¹ Mexican traffickers became better positioned than their Colombian counterparts, as Mexico shared an 1,800-mile border with the United States. They also benefited from the liberalization of trade as a result of NAFTA, which reduced trade barriers between Mexico and the United States and made it far easier for Mexican traffickers to bring drugs across the border.⁶² Unfortunately, the most visible consequence of drug trafficking in Mexico has been the alarming rates of violence, with some estimates topping 160 thousand trafficking-related deaths since 2000.⁶³ The violence seems to stem from the recent political transformations. Historically, organized crime flourished under the rule and protection of the Institutional Revolutionary Party (PRI), but since 2000 and the election of Vicente Fox, PRI hegemony ended as Mexico democratized. Despite democratization, corruption remained endemic in both phases, weakening political institutions and reinforcing the spiral of drug violence.⁶⁴

Efforts to combat the drug trade only further amplified violence; in 2006, President Felipe Calderón began a new war on drugs in Mexico. This was later reinforced by the Mérida Initiative of 2007, a security pact with the United States that increased security opera-

tions against drug-trafficking organizations and organized crime. Drug-trafficking organizations, such as the Sinaloa Cartel led by “El Chapo” Guzman, battled the Gulf and Juárez cartels for control of key corridors or border entries into the US market while simultaneously battling the increasingly militarized Mexican government. Ciudad Juárez, which borders El Paso, Texas, is one of the chief entry points for Mexico-US trade and also became one of the most vital smuggling sites for drug traffickers. During Calderón’s war on drugs, Ciudad Juárez became the most violent city in the world.⁶⁵

The changing contours of cocaine use, mainly the decline in the United States and growth of European markets, led to West Africa, once a notable transit point for the heroin trade in the 1970s, emerging as a hub of cocaine trafficking networks into Europe. Nigeria and Guinea-Bissau, in particular, were both well suited to facilitate transit to Europe. Latin American cocaine smugglers found Nigeria an ideal location for cocaine transit; the country has a long history of global trade, with certain ethnic (p. 639) groups well-versed in smuggling.⁶⁶ It was Guinea-Bissau however, that became regularly dubbed a “narco-state.” Drug trafficking thrived in Guinea-Bissau not necessarily because of the state, but due in part to a small network of elites that relied on the drug trade to finance their political survival.⁶⁷ In both cases, new illicit drug flows took shape as global consumption expanded beyond traditional markets to Western Europe, the effects of which are felt acutely in Nigeria and Guinea-Bissau.

Cocaine use and the trade, reaching record levels in 2020, shows little signs of slowing down. The street price for cocaine remains high globally and the industry itself is believed to be worth anywhere from \$34 billion to \$84 billion, methodological measurement disputes aside.⁶⁸ Ultimately, the allure of cocaine as a high-class “party drug” remains an enduring force as its impact continues to grow among monied classes around the world.

Amphetamine-Type Substances

The shifting sands of the global drug trade are also influenced by the growing consumption of drugs that are deeply intertwined with the legal pharmaceutical industry. Much like opioids, amphetamine-type substances (ATS) became by the twenty-first century some of the most widely used and abused illicit drugs on earth, with UN estimates of nearly thirty-four million users of the drug worldwide.⁶⁹ While illicit forms of methamphetamine were widespread throughout the United States by the 1990s and 2000s, it was the explosive rise of ATSs in the 2000s in Asia that defined their growing global impact.

Amphetamines are powerful stimulants and have long been sought for their ability to ward off fatigue and sleep. Throughout the twentieth century, amphetamines were woven into the cultural and social life of various countries; they were commonplace from military applications in Nazi Germany during World War II, as well as among Allied air forces, and Japan struggled to deal with unprecedented methamphetamine abuse after the war.⁷⁰ But in the last thirty years, the demand for illicit amphetamines has again sharply grown.

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Following the crack epidemic of the 1980s, a form of amphetamine, methamphetamine, took the United States by storm. Amphetamines (“speed” or “crank”) quickly became the drug of choice, especially among truckers and rural Americans; they were easy to produce, cheap, and created a powerful addictive high. Truckers, in particular, proved key to the spread of knowledge of amphetamines eastward from their origins on the West Coast.⁷¹ Even to this day in the United States, as the opioid epidemic rages on, methamphetamine remains in high demand.

The major market for ATs to emerge after 2000 lay in Southeast Asia. Opiates historically dominated illicit drug consumption in countries like Thailand. However, in 1996, the surrender of infamous opium warlord Khun Sa in neighboring Myanmar severely disrupted the heroin trade. To offset their opium losses, producers transitioned to making methamphetamines; in turn, methamphetamine use exploded, quickly (p. 640) becoming the most consumed illicit drug in the already vibrant Thai market. Colloquially known as *yaa-baa*, Thai authorities estimated four hundred million pills of *yaa-baa* were consumed annually.⁷² Use of amphetamines grew beyond Southeast Asia, and by 2005, China, with its growing consumer base, developed a taste for amphetamine-type substances. By 2010, the number of registered addicts of ATs far exceeded those for heroin and other opiates.⁷³

The US market for amphetamines was fed primarily by two sources. During the early 1990s, when methamphetamine use was still relatively low, many people figured out how to make methamphetamine from store-bought products containing pseudoephedrine. The Internet was critical to this process. Thousands of producers learned how to make methamphetamine without ever having to leave the confines of their kitchens. Homes, especially in rural zones, were converted into makeshift labs. However, after the passage of the Combat Methamphetamine Epidemic Act of 2005, which limited the quantities of products containing pseudoephedrine any individual could buy, supply shortages were eventually filled by criminal organizations producing in Mexico.⁷⁴ Moreover, Mexican methamphetamine, with pharmaceutical inputs from Asia, proved of far superior quality than that formerly produced using pseudoephedrine and household products. Nonetheless, methamphetamine remains one of the hardest illicit drugs to suppress, due in part to the fact that one of the core ingredients for making meth, pseudoephedrine, is a common legal drug sold in almost every pharmacy in the United States.⁷⁵

Production of ATs in Southeast Asia, especially *yaa-baa*, is confined to the rugged mountainous regions in the north of Myanmar. As Thailand strengthened interdiction of heroin production in the 1990s, many traffickers in Myanmar shifted to producing methamphetamine.⁷⁶ Many of the prominent drug lords in the region, Khun Sa and Wei Xuegang for example, recognized *yaa-baa* as the wave of the future and forced the transition of production from heroin to methamphetamine.⁷⁷ For men like Wei Xuegang, it was far easier to acquire the necessary ingredients for methamphetamine production as most, if not all, of the world’s pseudoephedrine is produced in China.⁷⁸ The massive consumption in Thailand, as well as the rapidly growing demand in China, Laos, and Cambodia, prompted major changes to trafficking patterns in the region. The Thai corridors once blocked because

of strict enforcement against heroin, reopened in the 2000s. Furthermore, the loosening of trade barriers between Myanmar and China during the late 1980s and 1990s also eased drug trafficking between China and Southeast Asia, much like what globalization did at the Mexico-US border in the Western hemisphere. And for the Thai and Chinese governments, enforcing the borders in this region is next to impossible, defined by dense forests and mountains, a smuggler's paradise and a policing nightmare.⁷⁹

The growing supply and demand for amphetamines shows no signs of abating. Methamphetamine, and other ATSS such as MDMA (the rave drug "ecstasy") and a litany of so-called designer drugs, are expanding throughout Europe and Africa.⁸⁰ Moreover, the illicit market is underpinned by the legal pseudoephedrine industry. As a result, the role of illicit amphetamines in the global illicit drug trade is not only intertwined with transformations in the use of other drugs, such as cocaine or heroin, (p. 641) but with legal, over-the-counter drug markets. As demand for stimulants evolve, amphetamines will likely play a central role in the drug trades of the future.

Conclusion

Since Kofi Annan's proclamation in 1998, the goal of a "drug-free world" has been an unattainable dream. Illicit drugs are not only widespread but have become even more diversified, potent, and globally interconnected. This, despite the continuation of a militarized and well-funded international drug control regime, whereby many countries embraced harsh and punitive penalties for the use and trade of drugs. Why and how this has occurred reveals many of the inconsistencies, dilemmas, and failures of the continued global war on drugs, as well as the many challenges in reducing misuse by other means.

The evidence of the failed war on drugs is overwhelming. Cannabis remains the most prevalent illicit drug in the world. In parts of Europe and the United States, the intensifying appeal of cannabis products led to significant changes to the legality of the drug; for example, a growing list of countries and states within the United States that have decriminalized or even legalized recreational use. Opiate use continued to expand and reach new markets, as well as affecting its traditional strongholds across Asia. In the United States, the consumption and misuse of pharmaceutical opioids became so rife—a so-called epidemic—that tens of thousands of Americans have died annually from overdoses of legal opioids, while generating massive profits for pharmaceutical companies. In contrast, the illicit heroin trade still remains an enduring base of the global drug trade. This is most evident in Afghanistan, which continues to produce most of the world's illicit heroin and shows little sign of slowing down, especially since the opium trade is deeply intertwined with that country's litany of political and military conflicts.

Although cocaine use apparently leveled off in the United States in the early twenty-first century, it spread elsewhere, particularly to Western Europe and Brazil. Even though the cocaine trade seems reduced in terms of the number of regular users compared to opiates and cannabis, it remains expensive and thus lucrative and conflict-prone. Furthermore, cocaine trafficking continues to affect countries in the Americas, such as Mexico,

exacerbated by free-trade policies that expanded trade between both countries. Moreover, given its long border with the United States, Mexico was ideally suited to cater to the changing demands of American clientele, either as they demanded more methamphetamines, or heroin to replace access to pharmaceutical opioids. In this case, what might explain the relative stasis of cocaine in global terms was the upsurge of the market for amphetamine-type substances. In both the United States and Southeast Asia, methamphetamines emerged as a significant slice of the illicit drug trade. Moreover, given how lucrative amphetamines are as legal pharmaceutical products, and the relationship of their illicit industry to the legal one, it is likely that the amphetamines trade will only grow in size and scope.

(p. 642) Billions of dollars have been spent to stop the global illicit drug trade since the 1990s; yet, that trade shows no signs of stopping. It was, and is, the persistence of the global drug trade in the face of continued prohibition that prompted figures, such as Annan, to begin to question the dominance of this international policy. It remains to be seen whether governments and international organizations of the United Nations will adjust their policies in accordance with the growing realities of worldwide drug usage.

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