Published in final edited form as:

Subst Use Misuse. 2012 ; 47(0): 1402–1405. doi:10.3109/10826084.2012.705687.

Has United States Drug Policy Failed? And How Could We Know?

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Abstract

Discussions of drug policy tend not to consider whether the stated goals of policies are an accurate statement of what they are meant to do and also may not consider the fact that what benefits some people may harm others. We explore these issues and present an agenda for research in this area that, while not eliminating these difficulties, both illuminates them and can help guide actors toward more effective action.

Keywords

policy research; drug policy; harm reduction; conflicting interests; vocabularies of motives; drug user; people who use drugs

On its surface, it is easy to answer the question of whether US drug policy has failed. It is equally easy to answer this question for any nation with decent data, or the international drug policy regime. One reads the stated goals of the policy, evaluates the extent to which they have met these goals, and compares this (perhaps) with other benefits and harms that have come from such policies, and reaches a decision based on these data.

A sometime overlapping, but philosophically distinct perspective, approaches evaluation in terms of set goals: You look at the harms produced by the policies, compare these to the benefits, and reach a decision based on these data.

We have engaged in research from both of these perspectives. Nonetheless, in this brief paper, we raise questions about the philosophical and social assumptions of both of them.

The first assumes that the stated goals of programs are an accurate statement of what they are meant to do. Such an assumption ignores centuries of political theory and social analysis of “goals” and the processes that lead to statements of goals. Machiavelli (1999), Mills (1940), and Blau & Scott (1962), among many others, have written about how political leaders mislead other people about their goals, about the social processes and contrary interests that negotiate around writing goals statements for organizations or policies, about differences between the goals of those who make high-level policy and those who translate

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Declaration of Interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the article.

it into organizational policies and day-to-day action, and the relationships of situated actions and vocabularies of motives.

Within the framework of accepting the stated goals as if they were agreed upon and “real” goals, it can be valuable to conduct research that takes the proclaimed goals at face value and studies whether the policies have the outcomes that they are said to be meant to have. We should not be surprised, however, when evidence that policies do not meet their proclaimed goals does not lead to policy change. This may be because policymakers do not understand or accept the research—but *it may also be because the underlying needs and goals of drug policies have little to do with their stated outcomes*. As an example of research that takes stated goals as real, we and our colleagues have shown that arresting people for possessing heroin or cocaine is associated with increases in HIV-related harm and is not associated with declines in the population prevalence of people who inject drugs even though a stated purpose of criminalizing drug possession is to reduce the extent of harmful drug use (Cooper, Des Jarlais, Ross et al., 2012; Cooper, Des Jarlais, Tempalski et al., 2012; Friedman et al., 2006, 2011).

A recent International Drug Policy Consortium (2010) guide recommended, among other issues, that “drug policies should be developed through a structured and objective assessment of priorities and evidence.” Although this statement shows that most governments have not systematically considered priorities and evidence in designing the prevalent drug policies, it does not discuss possible relationships between priorities that are discussed and underlying goals that powerful actors might not be enunciating.

The second approach (balancing harms vs. benefits) has a serious flaw of a different kind: It assumes that the various people, groups, agencies, and institutions of society have common interests and common values. That is, it assumes that what harms one person, group, agency, or interest is a general societal harm; and it assumes that what benefits one person, group, agency, or interest is a general societal benefit. It also assumes, beyond this, that these generally consonant values and interest are weighted the same by all actors. If any of those assumptions fail—and they do so in all modern societies—then it is impossible to determine the extent to which a given outcome is harmful versus a benefit, and thus it is impossible to conduct the measurement exercise needed in order to maximize benefits or minimize harms. It might be thought by some readers that this is a controversial and perhaps even politically radical statement. It is, however, widely accepted by microeconomists and is the basis for the Arrow Impossibility Theorem (Arrow, 1963), functionalists like Talcott Parsons (whose emphasis was on *dominant* values, not consensus), and pluralist political scientists, as well as by Marxists and other radicals.

These are not Just Abstract Points

An example is whether there is any way to balance the harms versus the benefits of having a drug user die of HIV/AIDS, or of having drug users suffer from community stigmatization. The reader might assume that these are obvious examples of harms since they hurt the users in question—but this does not consider whether the death or suffering benefits others. The stigmatization of deviance was held by Durkheim (1895) to strengthen social integration; and Friedman (1998) showed ways in which scapegoating of drug users, including having them die of HIV/AIDS, benefits economic and political elites by dividing potential opposition forces. Put in stark terms: These suggest that elite actors in society benefit from the harms that drug users suffer.

To make this even more concrete: A recent report by the Global Commission on Drug Policy states very clearly, “The global war on drugs has failed” (Global Commission on Drug Policy, June 2011, p. 4). We are in many ways in agreement with this statement. But

we have to ask ourselves, “Whom has it failed? Whom has it benefited?” The report sets out clearly whom it has failed. But to what extent has the drug war served those with power and wealth by functioning as what Kevin Philips called a “social issue” that would help keep them in power (Philips, 1969)?

So where does this leave us? Are we to conclude simply that we cannot know the true goals of drug policy or even figure out whether its benefits outweigh its harms? In part, yes, we think we need to conclude this. On the other hand, once we accept the impossibility of developing absolute metrics for understanding whether drug policy succeeds or fails, we think this creates a new research agenda for this field. We are not sure this agenda is totally new, however. Groups like the University of New South Wales Drug Policy Modelling Program certainly capture some elements of what is needed by their multiple-outcome approach to drug policy research.

Toward a New Research Agenda

Above, we identified two issues: How to identify the goals of policies and the problem of contradictory interests. Taken separately, the research agendas for each are relatively straightforward. It gets more complicated when we try to develop a policy research agenda that takes full account of both issues.

To understand the goals of drug policy, one would engage in a series of ethnographic and historical studies of policy making. It would be useful to have these for debates around harm reduction policies, policing policies, and drug legalization—as well as for “nondecisions” (Bachrach & Baritz, 1963) in which these issues did not make it onto the agenda for debate. These are the standard tools of political science and political sociology. They should generate a number of insights into the various interests that help formulate these policies, the vocabularies in which they frame motives (Mills, 1940), the extent to which some or all policymakers may be unaware of the implications of what they are doing, as well as insight into whose voices and interests are not taken much (or any) account of. We should not, of course, expect that there will necessarily be agreement on these issues among researchers. As evidence, we would point to my own analyses of drug policy in Friedman (1998) and Friedman, Southwell, Bueno et al. (2001)—and the considerable differences of opinion that the different commentators on the latter paper put forward (Blane, 2001; Carlson, 2001; Friedman, Southwell, Crofts et al., 2001; Hunt, 2001; Reinerman, 2001; Ross, 2001; Rossi, 2001; Scott, 2001; Wiebel, 2001).

In principle, it is easy to conduct research in a situation of competing interests and values. One “simply” lists the various individuals, groups, agencies, and institutions and their interests and values, and then assesses policy outcomes for each, developing a table that estimates the benefits and harms for each of these concerned parties. Of course, here again, there is no consensus among researchers or policymakers/contestants about who these “concerned parties” are or should be. Different analytic schools will have different ways of thinking about this—whether on the scholarly dimension of functionalism versus pluralism versus Marxism versus microeconomics, or in terms of such issues as whether drug users’ organizations (Friedman, Schneider, & Latkin, 2012) should be considered as legitimate contestants.

The difficulties of deciding how each party would evaluate the harms and benefits are also legion. In fact, they raise exactly the same issues as are raised in considering the goals of drug policy as a whole: How do you determine the goals, harms, and values that each party does and/or “should” put on each outcome?

CONCLUSIONS

We do not want to be too critical of previous researchers (including ourselves) for engaging in forms of policy research that accept assumptions that most existing social theory holds to be questionable at best. There are many reasons for engaging in such work, not least of which is that this is the existing “coin of the realm” in most policy research. To step outside of these assumptions is to risk one’s political legitimacy and one’s funding. This is not a minor issue, nor should it be travestied by seeing it only in terms like “playing safe” or protecting one’s livelihood. Researchers in this field want to contribute to better policies and programs—and to become “suspect” threatens one’s ability to do this.

Nonetheless, we think that the assumption that policy-makers’ statements about the purposes behind their policies are accurate statements of the interests and values these policies are meant to further is deeply disabling to our ability to make sense of policy or to critique it effectively. In addition, the assumption that there is a common metric of shared values and interests, and thus that we can evaluate policies and their impacts in terms of their balance of harms versus benefits, can lead to difficulties in understanding why policies do not change and in assessing how they might be changed.

Put in different terms: A wide range of political and social theories accepts the view that societies include competing and perhaps contradictory interests, needs, and values. The least we can do is to write and act in the drug policy field as if we realize this and take seriously its implications.

Acknowledgments

The authors would like to acknowledge support from U.S. National Institute on Drug Abuse projects R01 DA031597 (Developing Measures to Study How Structural Interventions May Affect HIV), R01 13336 (Community Vulnerability and Responses to Drug-User-Related HIV/AIDS), R01 DA19383 (Staying Safe: Long-term IDUs who have avoided HIV & HCV), R21DA026328-01 (Staying Safe: Training Injection Drug Users in Strategies to avoid HCV and HIV infections), and P30 DA11041 (Center for Drug Use and HIV Research); as well as support from a Fogarty International Center/NIH grant through the AIDS International Training and Research Program at Mount Sinai School of Medicine-Argentina Program (Grant # D43 TW001037) and by the Buenos Aires University (UBACyT 20020100101021). Hannah Cooper provided insightful suggestions.

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