

# A review of global drug policy: Is legalization the future?

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Over the past two decades, drug policy has globally evolved in a different direction. The classic 'war on drugs' is now believed to have caused more harm than good in a number of countries. The prohibition, also known as the 'war on drugs', judicially punishes the use, sale, circulation and possession of any type of drug. Generally speaking, this war policy was first employed in developed Western countries and then spread to other countries around the world. Although most developing and emerging countries do not participate in this global movement, states and international organizations that create and dictate drug policies are globally promoting new, more humane ideas, as well as social and political measures. This article aims to synthesize a few international examples of practiced and existing social and political changes and discuss Azerbaijan's role in this global trend.

From a socio-political point of view, drug legalization first of all means the creation of more humane laws towards drug users. Examining the content of drugs legalized under the legalization mechanism, managing their production, and generating tax revenues for the state budget are some of the positive aspects of legalization (Kilmer 2014). In addition, legal drugs are usually more trusted by users, because there is legal and official information on the contents and potency of legally produced drugs. This facilitates user access to information and thus reduces the number of accidental overdose cases. The same cannot be said about drugs sold on the black market. Research and laboratory tests show that various harmful additives (e.g. rat poison, broken glass, or laundry starch) are found in illegally produced drugs. It is

therefore, difficult to predict the harms of illegal drugs in advance. This is why several Western countries in the recent years have created harm reduction services known as 'drug checking' or 'pill-testing'. Legalization is not required for these services to operate (Ritter 2019). Pill-testing is offered for free and anonymously to users at various festivals and amusement parks where drug use is common.<sup>[1]</sup> Thanks to these services, users can check the drugs that they are planning to take and get an information about their content and potency. This method prevents the use of potentially dangerous doses. Such services also show that, along with the use of drugs, monitoring their production and raising the awareness of users are equally important. In other words, if a drug is legal, it is possible to learn its contents from attached user information and thereby make rational decisions based on that information.

Laws operating on the classic 'war on drugs' model generally do not all the consumption of any drugs considered illegal. The results of medical research partially support this policy. In medicine, drug use is treated as brain disease (Volkow, Koob, and McLellan 2016). In the social sciences, however, this approach (namely, medicalization) has been seriously criticized over the past 30 years (Conrad 2007), mainly because in the social sciences and humanities, scientific studies have shown that the use of drugs is not simply a behavioral misconduct. Over the past few decades, it has been argued that people use drugs primarily for recreation, relaxation, and stress control, and that *pleasure* is the key factor in their use. This approach emphasizes that pleasure should not have a negative connotation, but is rather a natural human need, and for some people this need is met by using drugs. Under the prohibition policies, these ideas have been systematically rejected for decades and regarded insignificant. Not only is the pleasure factor not taken into account, it is not considered a worthy argument to be made because the person seeking pleasure is viewed as not having a willpower (Valverde

1998). However, the social drug research shows that most drug users are not 'addicts' who lacking willpower or are thereby 'ill' people (Becker 2016). Contrary to culturally familiar expectations, international research shows that most users are able to manage drug use in a rational way, limit their use, and minimize negative impacts on their lives and health (Race 2017). This approach also seeks to explain the often unjustified and morally value-laden condemnation and stigmatization of drug use. These results not only reveal existing realities and practices, but also create a platform for social and political change. It is clear that the results of scientific research can have a direct influence on legislation, law enforcement, and changing the social and political climate in the country.

### **Implementation and effects of legalization: The case of Portugal**

The role of social and medical studies on drugs can be seen in a number of countries. For example, in the past five years, Canada, South Africa, Uruguay, and Argentina have completely legalized the personal use as well as purchase and sale of *cannabis sativa* and its derivatives. In addition, the use of cannabis has been decriminalized in more than 20 countries. 11 states in the USA have passed laws that legalize the use of cannabis for medical and recreational purposes. Political and public debates predict that other states are likely to join the movement and in the next few years will legalize cannabis on a national level (Adams 2019; Graf 2019).

Portugal was the first country to trigger this international liberal push. On July 1, 2001, the Portuguese government took a revolutionary step and passed a law to decriminalize all existing drugs and psychotropic substances (Cabral 2017). Decriminalization means that drugs remain illegal, but there is no criminal liability for their use. In other words, it is a civil penalty system. This measure was not the same as the legalization of drugs in Portugal, because the production,

purchase, and possession for personal use of drugs and psychotropic substances are still punishable by administrative fines (Cabral 2017). The reason behind this legislative change was the social upheaval that took place in the country in the late 1980s and early 1990s. One of the main reasons was widespread heroin use and its negative consequences and the fact that it had become commonplace for people to use heroin in public places. In addition, 60% of HIV and AIDS carriers were heroin users and this figure caused widespread concern in the government. Mortality rates were rapidly increasing and people were arrested in large numbers for the use of heroin and other drugs (Domosławski 2011). As a way of counteracting this, Portugal created a treatment center called TAIPAS<sup>[2]</sup> in the late 1980s to offer medical, social, legal, and psychological support to drug users. The decriminalization law adopted in 2001 directly focused on expanding treatment options. According to the new law, drug users are not detained by local law enforcement agencies for use, they do not receive legal penalties for simple possession, they pay only light fines for possession of larger amounts and for personal use, and finally, all users are offered multiple treatment options by the state. By this law, Portugal re-allocated state funds from maintaining user in prisons to paying for their treatment.

Shortly after the implementation of the law, Portugal's new statistical indicators made a serious positive impression on other Western countries. After decriminalization, overdose cases declined by more than 80%, HIV/AIDS incidence rates among users dropped by a total of 6% among drug users, and drug-related prison sentences decreased by 40% (Drug Policy Alliance 2018). At the same time, the total number of drug users decreased and stabilized. As a result of this policy, the acuteness of the drug problem in Portugal has been gradually eradicated over the past 18 years. There has also been a significant reduction of the stigma in society (ie, the isolation of drug users, the limitation of access to legal

labor markets, the failure to provide medical and other treatment services). The European Monitoring Center for Drugs and Drug Addiction (EMCDDA) was established in 1995 in Lisbon and after decriminalization, annual international conferences about drugs, as well as academic, political, and other official meetings are held in this city. . With the 2001 law, Portugal instituted a model of drug policy and related political and social welfare that no other country in the world has accomplished to this day.

### **What technological development and online platforms have to do with legalization**

Drug expertise and scientific knowledge is rapidly growing. For example, new research findings from the Global Drug Survey (Winstock 2019) in which more than 750,000 people participated anonymously online, have revealed various interesting facts to the world. For example, the results of the 2019 survey revealed that psilocybin<sup>[3]</sup> mushrooms are the safest drugs; the United Kingdom is the country where orders of cocaine are delivered the fastest; and Finland is the country where the most drugs are purchased online. The emergence of this knowledge is directly related to the increasing impact of online platforms on people's daily lives.

In recent years, the growing number of the different types of drugs, the expansion of illegal markets, and the transition to online platforms indicate that a global war on drugs is no longer feasible. This is also due to the fact that criminalization strategies require increasingly more resources for state budgets and international prevention organizations. The black market is becoming increasingly difficult to manage with online markets growing rapidly (Barratt and Aldridge 2016). The latest international reports show that online drug markets operate across different social networks, making it easier for individuals to obtain drugs. Through social supply channels, various individuals can securely and reliably order drugs from friends, acquaintances, and friends of friends.

These social networking methods (such as WhatsApp, Wickr, Facebook) also offer anonymity to drug dealers (Demant et al. 2019). These studies show in detail that due to technological advances, the purchase and sale of drugs has become even simpler. The number of people who reported drug use from 2009 to 2019 increased from 210 million to 271 million worldwide. According to the World Drug Report, this represents 5.5% of the global population aged 15-64 (UNODC 2019). While there are many causes of this increase, research studies and political organizations primarily blame the prohibition and drug war strategies. This in turn indicates that drug prohibitions are ineffective and cause more harm than good.

### **Concluding thoughts: Azerbaijan's place in global political changes**

The adoption in Azerbaijan of the above-mentioned liberal changes is not being discussed yet. In this regard, one of the aims of this article is to stimulate such discussion. Azerbaijan, like many other countries, applies harsh criminalization laws. In the application of these laws, monitoring is the most common activity. The state's drug prevention activity which has attracted the most attention is clearly the confiscation of drugs, psychotropic substances, and their precursors at the borders (mainly along the Caucasus route).[\[4\]](#) Such monitoring policies are often explained by international standards and drug war policies and are reflected in annual international reports (for example, UNODC 2015). This approach is still the dominant method and those in charge of its implementation tend to believe that the eradication of all drugs is possible and will eventually prevent its use once and for. However, the above discusses global changes show that these harsh methods used by countries still carrying out a war on drugs, including the government of Azerbaijan, are not effective. In the existing literature and political debates, the central counter-argument against the war on drugs is that drug use cannot be completely eradicated and that it will always exist in various forms (Dunn, McKay

and van de Ven 2019).

In Azerbaijan, in addition to prevention methods, thanks to pressure and funding from international political organizations in recent years (Klein 2008), some therapeutic options for harm reduction have been applied (Sultan 2017). These services include free syringe and condom distribution in prisons and methadone maintenance treatment in state-funded dispensaries. However, these services offered by a limited number of treatment centers remain inaccessible to most users, especially younger patients (Sultan 2018).

Internationally, measuring the scale of the drug 'problem' based on the number of drug users in the country by using statistical methods is no longer considered effective. Research and legalization processes show that it is difficult to determine the exact number of drug users. This also points out that most drug users are not 'problem' users. Such users are usually referred to as 'occasional' or 'social' users. The health or psychosocial problems that such individuals experience as a result of using drugs are often overlooked. This is due to the existing stigma and discrimination in society as well as the prohibition laws operating at the state level. This deters people with problems from seeking help and as a result, their drug use can be exacerbated or lead to life-threatening complications.

This article has shown that it might be easier to solve problems related to the use of illegal drugs by providing services that are open and transparent and promote the well-being of the user, rather than neglecting their needs or isolating into prisons. Humane laws also make it easier to monitor public health. For example, last year's Global Drug Survey found that in more than 20 countries with prohibitionist law, drug users would be more likely to seek help if more liberal drug policies were implemented (Benfer et al. 2018). All of the above shows that most accidental deaths of drug users and mental and health disorders caused by the

unknown contents of drugs can be prevented by more humanistic legislations that are desirable in the current global movement.

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## References

[1] For more information, see Students for Sensible Drug Policy – an initiative by young people in Australia – <https://www.ssdp.org.au/>

[2] TAIPAS offers comprehensive care to patients at various stages of treatment. TAIPAS has three groups of psychiatrists, psychologists, and social workers that together offer counseling, treatment, psychotherapy, and methadone. The long-term drug detoxifies for the first two weeks and then transitions to social and psychological support.

[3] Psilocybin mushrooms, also known as magic mushrooms, produce toxins upon digestion that alter consciousness and perception, thereby creating hallucinogenic effects.

[4] See the UNODC report for more information [https://www.unodc.org/documents/data-and-analysis/AOTP/AOTP\\_newsletter\\_caucasus-route\\_2019\\_web.pdf](https://www.unodc.org/documents/data-and-analysis/AOTP/AOTP_newsletter_caucasus-route_2019_web.pdf)