

Fear and Loathing in Drugs Policy: Risk, Rights and Approaches to Drug Policy and Practice

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Introduction: Contested Policy Arenas

Nearly 10 years ago in an edited book on cross-cultural drug use (Coomber and South 2004), we briefly introduced the argument that there is, and has been, an overly homogenized understanding of “drugs,” drug risks, and the dangers they present to the societies in which they are used. We further argued that there has also been a relative homogenizing of how drug risks have come to be perceived across cultures and nations largely following from the dominant drug control policies pursued by Western nations that have assumed that it is axiomatic that all drug use is problematic, unneeded, and should be prohibited or controlled. Epitomizing this position (only slightly relaxed in 2012) we referred to the United Nations General Assembly Political Declaration from 1998 that stated:

Drugs destroy lives and communities, undermine sustainable human development, and generate crime. Drugs affect all sectors of society in all countries; in particular, drug abuse affects the freedom and development of young people, the world’s most valuable asset. Drugs are a grave threat to the health and well-being of all mankind, the independence of States, democracy, the stability of nations, the structure of all societies, and the dignity and hope of millions of people and their families. (United Nations General Assembly Political Declaration 1998, p. 3)

Although statements of this nature are not uncommon in generalized discourses of governments and major organizations around drug use, homogenizing drugs and thus drug risks in this way over-simplifies to a level that is unhelpful in too many respects: it fails to differentiate risks between substances; between contexts of use,

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and between cultures of, and motivations for, use. In addition, this statement generates questions that are not answered and contains contradictions that are not recognized. Briefly, for example, the ideals of “sustainable human development” and the “freedom and development of young people” are referred to and seem to imply a life-stage development model of “growing up,” but the idea of *sustainability* might also lead us to wish to critically consider the economic and environmental contexts in which young people are “growing up.” The declaration is also aspirational in stressing the need to preserve independence of states, democracy, and the dignity of peoples. These are concepts, principles, and values that are very much tied to the idea of rights. Giving due consideration to such matters complicates debates and raises questions that are uncomfortable for prohibitionists and drug-warriors who wish to set out and stand by stark statements that differentiate between what they see as “right” and what they see as “wrong.” In fact, as most commentators on drug use and supply acknowledge, the world is more complicated than this and, furthermore, as we will show, questions relating to both risks and rights manifest themselves frequently but differentially in relation to all drugs, depending on a variety of factors.

In many respects, the imperialism of homogenizing risks backwards (to all drugs and drug use) and “downwards” (from “developed” to less developed nations) has meant Western values and concerns have polluted traditional and less developed nations’ views on how multifarious forms of comparatively non-problematic drug use should, or can, be both understood and managed. In such a context complexity is simplified and traditional practices become marginalized in the face of “progress” and managing risks. In reality, nearly all ideas and statements on risks are politically, morally, and historically located and they do not present themselves to be simply read off from some set of objective risk criteria. Often they emanate—as is the case with drugs and drug use—from a framework of fear, confusion, and misconception (Coomber 2011, 2013).

This chapter will consider how and why forms of drug use are feared and situated as they are, the consequences this has for understanding traditional drug use in its original settings, and also for understanding how drugs are understood and dealt with in new settings beyond their origins. We will also consider this from a perspective of human rights and social justice related to drug use and how this relates to the preservation of both the environment and traditional ways of life. The key concept of “drug, set, and setting” will be used to provide illustration of complexity and of “situated risk” (Coomber 2006). We will argue that cross-cultural policy can be understood as operating within a broad framework of fear and misunderstanding around “drugs,” and that it is this which makes much policy overly simple in approach and policy makers resistant to the arguments of evidence-based and rights-based positions.

Drug, Set and Setting: Situated Risk

In this section, we will consider how drug risks have been both culturally and formally presented, but, more importantly, how those risks have been transposed into legal frameworks and punishment guidelines. Having considered the limitations of these frameworks, as well as some that have been promoted and accepted as more rational and thus progressive in their understanding, we will consider drug-related risks in light of Zinberg's (1984) notion of drug, set, and setting, as well as that of the "risk environment" (Rhodes 2002).

Understanding risk, despite common sense notions, is not straightforward. The risk of danger from any one specific thing is always contingent. It is contingent on the likelihood of that risk actually occurring (say, in the case of an outbreak of an air-borne disease such as SARS), and then also on the risk of exposure (those working in schools, universities, and airports, for example, may be more likely to contract a population-level disease than those working in the open air with few other people to come into contact with). Beyond that, if the disease is contracted, the level of risk will then depend on other factors, such as whether those that contract it are healthy or less so, and thus vulnerable to greater harm. The risks will be even greater for some members of a given population if the cultural practice is to exercise little by way of interpersonal consideration for others (such as sneezing, coughing, or spitting with little care in public settings), or if the population perceives little risk and does not alter its behavior in ways to mitigate against possible harms. The latter may or may not depend on the extent to which government or other authority chooses to consider the risk as worthy of meaningful public health action, and if so, the effectiveness of any consequent action taken. Numerous factors may affect such decisions. In the case of HIV/AIDS in South Africa, for example, the cost of the Mbeki government's denial of risk related to HIV/AIDS, and the failure to provide antiretroviral treatments, has been estimated to have caused the early deaths of over 300,000 individuals (Chigwedere et al. 2008).

In the case of drugs and national laws, it is not uncommon for arrest and punishment criteria to be broadly based upon perceived risks (Police Foundation 2000; Rolles and Measham 2011; Sentencing Council 2012). In the UK, such a position is effectively enshrined in the 1971 Misuse of Drugs Act and its classification system that allocates specific substances to either Class A, B, or C. Drugs that are listed under Class A are considered to be those that constitute the greatest individual and social risk. Heroin is listed under Class A, as is cocaine (with no differentiation between powder and crack), MDMA or ecstasy, coca leaf, and poppy straw. Class B includes amphetamine, methylamphetamine, cannabis, and cannabis resin. Class C includes, among others, cathinone (and derivatives), and various prescribed benzodiazepines and opiate derivatives. Such classifications are not necessarily consistent even across developed nations in the West. In the US, heroin (diamorphine) is illegal and prohibited even for medicinal use, much to the consternation of many US medics. In the UK and most other countries of the world, diamorphine is a controlled drug with prescribed use permitted, including

the self-administration of diamorphine by patients in certain settings (Mann et al. 2005). The risks considered to pertain to diamorphine (heroin) in most countries are thus, in part, reflective of differential contexts and motivations or need for use; whereas, in the US, the presumed risks attached to it place it firmly outside the boundaries of beneficial use.

Such schemata have been subject to a range of criticism that essentially argues that current control systems rely less on the evidence base of comparative risk and more on historic, non-evidence based assumptions about relative harms associated with substances (Coomber 2006; Rolles and Measham 2011; Beynon et al. 2007; Nutt et al. 2010; Walsh, this volume). There have been attempts to discuss and displace these schemas with more “rational” ones based on improved evidence-based data on relative risks (e.g., Nutt et al. 2010). These newer approaches have also been notable for their inclusion of tobacco and alcohol being placed meaningfully high up the list and the inclusion of a “societal harm” index as well: a measure of the harm done to society beyond the inherent riskiness of the substance. However, while these newer approaches try to deal with the inconsistencies of the classification system and recognize risk as relative to actual, rather than perceived, harm regarding each substance, and that legal drugs also need to be included if a rational approach to drug control is to be undertaken, they fail to go far enough: They still see risk as something essentially located within the substance itself, similar to how people would view a poison like cyanide. They fail to grasp the complex social and political contexts that, in part, *produce* schemas of risks, including those related to supposedly objective data around mortality and dependence (Rolles and Measham 2011), and thus fall prey to some of the same criticisms they have laid at the door of conventional understandings. However drugs, and indeed many poisons, cannot have their risks simply read off in this way; the risks to both individual and society from drugs, just like the example of SARS above, are fundamentally contingent on circumstance, culture, group, and individual. Rolles and Measham (2011) sum this up thusly:

If analysis is to include the capacity to capture the complexity relating to drug using behaviors and environments, specific personal and social risks for particular using populations, and the broader socio-cultural context to contemporary intoxication, there will need to be acceptance that analysis of the various harm vectors must remain separate—the complexity of such analysis is not something that can or should be over-generalized to suit political discourse or outdated legal frameworks. (p. 243)

If we take heroin as an example, we can find many confounding factors for how heroin risks should be understood as opposed to how they are commonly portrayed. Heroin is a drug that has been subject to a great deal of misconception over many years (Coomber and Sutton 2006; Kaplan 1985; Darke and Zador 1996; Zinberg 1984; Krivanek 1988; Brecher et al. 1972; Smith 1972; Coomber 2011). Some of these common misconceptions are that it kills very easily and that heroin users will likely end up dead, either through overdose or through dangerous cutting agents in the heroin, or addicted for life. The onset of addiction is thought by many to be extremely quick, if not nearly instant, and as such, heroin (perhaps now vying with crack cocaine) has long been considered as the most dangerous

and feared of all illicit drugs. When we look at heroin mortality statistics, however, the first thing we find (in the absence of epidemics of HIV/AIDS) is that there are less people dying of heroin per se than might be arguably expected. In addition, very few fatal overdoses are simply “heroin overdoses”: most heroin overdoses in countries like the UK occur because either long-time users newly released from prison attempt to use the amount they used to when they had a higher tolerance or, just as commonly, because the heroin user had been consuming too much alcohol or other drugs, or are successful intentional suicides (Darke and Zador 1996). Fatal heroin overdoses are thus contingent on context and other drug use patterns. This is further evidenced by the fact that few neophyte (new) users die from heroin overdose; the opposite of what might be expected. So, heroin does not conform to popular stereotypes in many respects: it is *not* like a poison in the sense that merely using it at doses the user is introduced to or used to will kill or even likely cause overdose; addiction is *not* particularly rapid and usually takes months if not years to occur (Coomber and Sutton 2006); heroin is *not* cut with dangerous substances like rat-poison, ground glass, and scouring powders (Coomber 2006), and there is an ageing population of heroin and other opiate users around the world demonstrating that mortality is far from inevitable (Beynon et al. 2007; Gfroerer et al. 2003; European Monitoring Centre for Drugs and Drug Addiction [EMCDDA] 2007). Injecting heroin is riskier than inhaling (“chasing the dragon”) or snorting; using daily is riskier than using occasionally; using heroin only is less risky than using it with other drugs; injecting street heroin in unhygienic spaces and/or through poor injecting techniques is riskier than doing so in clean spaces with pharmaceutical heroin by people with good injecting technique and experience (like doctors, nurses, and dentists). As long ago as 1972, Brecher et al. had previously related a whole list of eminent opiate addicts for whom decades of managed use presented almost no problems other than those brought about by having to hide their habit:

In July 1969, Dr. Stephen Waldron of Arthur D. Little, Inc. presented some of the findings of these two studies in testimony before the House Select Committee on Crime. The Federal Bureau of Narcotics files and the Lexington data, he reported, independently led to the same conclusion, that “roughly 30 percent of all the drug abusers actually are legitimate people, in the sense that they have a job which they keep - whether because of, or in spite of, using drugs, it is hard to tell.” They tend to be professional people, doctors and lawyers, quite a number of housewives, some musicians, but not too many; people who appear to the outside world to be fairly normal, and people who do not seem to get in trouble with the law, except after long periods of use when they may get picked up through a contact, or in some cases where they turn themselves in for treatment in the Public Health Service Hospital. (1972, p. 291)

People can inject heroin for 20 or 30 years with either few harms accruing (e.g., if they have a steady supply of good quality heroin they can afford; clean injecting equipment and appropriate safer approaches to injecting), or they can be subject to serious health harms and/or death if circumstances conspire to make riskier behavior more likely, as can be compounded by prohibition. In the absence of risky ways

of using heroin, there is also a relative absence of harms. Context and motivation matter.

What all this suggests is that drug risks are not simply inherent to the nature of the substance per se and as such should not be simply “read off” as if any indications of appropriate policy trajectory were entirely evident. Chewing coca leaf is not the same thing as using cocaine and that is not the same as using crack cocaine (see Metaal, this volume). Using opium in the fields of rural India is not the same, either in function, meaning, motivation or risk, as using opium or, indeed, heroin for hedonistic or self-medicating reasons. To declare hallucinogenic mind-altering use as having no purpose to society (as in the case of the US and UK) ignores the cohesive and functional and less risky use of it in ritualized and traditional contexts such as the use of ayahuasca by the Church of Santo Daime (MacRae 2004) and related derivative or alternative groups; Ebene by the Yanomamo in Venezuela (Chagnon 1983) or coca leaf chewing in the Andes (Rivera Cusicanqui 2004; Metaal, this volume) to list but a scant few.

To formalize this conceptually, an informed statement on drug risks (just like drug effects more widely) has to go “beyond” the drug. Such a statement would have to encapsulate what it is that the individual or group does, the kind of person/s or group/s they are, and be sensitive to the context that the individual or group is within: what Zinberg (1985) usefully introduced as a triumvirate of drug, set, and setting. Set refers to the psychological state of mind (e.g., anxious, happy, excitable) of an individual but also, for example, the beliefs that they might hold about the effects of a drug or how others might perceive them. Setting intermingles with this to some degree, as context and setting affect mind-set, but it is also important as a structural context, i.e.: prohibition; an immediate context where drug use is frowned upon or fully accepted; using in a group or alone; living or working with drug using peers or non-drug using peers; using in a culture that uses in more risky fashions, rituals, or patterns of administration, and so on. We would like to add to this the notion of process (Moore 1993), whereby temporal shifts in set and setting produce changing patterns of use, risk, and behavior. The effects of a drug and the consequent behavior of the user are thus neither predictable nor fixed, as Zinberg effectively demonstrated in relation to addiction and heroin. Some heroin users are able to desist their use, others can effectively control their use either at non-addicted levels or even when addicted. In relation to risk, for example, Bourgois et al. (2004), has shown that, in a drug-using culture where men control the injecting process and paraphernalia and are the “protectors” of women, conventional gendered power relations can increase the risk of blood borne disease to those women as compared to the men. This shows us that the specific risk environment (Rhodes 2009) drug use takes place in will affect all manner of related outcomes, including the extent and nature of related health harms and risks.

Drug risks are thus contingent and situated. The risks are contingent on a variety of factors such as type and strength of the drugs being used, how they are used, and in what context and with what motivations and purpose they are being used. They are situated because the wider context of prohibitions, beliefs about any one drug and its risks, and how drug users and “drugs” should be managed or dealt with, all

frame the contingencies even further. This framing has a broader history and, in relation to drugs, we argue that it is a framework of fear that has been instrumental in policy decisions and legal frameworks reflecting risk rather than a sensible and contextualized evidence-based approach to risk.

Fear, Risk, and Policy Developments

As we can see from the discussion above, there is an overly bio-chemical and overly homogenizing approach to understanding the risks that drugs present. This narrow framing of drug risks as relatively separate from context has had the consequent effect of presenting drugs and types of drug use as problematic beyond the setting in which they are perceived as problematic. This has happened many times in history, as has the attribution to drugs of powers far beyond those they possess in reality (Musto 1987; Coomber and Sutton 2006; Krivanek 1988; Kohn 1992). Thus, from the doom-mongers who saw the supposed ravaging of China by foreign opium as justification for harsh international control in the nineteenth and twentieth centuries (Dikötter et al. 2004), to those who saw the mid-1980s experience of crack cocaine in New York as the start of probable epidemic desolation wherever crack was to appear (Reinarman and Levine 1997), fearsome stories of what will happen if prohibition isn't enacted forcefully has been the norm. This is not the place to rehearse the various myths, misconceptions, and exaggerations of risk attributed to specific drugs, from opium, heroin, cocaine, crack-cocaine, methamphetamine, and LSD through to (now ex-)“legal highs” such as mephedrone; but to merely state that this has been commonplace, continues, and is problematic in that it contributes to a framing of how the drug problem is conceptualized (Coomber 2011, 2013).

So, while an exaggeration of drug powers, of drug risks, and the very nature of the drugs in question, has been common and important in framing the nature of the drug problem, we need to go beyond fears related to just drugs and also consider the fears, anxieties, and prejudices that have tended to group around those that are the *users* of the drugs. This is because, along with the fear of drugs and the chemical risks they seem to present, the drug control policy literature also strongly points to an ever-present duality whereby fear of substance has been accompanied by a mistrust and fear of the users of those drugs (Lloyd 2010; Berridge 1998; Musto 1987; Kohn 1992; Coomber 1998, 2006, 2011, 2013; Dikötter et al. 2004; Courtwright 1995; Fitzgerald and Threadgold 2004). This fear of users has long been shown to have its roots in racism, prejudice, and a fear of “others” seen to be undermining or polluting society with behaviors and practices poorly understood while using substances similarly misunderstood (Musto 1987; Berridge 1998; Kohn 1992; Coomber 1998). Risks from both are weakly understood and unreasonably amplified. Exaggeration of risk amplifies levels of fear, and policy—increasingly of the precautionary kind in the modern world—responds accordingly. In relation to drugs and drug use, the prohibitory trajectory has been consistent.

Fear and risk are thus inextricably linked to how the problem is conceptualized and then responded to. More evidence-based and reasoned understanding of risks leads to moderated fears and thus provides an opportunity for policy to also be moderated and become more evidence-based in turn (Coomber 2011; Feilding, this volume).

Human Rights, Social Justice, and Drug Use

In our earlier work (Coomber and South 2004), we were recognizing the wrongs that undermine human rights and social justice when labels of “otherness” are applied and policies based on dominant Western sets of beliefs and assumptions prevail in political agenda-setting forums. Regardless of claims that we live in a late-modern world of globalization and hyper-communication, where cosmopolitanism is replacing colonialism and cultures, and where borders and prejudices have been breaking down, the reality is that problems of misunderstanding persist (Habermas 2001). When it comes to culturally sensitive and “different” behaviors, it is still the case that much can be “lost in translation.” As Schuerkens (2003) observes:

In the emerging contemporary world, two processes of social transformation increasingly and inextricably intertwine. On the one hand, there are universalizing processes of modernization and globalization, mostly of Western origins, that are spreading all over the world. On the other hand, there are tendencies to maintain traditional life worlds, attempting at keeping up the authenticity of their cultures. The interaction of these processes results in varying forms of implantation of, and adaptation to, Western modernity and culture, crystallizing in differing mixtures and hybrid modes of Western modernity and non-Western traditions, various forms of reaction and resistance to the imposition of the Western model, or various forms of dissolution and destruction of traditional life-worlds through the impact of the Western civilization. (p. 195)

Examples of the latter informed many of the chapters in our earlier book, while other chapters illustrated forms of accommodation or hybridization; similar examples and themes are elaborated in Labate and Jungaberle (2011) in relation to ayahuasca use and changes in cultural systems in Brazil. (See also Feeney and Labate, this volume.) However, although we partially interpreted these forces in terms of the legacy and impact of colonialism, we didn’t take this further to look at the denial of rights and imposition of super-ordinate rules, laws, and powers of exploitation.

The latter has been described in the literature on Western-led anti-organized crime strategies (here we should recall that the “War on Crime” and the “War on Drugs” are close relatives) in terms of functioning as vehicles for repressive and racist tendencies, embedded in attempts to assert particular forms of governance of urban life through the “colonization of democratic states by the penetration of political institutions” (Woodiwiss and Hobbs 2009, p. 112; see also Hobbs 2013). This is part of a process described by Tupper and Labate (2012), involving a

broad set of trends in modern global economics and politics in the 19th and 20th centuries, including the consolidation of the nation-state geopolitical system, the economic dominance of Euro-American industrial capitalism, the rise of professionalization of medicine and policing, and the epistemic hegemony of science as the sole source of authorized knowledge. (p. 18; see also Feeney and Labate, this volume)

As they remark, “In the realm of drug policy, these trends culminated in the establishment of the modern drug control regime.” As part of the ongoing evolution and extension of this regime, recent recommendations from the International Narcotics Control Board (INCB) have been described by Tupper and Labate (2012) as an unjustified and unjustifiable assertion of the need to widen powers of control based on a culturally insensitive misunderstanding and misrepresentation of highly diverse plants and their effects. The INCB is therefore failing to distinguish between “use” and “abuse” of psychoactive substances and appears to assume that cultural traditions involving substance use are—or ought to be—static; eternally frozen in time and place. This provides a further example of the persistence and embeddedness of cultural misunderstandings that may also threaten to undermine human rights through a homogenization of all non-medical substance-consumption practices, characterized and categorized as abuse and, preferably, illegal. Tupper and Labate (2012) remark that this way of seeing can be interpreted as the:

legacy of a particular worldview that guided the construction of the international drug conventions, based in an underlying moralism and pharmacological reductionism. Today, such a conceptual frame is of limited use in comprehending and respecting bone fide religious practices or equivalently sincere spiritual or self-actualization pursuits involving psychoactive plants, which engage the fundamental rights of freedom of religion and thought. (p. 26)

The INCB seems to be proposing that it can be the arbiter of when and where “authentic” cultural practices and symbols can be recognized, and assumes that these can only be associated with particular groups and at particular times, in particular geographical locations. Yet, as Tupper and Labate (2012) show, in the original process of negotiation and drafting of the expanded Drug Convention of 1988 that guides the work of INCB, there were indications of a recognition that such fixed-point, essentialist views of culture and history are at odds with the dynamic and fluid nature of the social world and ways in which cultural practices spread and change. Bearing in mind that “drug control within the UN system is technically subordinate to other higher order principles, such as the promotion of human rights” (Tupper and Labate 2012, p. 20), the implication is that expanded and future drug control measures that seek to limit and prohibit religious, minority, and traditionally-rooted but possibly evolving substance use practices, will breach such higher order principles.

Fear of drugs and the resulting policies of prohibition also means that states have a tendency to try to enforce what we could describe as conditions of quarantine around their own (particularly young) people. This is a process based on fear of “invasion” or “infection.” So, while quarantine is a protective strategy, it is also accompanied by forces of neutralization and sterilization deployed to eradicate sources of corruption and pollution both within the quarantine zone and outside,

where they threaten to infiltrate, erode, and, as the UN Declaration put it, “destroy lives and communities.” A particularly acute and graphic illustration of what we mean here was provided by Del Olmo’s (1987, 1998) work on drug crop eradication schemes during the 1980s Reagan era “War on Drugs.”

The Reagan administration has, as others before and since, maintained that the root of the threat to the USA found in the availability of drugs was less to do with demand and far more to do with supply. Hence, externally directed interdiction and plant crop eradication were the favored and vigorously pursued twin strategies set in motion. The basic aims were to seize drugs prior to reaching—or at the point of contact with—the USA border, or, as pre-emptive action, to destroy crops in the fields and on the mountains before they could be harvested. The latter actions are the focus of Del Olmo’s consideration of “a type of crime committed on the pretext of preventing another crime.” This is, as she wrote:

A crime which has the characteristics of ecocide by virtue of making war with certain methods, systems, or prohibited weapons. Vietnam was a good example, with napalm and Agent Orange. Today the new war is on drugs and its weapons are toxic chemicals, especially herbicides prohibited in their place of origin for causing poisoning, contamination of food, and serious environmental problems, like *paraquat*, *glyphosphate* and *Agent Orange*. (Del Olmo 1987, p. 30).

Crop eradication programs have limited effectiveness as a method of curtailing drugs production, but do have serious effects on the “quality of life” and the health of local inhabitants, especially when toxic chemicals are liberally used, as in the frequent employment of aerial spray diffusion methods which, of course, mean that the chemicals used can be blown across a wide area. Del Olmo argues that historically such programs fail and merely nudge and push the drug production industry into new areas, ultimately increasing the sources of supply:

We are thus faced with a transnational crime of broad scope which we can call eco-bio-genocide. (This) involves the utilization of a whole complex of toxic chemicals . . . which are prohibited and/or restricted in the developed countries but have an unlimited market in Third World countries . . . such chemicals are utilized widely in programs of drug eradication because the sole preoccupation is to destroy the marijuana and cocaine crops before they arrive in the United States in order to protect North American youth, regardless of the consequences for Third World youth. (Del Olmo 1987, p. 31)

These policies and practices continue today, and not just in Latin America. The official focus is on outcomes related to the destruction or depletion of drug harvests and hence supply reduction. It need not detain us here that, in these terms, such programs have been far from outstandingly successful. What seems to be largely neglected in reviewing such strategies are the consequences of chemical crop-eradication for those living with the toxic residues, the contamination of water, and the effects on local plant-life, all, of course, producing associated impacts on human and animal health. Del Olmo’s work connects the consequences of the Drug War with important matters of environmental justice and the rights of environmental victims of the human-made harms that are the frequent, but often overlooked, results of Drug War and crop eradication initiatives (Williams 1996). It has been estimated that in the current conditions of clandestine production, for every gram of

cocaine that is used, foursquare meters of rainforest will have been destroyed in the process of cultivation (Laville 2008). At the same time laboratory processing of drugs will result in chemical residues running off into water sources and contaminating the land. Both traffickers and international police interception operations have become “a serious but largely neglected impediment to conservation efforts” (Aldhous 2006, p. 6). All of this has human rights implications as a matter of principle. It also poses questions about justice and rights to health where current populations and future generations are affected not only by chemical, but also by other military forms of drug crop eradication and control, or, indeed, by wider patterns of state, corporate, and organized crime exploitation of, and disregard for, the environment (South 1998; South and Brisman 2012).

The impacts on the natural environment of both drug control and drug production must become an increasingly important issue to consider when seeking a better understanding of matters of risks and rights as they relate to drug, set, setting, and process. Ecological impacts have been noted, but need to be tied to and analyzed alongside human rights abuses and victimization caused by both criminal and law enforcement groups: “deforestation, erosion, draining off water resources, loss of biodiversity, water contamination, indiscriminate application of chemicals plus regional violence” were counted as important ecological impacts of poppy cultivation in the Andes by Parra (1994, p. 71). And, as Molano (1992) concludes of the consequences of illegal drug crop cultivation:

The *natural* unbalance which is produced is worse than the *social* because it is irreversible. The damp forest is irrecoverable. The poppy’s illegality drives its cultivation towards remote zones. Its economic benefits draw the peasant and the businessman to cut trees instead of buying fertilizers because it is cheaper. After two or three harvests the plot is abandoned or sold for cattle rearing . . . Poppy cultivators searching for thick forests are affecting the heart of the wilderness and water springs. (p. 45)

Conclusion

In this chapter, we have argued that the growth of drug policy in the West has had serious consequences for the progression of policy trajectories on and within countries where traditional, religious, and culturally embedded drug use takes place. We have suggested that how drugs and drug use has been conceptualized in the West, as formalized in statements by bodies such as the United Nations and in the scheduling of substances in drug control laws supposedly related to objective harms inherent to them, is largely misconceived and inappropriately applied both at home and to other (usually) developing nations. Broadly, we have argued that it is the long-standing fear of drugs and drug users, based upon the exaggerated risks and health harms assumed to be objectively contained within “drugs” and on fears related to “othering,” prejudice, and misconception, that has driven this approach and continues to do so. Specifically, we have argued that a weak understanding of how drug risks manifest in reality, and a failure to apply the framework of drug, set, setting, and process to understanding drug-related risks and harms, has resulted in

drug control policy that is mistakenly reliant upon un-contextualized, worst-case scenarios. This approach suggests that illicit drugs, by and large, have no, or few, beneficial effects to society, and that their use should be prohibited. We have further argued that the consequence of such a fear and risk based approach is not only unhelpful as regards nuanced understanding of health harms, but also is in contradiction to the individual rights and social and cultural norms of various groups, and of traditional and cohesive practice. At their worst, we have shown that these assumptions have been destructive not just of individual and social rights, but also ecologically.

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