

MASTER'S THESIS



UCAM

UNIVERSIDAD CATÓLICA
DE MURCIA

FACULTAD DE CIENCIAS SOCIALES Y DE LA COMUNICACIÓN

Master's Degree in International Relations

Unlikely Allies: U.S.-Soviet Cooperation in Securing the Global Drug Control Regime

Author: Jérôme Mangelinckx

Director: PhD Manuel Alejandro Egea Medrano

Murcia, November 2022

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**DIRECTOR'S REPORT MASTER'S THESIS – MASTER'S
DEGREE IN INTERNATIONAL RELATIONS**

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LIST OF ABBREVIATIONS

CND:	Commission on Narcotic Drugs
ECOSOC:	Economic and Social Council
FBN:	Federal Bureau of Narcotics
GDR:	German Democratic Republic
GDCR:	Global Drug Control Regime
INCB:	International Narcotics Control Board
KGB:	Soviet Committee for State Security
PRC:	People's Republic of China
PUD:	People who use drugs
UN:	United Nations
UNAIDS:	Joint United Nations Programme on HIV/AIDS
UNDCP:	United Nations Drug Control
UNDP:	United Nations Development Program
UNGASS:	United Nations General Assembly Special Session
UNODC:	United Nations Office on Drugs and Crime
WHO:	World Health Organisation

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1. INTRODUCTION

“Drug policy [...] is a labyrinth inside a maze, inside a jungle.” (Michel, 1989:2830)

For sixty years now, the United Nations (UN) have provided guidance on global drug control efforts. Most states around the world adhere to the conventions of 1961, 1971, and 1988 in the pursuit of a drug-free world. As the United Nations were created to maintain international peace and security, history has proved time and again that the global drug control regime, and its so-called War on Drugs, has met none of their goals.

As we shall see throughout this research work, the global drug control regime, or the global drug prohibition regime, as defined by Nadelmann (1990), is rife with contradictions and is believed to be largely influenced by the national interests of a handful of powerful states (namely the U.S and the U.S.S.R./Russian Federation, which suggest that the War on Drugs is both military and ideological, using soft and hard power to wage this war). However, the UN is seen as a benevolent organization, which, according to Bewley-Taylor (2005), is key to understanding the functioning of the global drug control regime from an international relations theory perspective. Within this context, the global drug control regime must be understood as an international drug control framework as defined in the 1961 Single Convention on Narcotic Drugs (as amended by the 1972 Protocol), the 1971 Convention on Psychotropic Substances, and the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychoactive Substances (Nadelmann, 1990). Today, most states adhere to the global drug control regime.

Keohane (2003:208) perceives global governance as a design that integrates “networks among agents and norms – standards of expected behaviour – that are widely accepted among agents.” Agents must be understood here as states that interact through diplomacy, public international law, and international organisations. As states are willing to exchange part of their legal freedom of action to influence the actions of others, there is a need to

develop international regimes (Keohane, 2003) and to build stronger and more effective global institutions to serve the needs of humankind (Viotti & Kauppi, 2012). International organisations such as the UN may aspire to the status of independent actors in international relations, but their aspiration has not yet materialised to any significant extent (*Ibid.*). Therefore, from a realist perspective, international organisations only reflect the interests of their member states (*Ibid.*) or the ethics and values of so-called moral entrepreneurs (Becker, 1963; Musto, 1999 & Nadelmann, 1990).

Early on, some states, especially the U.S. and its moral entrepreneurs, advocated for a unified control apparatus under the 1961 Convention to be overseen by a single body with a “quasi-judicial” role, that is, the International Narcotics Control Board or INCB (Collins, 2015). In this sense, one may draw a parallel between Hobbes’s Leviathan – that is, the need for a powerful, centralised, and political authority figure in order to achieve human security within society – and the U.S.’s role in enforcing a global drug control regime through the INCB. However, UN member states rooted for a more fragmented system characterized by a series of mandates in order to ensure that institutional power would not threaten or undermine the role of national governments when implementing the conventions (*Ibid.*). At present, the UN drug control regime is complex and administered by a specialised drug control body (namely the INCB) responsible for ensuring compliance with the treaties, and other UN bodies with varying overlapping and unclear mandates in terms of tackling drug issues worldwide, namely the Commission on Narcotic Drugs (CND), the United Nations Office on Drugs and Crime (UNODC), the Joint United Nations Programme on HIV/AIDS (UNAIDS), and the World Health Organisation (WHO) (Bewley-Taylor, 2005; Collins, 2020).

Be that as it may, Morgenthau (1948) suggested that:

“[i]nternational politics, like all politics, is a struggle for power. Whatever the ultimate aims of international politics, power is always the immediate aim or means to an end” (Morgenthau, 1948:13).

The latter is particularly true within the framework of the global drug control regime, which has eroded State sovereignty to serve the interests of a few and blurred the boundaries between states and the global drug control system. The

contemporary UN global drug control system reflects this fragmented reality (Collins, 2020). On the other hand, Mearsheimer (2014) argues that:

“great powers seek to maximise their share of world power. [...] [M]ultipolar systems which contain an especially powerful state—in other words, a potential hegemon—are especially prone to war” (Mearsheimer, 2014:12).

Colgan et al. (2012:118) also argue that where there is a concentration of power and conflicts of interest that are absent, “incentives to cooperate can lead to the construction of robust international regimes”. The latter may explain why few states, including those in which the drug phenomenon is not necessarily a matter of concern –that is, limited to minorities or poorer sectors of society–, would object to signing the 1961 Single Convention on Narcotic Drugs so as to fulfil their international obligations, especially when pressured to do so by the UN, the U.S. or even Europe (Collins, 2020 & Nadelmann, 1990).

From a realist perspective, the interaction between powerful and less powerful states intends to contribute to international stability or balance of power (Viotti & Kauppi, 2012). Anti-opium laws in Asia were passed as a result of pressures, not from Asian countries, but from Europe, the U.S., and other international interests (Westermeyer, 1976). The same applies to Andean countries, where similar pressures from the U.S. to control the production of the coca leaf led to the criminalisation of the traditional practice of coca chewing –a practice deeply rooted in Andean culture with moderate health benefits (Strug, 1983). Early on, efforts to shape the global drug control regime were inspired by profound colonialist and imperialist ambitions rooted in social control, rather than contributing towards the common good of all humankind. Had it not been for the U.S. and Europe’s predominance in shaping the nature of the global drug control regime at an early stage, other states may have opted for a different path (Nadelmann, 1990). For instance, Asian states might have rooted for a global drug control regime that legitimizes the use of opium, whereas Andean states might have opted for a regime that controls the production and use of the coca leaf, as suggested by Nadelmann (1990).

After WWII, the UN were created to maintain international peace and security, based on principles of fundamental human rights, dignity and worth of the human person, and equal rights of men and women. Within the context of the global drug control regime, Bewley-Taylor (2005) refers to the UN’s Charter

and its ideals, which are fundamental to building the organisation's benevolent image and providing guidance through key documents that ultimately drive its activities. Yet, contradictions emerge in normative and policy spheres between the UN Charter, the UN drug control regime and other UN bodies and instruments (Bewley-Taylor, 2005). One of such contradictions is the promotion of solutions to international economic, social, public health, and other related issues. The global drug control regime is marked by the existence of a prohibitive paradigm that contradicts the UN's aim of fostering solutions to said international economic, social, health, and related problems as addressed in the UN Charter's Preamble, Article 1, Paragraph 3, Article 13, Paragraph 2 and Article 55, Paragraph 2 (Bewley-Taylor, 2005), or Article 12 of the International Covenant on Economic, Social and Cultural Rights of 1976, which recognizes the right of all people to enjoy the highest attainable standard of health (Elliot et al., 2005). This is where contradictions lie between the UN drug control regime and the UN Charter (prohibition vs. human rights and public health). Paradoxically, UNODC, in its 2009 World Drug Report, refers to the "unintended consequences" of the drug control regime –that is, the emergence of a black market, wide-ranging health and human rights violations, and the overly reactive and repressive approach directed towards any person involved in the drug trade (UNODC, 2009). To illustrate the latter, as a result of harsh drug policies in the U.S., the incarceration of low-level, usually non-violent, drug offenders is the primary cause of mass incarceration (Stevenson, 2011).

Despite the latter, the UN drug control regime has the means to put considerable pressure on states to develop and implement drug control policies in line with the UN drug conventions (leaving little to no room for a more flexible interpretation of the latter). Historically, the U.S. has been the strongest advocate for global prohibition, using measures such as diplomatic pressure, bullying, or "sticks and carrots" to achieve its goals (Collins, 2015). Since the 1900s, the U.S.'s drug policy is deeply rooted in the prohibitive paradigm (in an almost fanatic manner, as we shall see throughout this research work) and is often used as a key mechanism to solve global issues around the drug phenomenon (Collins, 2015). The latter is reflected in the use of a rhetoric, which defines illicit drugs as a "danger to mankind" in the 1964 UN Conference for the Adoption of the Single Convention on Narcotic Drugs, which also

explains why the UN's ideals "transcend the traditional concerns of the international community" (cited in Bewley-Taylor, 2003:78). Sadly, even though the UN has dropped verbal expressions denoting emotive states (like "evil" or "scourge"), the organisation's international control efforts still project a strong image that fosters adherence to the prohibitive regime (Bewley-Taylor, 2003) dominated by the U.S. through the UN.

This brings us to our central question: How did the drug prohibition regime reach global consensus after WWII? This research will provide some historical insights to explain why the global drug control regime took place, and how it was –and still is– so successful in maintaining the status quo around prohibition despite its contradictions, fragmentation, and the failed war on drugs. In this line of thought, understanding whether the global drug control regime, as we know it today, actually reflects the commitments reached among UN Member States in 1945 at the time of drafting the UN Charter, or whether it perpetuates the views and opinions of early moral entrepreneurs who relied on the UN to act as norm diffusers of the prohibitive paradigm, is key. Delving into the origins of the global drug control regime allows a better understanding of how the consensus around prohibition was built and maintained and provides avenues to reflect on possible alternatives to challenge the status quo.

This research work will focus primarily on the unlikely relationship between the U.S. and the Soviet Union at the end of WWII and throughout the Cold War in order to shape the global drug policy regime by adopting approaches deeply rooted in restrictive and punitive measures. Unfortunately, the UN Conventions on Narcotics Drugs have often been distorted or misinterpreted and translated into state policies that exacerbate the harmful and disproportionate effects of the global drug policy regime by legitimising the global War on Drugs. In order to discuss and outline the issues to be addressed, initial meetings with highly experienced experts (namely Khalid Tinasti, Mikhail Golichenko, and Martin Jelsma) on drug policy were held via Zoom or Whatsapp between July and August 2022. This research work was also developed using a descriptive historiographical approach and drawing on the analyses of research literature on the topics at hand. The research outline has the following structure:

This first chapter examines the origins of the global drug control regime enshrined in the 1961, 1971 and 1988 Conventions. The U.S., and its rise as a colonial power in the early twentieth century, was crucial in the shaping of global drug control efforts by engaging in a moral discourse hidden behind the façade of political and economic interests. As of the early 1900s, the global drug control regime has resulted in a series of semi-binding treaties, until the consolidation of the 1961 Single Convention, which defines principles and standards intended to regulate –and ultimately prohibit– the production, trade, and recreational use of drugs for purposes other than medical or scientific. Even though the primary focus of these Conventions was to regulate the production and consumption of substances, the global drug policy regime eventually shifted towards a more prohibitive and punitive approach that allowed the moral values of early moral crusaders and the political and economic interests of a handful of colonialist and imperialist powers (namely the U.S. and other European states) to pervade many aspects of the regime.

The second chapter focuses on early U.S. moral crusaders or entrepreneurs who made considerable efforts to control and ultimately prohibit behaviours that violate social norms or that were deemed deviant (that is, the selling and use of drugs). The use of drugs was considered a serious offence that violates laws prohibiting such behaviour. Moral entrepreneurs, namely Federal Bureau of Narcotics Commissioner Harry J. Anslinger, spearheaded initiatives to disproportionately increase penalties for drug offences, which laid the foundations of the global debate around the most effective approach to enforcing punitive drug policies in the 1950s. Anslinger played a key role in the internationalisation process (also called norm diffusion) of the prohibitive paradigm in international fora, such as the newly established United Nations Economic and Social Council's Commission on Narcotic Drugs (CND), thus securing the global drug control regime as we know it today.

As the U.S. used the CND to advance its political agenda on drug control at the global level, the rise of another powerful actor in the global arena will allow the securing of the global drug control regime: the Soviet Union. The third chapter focuses on the relationship between the victors of WWII. The U.S. and the Soviet Union quickly became fierce rivals in many aspects throughout the Cold War. Yet, it appears as though both countries came together as unlikely

allies in the global drug control regime. Indeed, the CND provided Anslinger with a fertile soil to work strategically with the Soviet Union, among other states, in order to bolster new alliances. The Soviet Union, as was the case of the U.S., adopted social control mechanisms to build a narrative around Soviet deviance (the so-called *narkoman*) through punitive means and the misuse of psychiatry. Said punitive mechanisms provided a rationale to bridge the gap between both blocs in the evolving global drug control regime.

The fourth and last chapter provides conclusions and highlights the main ideas of this research work. In addition, this research offers a brief analysis of current U.S./Russian trends within the global drug policy regime, the most important being their influence on other states (namely Latin America and former Soviet states), as well as both countries' positions, whether more extreme or more moderate, at the UN Commission on Narcotic Drugs (CND) on key drug policy issues from the United Nations General Assembly Special Session (UNGASS) in 2016 to 2020, which clearly shows a shift in the balance of power within the global drug policy regime.

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2. PRELUDE TO THE STATUS QUO AROUND THE GLOBAL DRUG CONTROL REGIME (FROM THE EARLY 1900S TO 1953)

It is key to delve into the historical, political and colonial power structures that have led to the adoption of the international drug control conventions, namely the 1961 Single Convention on Narcotic Drugs¹ as amended by the 1972 Protocol, which largely established the framework for the global drug control regime, whereas the 1971 Convention on Psychotropic Substances² included psychotropic substances to the list of drugs whose use is limited to medical and scientific purposes. Finally, the 1988 United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances³ established a more detailed control system against the trafficking of illicit drugs with emphasis on the diversion of precursors and money laundering. Said conventions sought to establish control measures applicable at the international level in order to ensure the availability and access of narcotic drugs and psychoactive substances for medical and scientific purposes only, while preventing the harms caused by the misuse and diversion of drugs through channels deemed illegal. The 1961 and 1971 Conventions classify more than one hundred controlled substances in four schedules according to their perceived therapeutic value, liability for abuse and overall risks posed to public health (Bewley-Taylor, 2012 & Jelsma & Armenta, 2015). The 1988 Convention requires all states to establish criminal offences to combat the illicit production, possession, and trafficking of narcotic drugs and psychoactive substances. The 1988 Convention also includes two tables listing precursor chemicals, reagents, and solvents frequently used in the illicit manufacture of both narcotic drugs and psychotropic substances. However, it is worth noting that the 1961 Convention constitutes the cornerstone of the global drug control regime, as it allowed consolidating a number of treaties (with each their own peculiarities, as we shall outline in this section) developed since the International Opium Convention of

¹ Also referred to as the “1961 Convention” in this document.

² Also referred to as the “1971 Convention” in this document.

³ Also referred to as the “1988 Convention” in this document.

1912 and later with the League of Nations era (Bewley-Taylor, 2012). Prohibition advocates (especially in the U.S.) were more successful in securing the global drug control regime in the post-WWII era within the framework of the United Nations. However, the United Nations were created to maintain international peace and security, based on principles of fundamental human rights, dignity and worth of the human person, and equal rights of men and women as set forth in its Charter. The question remains whether the underlying historical mechanisms that have led to the adoption of the 1961 Convention are actually framed based on concerns about the long-term well-being of humankind, or on the contrary, whether they reflect the interests of a few?

If one were to roam through the meanders of history, especially the origins of the global drug control regime, the early stages of the European/U.S. colonial project would be a good place to start. Indeed, colonial powers dominated the trade of different commodities, including that of psychoactive substances (tobacco, cannabis, opium and cocaine), and were ready to wage wars to protect their economic interests, especially in the opium trade (Daniels et al., 2021). Great Britain fought two Opium Wars against the Qing dynasty in China (1839-1842 and 1856-1860) in an attempt to force China to authorise legal imports of opium produced in the East Indies, a substance that had been prohibited in China for more than a century (Lovell, 2011). Indeed, the recreational use of opium was first prohibited in China by an imperial edict in 1729. Qing Dynasty Emperor Yongzheng planned for a crackdown on the use of opium framed in a moralistic narrative: “[s]hameless rascals lure the sons of good families into [smoking] for their own profit [...] youngsters become corrupted until their lives collapse, their families’ livelihood vanishes, and nothing is left but trouble” (Lovell, 2011:32-33). Needless to say, little to no effort was made to enforce the edict until the 1770s as a result of a significant increase in opium imports, mainly due the lack of consensus with regard to the extent to which opium may cause harm to one’s health (Lovell, 2011).

Prohibition fits neatly into both moral and economic narratives that are still prominent nowadays. As we shall see, the U.S. and its rise as a colonial power in the early twentieth century was crucial in the forming and shaping of a moral discourse hidden behind the façade of political and economic interests

and opportunity. U.S. moral crusaders⁴ will invest significant efforts to encourage a transition towards the shaping of the global drug policy regime early on, focusing on the control of the use and trade of opium (Daniels et al., 2021). The U.S. has vested efforts in the opium trade after the Spanish-American war in 1898. Following the establishment of an American military government, the opium farms in the Philippines under Spanish rule were eventually abolished and replaced by a tariff on opium imports (Wertz, 2013). The Philippine Commission attempted to reintroduce opium farming in 1903, but the incident was met with harsh backlash from missionaries and evangelical reformers, led by the Episcopal Missionary Bishop, Charles Henry Brent (an early moral crusader who spearheaded the global drug control regime as we shall see further ahead) (*Ibid.*). The backlash marked a turning point in the history of the global drug control regime and successfully led to monumental reforms, as the increasingly restricted access to opium over the following years allowed the Philippines to become the first nation in Southeast Asia to totally prohibit opium for recreational use –that is, nonmedical use (*Ibid.*). However, Wertz (2013) suggests that the Philippines' opium problem was only a façade for its American-made colonial enterprise. In this line of thought, U.S. missionaries and idealistic imperialists fervently desired to carry the so-called white man's burden⁵, and initially succeeded in establishing a new (more progressive) rule, using the Philippines as a platform for global reform and advancing U.S. colonialism and international aspirations (*Ibid.*). However, the success of early U.S. moral crusaders experienced only a glimmer of initial success at first with unintended consequences on a global scale: the anti-opium campaign allowed formalizing and rationalizing the administration and control of distant colonies, while shifting the control of the opium trade to quasi-autonomous economic networks, such as China (*Ibid.*).

⁴ As Becker (1963:148) suggests, a moral crusader is a “meddling busybody, interested in forcing his own morals on others. But this is a one-sided view. Many moral crusades have strong humanitarian overtones. The crusader is not only interested in seeing to it that other people do what he thinks right. He believes that if they do what is right it will be good for them. Or he may feel that his reform will prevent certain lands of exploitation of one person by another.” Prohibitionists believed that instead of merely imposing their moral values on others, they were providing the conditions for a better way of life for those who could not experience a life that was truly good as a result a alcohol consumption (Becker, 1963).

⁵ In reference to Kipling's 1899 poem urging the U.S. to follow into the footsteps of Great Britain and other European nations morally imperative to take up the “burden” of empire and contribute to the betterment of other societies.

The early anti-opium crusaders, according to McCoy (2000:324), formed “a loose alliance among British Protestants, China missionaries, and Chinese Imperial officials”. Despite being vocal and loud, anti-opium crusaders had achieved few victories until the Philippines’ ban on opium, which gained momentum in the global arena. The Anglo-Oriental Society for the Suppression of the Opium Trade, which was founded in 1874 with the very generous financial support of British Quakers and under the aegis of the Catholic and Anglican churches, fiercely advocated putting an end to India's opium trade (McCoy, 2000). Their endeavour finally bore fruit in 1906 when the British Parliament approved a motion that would leave the door open for other nations to follow in their footsteps. Following a vigorous anti-opium campaign in China that same year, Chinese authorities sought to ban opium smoking in Beijing and reduce poppy cultivation in different provinces (McCoy, 2000; Wertz, 2013).

Again, emphasis should be put on the link between moral crusaders from across the political and religious spectrum and their relentless anti-opium campaigns at the end of the nineteenth century, which finally materialised in one of the first-ever attempt to establish a global drug control regime only three years later. Bishop Charles Henry Brent, who had risen to fame a few years earlier for his role in the Philippines’ opium ban, launched the U.S. first attempt at global drug diplomacy. This was achieved by persuading President Roosevelt to convene the first international conference on the opium drug trade in Shanghai in 1909 with delegations from thirteen countries (McCoy, 2000; Wertz, 2013). The delegations finally set up an Opium Commission in an attempt to establish a form of international control on the opium trade and would set the tone for the first International Opium Convention in The Hague in 1912 (Jelsma & Armenta, 2015).

There is little doubt about the U.S. willingness (at the initiative of moral crusaders) to establish an international legal framework around drug control from the very beginning. Within the framework of the Shanghai Opium Commission in 1909, the U.S. pushed other powers, such as Great Britain, France as well as other European nations, to align themselves with the vision of its moral crusaders, ushering into a new era for the global drug control regime framed in a civilizing mission (by controlling the drug trade and banning drugs

for recreational use) both at home⁶ and abroad (Musto, 1999). This begs the question of whether the colonial roots of early drug control efforts have left a bitter taste for any attempt at a constructive debate about drug policy reform worldwide, as states have pursued national political and economic interests through the adoption of a series of treaties and conventions from 1912 onwards.

Table 1: Treaties in Force prior to 1961

Date and Place of Signature	Title	Entry into Force
January 1912, The Hague, The Netherlands	International Opium Convention	June 1919
February 1925, Geneva, Switzerland	Agreement Concerning the Manufacture of, Internal Trade in, and Use of Prepared Opium	July 1926
February 1925, Geneva, Switzerland	International Opium Convention	September 1928
July 1931, Geneva, Switzerland	Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs	July 1933
November 1931, Bangkok, Thailand	Agreement for the Control of Opium Smoking in the Far East	April 1937
June 1936, Geneva, Switzerland	Convention for the Suppression of the Illicit Traffic in Dangerous Drugs	October 1939
December 1946, New York, United States	Lake Success Protocol - Protocol Amending the Agreements, Conventions and Protocols on Narcotic Drugs concluded at The Hague on 23 January 1912, at Geneva on 11 February 1925 and 19 February 1925, and 13 July 1931, at Bangkok on 27 November 1931 and at Geneva on 26 June 1936	1948
November 1948, Paris, France	Paris Protocol - Protocol Bringing under International Control Drugs Outside the Scope of the Convention of 13 July 1931 for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs, modified by the Protocol signed in Lake Success (New York) on 11 December 1946	December 1949
June 1953, New York, United States	New York Opium Protocol - Protocol for Limiting and Regulating the Cultivation of the Poppy Plant, the Production of, International and Wholesale Trade in, and Use of Opium	March 1963

Source: Prepared by the author based on Jelsma & Armenta (2015)

⁶ This momentum at the international level also echoed at the federal level in the U.S. with the passage of the Smoking Opium Exclusion Act in 1909, spearheaded by U.S. delegate Hamilton Wright, a physician and moral crusader (McCoy, 2000 & Wertz, 2013).

As can be seen in the above table a series of treaties were adopted within the framework of the League of Nations, predecessor to the United Nations. According to Jelsma & Armenta (2015), early treaties were normative rather than prohibitive, without necessarily reaching an overall consensus, which meant seeking to control the illegal trade of narcotic drugs and take measures to impose restrictions on exports. However, the treaties' primary focus was not necessarily the criminalisation (by means of the criminal justice system, policing and penology) of people who used drugs or produced raw materials, even though their criminalisation may be an unintended consequence from a broader interpretation of the treaties. Is it possible that, even though these questions were undoubtedly in the minds of the drafters (or moral crusaders), a decrease in the recreational use of narcotic drugs (by limiting an individual's control over their body) would be a natural consequence of a drop in imports and exports. This may be true as a result of early interventions through restrictions on exports; however, history tells us that restrictions on regulated markets and state-owned monopolies will soon lead to the formation of illegal markets throughout the world.

In the early twentieth century, before the Great War broke out, Europe was still a continent ruled by the Austro-Hungarian, British, German, Russian, and Ottoman empires, whose geographic borders better reflected the ethnic divisions and state interests across the continent (new borders were drawn after the war). Although states did not agree on the specifics, they all agreed on the fact that there was a transnational drug problem and that it was their duty to put an end to one of humankind's great "curse" at the time: the illegal trade of narcotics and opium smoking (McAllister, 2020). As a result, moral crusaders who advocated for an international drug control regime gained significant momentum. U.S. officials quickly demanded plenipotentiary negotiations leading to the creation of a treaty that would urge states to take action. Said actions were introduced through a set of restrictive regulations focusing on restrictions on opium cultivation, production, manufacture, and exports worldwide, comprehensive and uniform criminal laws at national level, the collection, access, use and sharing of statistics and data with regard to all facets of the drug trade to identify major diversionary routes, and the recognition of reciprocal rights to board ships suspected of trafficking on

international waters (*Ibid.*). U.S. moral crusaders encouraged pro-control groups and other like-minded advocates to exert pressure on their governments (*Ibid.*). To negotiate an international opium convention, diplomats convened in The Hague, from December 1911 to January 1912. Twelve governments agreed to attend, but many insisted on reviewing the agenda in order to safeguard their particular interests, which led to the adoption of the lowest common denominator treaty as a result of the parties' competing interests at the Hague Conference in 1912.

Table 2: National Interests in the International Opium Convention of The Hague (1912)

Country	National Interests
Great Britain	Controls on pharmaceutical opiates, including heroin, morphine, and codeine, which sparked a great deal of criticism from Germany
Italy	The country insisted on incorporating hashish/marijuana in the treaty, which was regarded by most as a minor issue diverting the delegates' attention away from the main topic at hand: opium and its derivatives.
France	Declined to enact in-depth reforms like amending relevant domestic laws.
Turkey, Russia and the British colonial administration in India	Overall protests against any external interference with their right to cultivate opium for domestic use, which they saw as a matter of internal affairs
Portugal	The country would adhere only if all states parties abide by the treaty's provisions.

Source: Prepared by the author based on McAllister (2020)

As can be inferred from the above table, moral crusaders at the International Opium Convention of The Hague in 1912 faced a number of external challenges, from diverging national interests to growing polarisation in internal policies. In effect, the treaty's provisions were in jeopardy of not being universally applied, as the Ottoman Empire, a significant opium-growing state, and Switzerland, a prominent pharmaceutical manufacturing state, declined to sit at the negotiation table (McAllister, 2020).

The Geneva Convention (1924-1925) became a major source of contention compared to earlier discussions around drug control, especially as a result of the enduring challenges and divisions over the scope, scale, and objective of the global drug control regime (McAllister, 2020). However, despite deep divisions, the 1925 International Opium Convention proved to be a cornerstone of closer political and diplomatic integration, as the treaty quickly

gained strong support and an overall sense of shared expectations pervaded discussions on international drug policy (*Ibid.*). The International Opium Convention entered into effect shortly after in 1928. Under the Geneva Narcotics Convention (1925) and subsequent protocols, nations agreed upon their legal obligation to establish mandatory international drug control mechanisms, beyond any attempts to adjust national laws on a voluntary basis (Kušević, 1977). In addition, the Geneva Narcotics Convention allowed for the creation of the Permanent Central Board (which later became the Permanent Central Opium Board, the Permanent Central Narcotics Board and, finally, the International Narcotics Control Board or INCB). The Permanent Central Board was widely regarded as the first international nongovernmental body responsible for ensuring compliance with the treaty (*Ibid.*). For instance, states provided statistics, which were evaluated by the Permanent Central Board (McAllister, 2020). The Board was composed of eight members or experts, elected based on their “impartiality, competence, and disinterestedness” (*Ibid.*). Still, claiming the moral high ground of impartiality at a time when the international community embarks on a global crusade against drugs (in a broad sense) may appear somewhat contradictory or even hypocritical. It is worth mentioning that the U.S. and China, both regarded as the two most prohibitive countries at the time, withdrew from the negotiations that led to the 1925 Geneva Narcotics Convention, as they deemed the restrictions not tough enough (Jelsma & Armenta, 2015). The U.S. went one step further in its attempt to prohibit not only drugs but also the production of alcohol for recreational use based on its own alcohol prohibition model (1920-1933) to be scaled up at the international level (*Ibid.*). In a turn of events, the U.S. enterprise did not come about, as European colonial powers (namely France, Great Britain, Portugal and the Netherlands), which had managed to secure an immensely profitable monopoly on the trade of narcotic drugs for pharmaceutical purposes, opposed the initiative (Jelsma & Armenta, 2015; McCoy, 2000). Despite its refusal to ratify, the U.S. nevertheless agreed to abide by the majority of the treaty’s clauses, sending delegates to attend Opium Advisory Committee meetings, and making sure a U.S. representative would always sit on the Permanent Central Board (McAllister, 2020).

Despite its failed attempt to take global diplomacy around drug prohibition to the next level in 1925, U.S. moral crusaders and the League of Nations were somehow successful in curbing legal opium production in Asia and Europe during the inter-war period (1925-41) (McAllister, 2020 & McCoy, 2000). This anti-opium campaign effectively resulted in a steady decrease in the use of legal opium. Unfortunately, as already mentioned, this led to the creation of an illicit drug market under the control of criminal syndicates (McCoy, 2000). One may recall Al Capone's illegal enterprise, which thrived throughout the alcohol prohibition era (Nadelmann, 2001).

It is also worth mentioning the signing of the Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs in 1931, as it sought to limit the supply of narcotic drugs to medical and scientific purposes by establishing quotas on the manufacturing and imports of narcotic drugs as per each nation's yearly estimates (Kušević, 1977). In addition, the nations party to the treaty would take all the necessary steps to prevent and fight against drug addiction (*Ibid.*). In this sense, the treaty established so-called "schedules of control," which meant applying different levels of restriction based on the perceived addictive potential of each drug (McAllister, 2020). In this line of thought, the treaty could be interpreted broadly to include responses ranging from public health to law enforcement (i.e. fewer controls over less habit-forming drugs and harsher regulations for more addictive drugs). Finally, in order to collect and review estimates of manufactured pharmaceuticals, the treaty established a new body called the Drug Supervisory Body. Additionally, the parties to the treaty gave the body a special status: it may produce estimates for states that were not signatories to the treaty. Indeed, unlike the Permanent Central Opium Board, the Drug Supervisory Body had no power to enforce laws; instead, it could only report violations of treaty obligations (*Ibid.*). The Convention also mandated that states establish a "special administration" (that is, national drug control agencies, informally known as drug czars at present) to ensure that the treaty's provisions are effectively implemented at national level (*Ibid.*). This requirement was a clear indication of each state party's commitment to integrating the drug issue into their respective bureaucratic structures (*Ibid.*). The treaty came into effect only 21 months following the negotiation process.

The foundations of the current international drug prohibition system were laid forth in the 1925 and 1931 treaties. As of 1933 (year when the Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs came into force), a complex configuration of the global drug prohibition regime was designed as follows (McAllister, 2020):

Figure 1: Configuration of the Global Drug Prohibition Regime as per the 1931 Convention



Source: Prepared by the author based on McAllister (2020)

The 1931 Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs foresaw the creation of different bodies with varying responsibilities, legacy of the League of Nations drug control system: (1) a global political body charged with addressing the global drug issue (the League of Nations Opium Advisory, now the United Nations Commission on Narcotic Drugs or CND); (2) an independent adjudicating body (the Permanent

Central Opium Board, now the International Narcotics Control Board or INCB); and (3) a global medical advisory body (the League of Nations Health Committee, now the World Health Organization or WHO). In addition, the 1931 Convention required all states to enact domestic laws in accordance with the provisions set forth in the international treaties to which they are parties and establish mechanisms for monitoring and compliance.

Moral crusaders who advocated for a global drug control regime reached a high in the mid to late 1930s as a result of the implementation of the 1931 Convention. Most states provided accurate requirement estimates along with statistical data on production, imports, and exports, whereas the international agencies established under the 1925 and 1931 treaties provided useful mechanisms to solve disputes or noncompliance (McAllister, 2020). Overall, legitimate pharmaceutical companies followed the established regulations, as it allowed for increased profits. Finally, legitimate supply channels decreased to minimal levels (*Ibid.*). This newly established system, however, appeared to be a short-lived success in the inter-war period, as the regime failed to address the array of problems resulting from the emergence of a black market for heroin, morphine, and cocaine (*Ibid.*) – a recurrent problem in the realm of drug control. Despite the warnings from international control bodies, some governments, for instance, failed or refused to take action against companies that violated the treaties operating within their borders (*Ibid.*).

Great Britain, the Netherlands, France, and Portugal were eager to protect their imperialistic ambitions overseas through gains from the drug trade. In addition, they all shared the common belief that eliminating the monopolies would result in a sharp rise in illicit drug trafficking (McAllister, 2020). However, the colonial opium monopolies across most of Asia and the East Indies had already created unlimited entrepreneurial opportunities for illegal opium production, sales, and cultivation allowing organized criminal syndicates to thrive (*Ibid.*). In response to the latter, some moral crusaders pushed for the adoption of a global anti-trafficking treaty in 1936 that required nations to impose similar criminal penalties and exercise extradition powers (*Ibid.*). However, the resulting treaty only attracted few supporters because of significant discrepancies among legal systems and a general lack of support

from key states. The treaty came into effect in October 1939; however, it was consigned to the dustbin of history when World War II broke out (*Ibid.*).

Opium production rose, largely as a result of instability in East Asian countries or the opposition of Far Eastern nations against a prohibition system limiting the production of raw and prepared opium to medical and scientific purposes (McAllister, 2020; Wisehart, 2018). It was virtually impossible at the time to limit agricultural cultivation to the number of hectares required for medical or scientific purposes (McAllister, 2020). The international drug control regime came to a standstill as the world headed into war; no further advancement could be anticipated without a drastic improvement in terms of drug control at the global level (*Ibid.*). In addition, most states turned to the drug trade as a means of funding their military capacity (*Ibid.*). Grippled by the fear of a new war, and drawing on their experience from the Great War, which meant a significant increase in both military and civilian demand for drugs and other controlled substances, a number of states started to amass a voluminous stock of medical supply in case of conflict, particularly in the event that an enemy imposed land or sea blockades that would cause widespread hardship (*Ibid.*). As the first synthetic analgesics had been invented in Europe, who also increased their production capacity and developed novel morphine extraction techniques, the U.S. built up a considerable stockpile of opium and grew heavily guarded coca and poppy crops in case supplies from abroad were to run out (*Ibid.*).

By the late 1940s, the conditions to secure the global drug control regime appeared to be more favourable; however, past challenges resurfaced: the emergence of illicit markets, the fast-paced progress of modern medicine, refractory governments, rogue farmers, fraudulent manufacturers, and end-users who were either unwilling or unable to quit (McAllister, 2020). The U.S. emerged from the Second World War as the dominant economic, political, and military power and was literally on top of the world in the early 1950s. Therefore, U.S. moral crusaders (such as Federal Bureau of Narcotics Commissioner Harry Anslinger – see Chapter 3) were in a particularly favourable position to create a new drug control system (by adopting the 1946 Lake Success Protocol) and put pressure on other states to impose their views on global drug

prohibition efforts within the framework of the newly founded United Nations (Jelsma & Armenta, 2015).

The global drug control regime in the post-WWII era was able to push forward within the framework of the United Nations. The idea of a single convention emerged as a long-term effort that would merge all previous treaties into one instrument and would allow for a modern approach to strengthening global drug control efforts. However, some urgent matters (including the opium question) needed to be discussed straight away. Rapid action was required and a new, interim protocol was adopted (Wisehart, 2018). As already mentioned, the opium question could finally be settled. So far, the global drug control regime had failed to curb the use of opium cultivation, and limit raw and prepared opium to medical and scientific purposes, which is why awaiting a new single convention on narcotic drugs to enter into force was deemed unwise. However, a tougher legal framework to limit the production of opium did not seem out of reach, notwithstanding the lofty ambition of establishing an impartial international body to control the opium trade at the global level, which was virtually impossible at the time. At the CND in 1951, France suggested drafting a document that would apply the same restrictions on raw opium as those imposed by the 1931 Convention on Manufactured Drugs (that is, the need to regulate the manufacturing of raw materials and limiting their use to medical and scientific purposes) (Wisehart, 2018). The proposal served as the framework for the 1953 Protocol draft to be presented at a high-level multilateral meeting. As a result, the manufacture, use, and trade of opium under the 1953 Protocol were allowed for medical and scientific uses only, as set forth in the Preamble of the 1953 Protocol. It is worth mentioning that the 1953 Protocol contained “the most stringent drug-control provisions yet embodied in international law” (UNODC, 2008:60). Only seven States were allowed to produce opium, and they were required to record in great detail how much was grown, harvested, and exported. States party to the Protocol were allowed to import or export opium manufactured in Yugoslavia, Bulgaria, Greece, India, Iran, Turkey, and the Soviet Union under Article 6. These seven states were granted a monopoly on the legal production of opium for agreeing to adhere to strict regulations in terms of cultivation (Sánchez Avilés & Ditych, 2020). The 1953 Protocol was indeed designed as an interim measure to prevent the

opium question from further polarising the international community and clouding global efforts to limit its production and manufacture to medical and scientific purposes before the adoption of a Single Convention that would serve as a comprehensive drug control regime at a global level. In practical terms, the 1953 Protocol had limited application, as the Single Convention, which entered into effect in 1964, foresaw its abrogation when it came into force in 1963 (Wisehart, 2018).

Opium prohibition, which came about in the colonial Philippines at the turn of the century, was without a doubt an admixture of imperialism and idealism. It did, however, have a lasting impact on societies and international events that would lay the foundations for the global drug policy regime, as we know it today. Prohibition in the Philippines was part of a broader assimilation policy of the dominant, traditional, American moral and social norms. Early U.S. moral crusaders and the anti-opium movement made utmost efforts to enforce prohibition worldwide through international cooperation (based on their experience in the Philippines and at home) (Wertz, 2013). However, states outside of the U.S. and China only gradually and reluctantly seized the momentum to strengthen drug prohibition, even though religious and moral rhetoric provided a common thread around prohibition while merging small-scale opium farms into state-run monopolies (which clearly show the sharp dichotomy between the moral façade of prohibition and state interests in the highly profitable opium trade for imperialistic conquest and aggrandizement) (*ibid.*). The anti-opium movement, under the impulse of moral crusaders, however, won a startlingly swift victory over the recreational use of drugs (grounded in a colonial moral rationale). This movement ultimately became a driving force and cornerstone of the global drug policy regime and has been institutionalized in domestic criminal legislations and justice systems worldwide to this day.

As of its inception in the early 1900s, the international drug control regime has resulted in the adoption of a number of semi-binding treaties, until the consolidation of the 1961 Single Convention, which contain principles and standards intended to regulate –and ultimately prohibit– the production, trade, and recreational use of drugs for purposes other than medical or scientific. The material scope of the global drug control regime, while being primarily focused

on opiates, gradually expanded to include additional substances like cocaine, cannabis, and synthetic drugs (see the 1971 and 1988 Conventions). Even though the primary focus was to regulate the production and consumption of substances, the global drug policy regime eventually shifted towards a more prohibitive and punitive approach (Sánchez Avilés & Ditrych, 2020). It is worth mentioning, as we shall see in the following sections, the underlying mechanisms that have allowed the moral values of early moral crusaders to pervade many aspects of the modern global drug control regime, while bringing about unintended consequences, which have resurfaced time and again for over a century.

3. MORAL ENTREPRENEURSHIP AND NORM DIFFUSION IN THE GLOBAL DRUG CONTROL REGIME: A CASE STUDY ON HARRY J. ANSLINGER

Viotti & Kauppi (2012) argue that states strive for “maximum power relative to other states” in order to guarantee their survival. On the other hand, Mearsheimer (2014:xiii) argues that “great powers seek to maximize their share of world power. [...] [M]ultipolar systems which contain an especially powerful state—in other words, a potential hegemon—are especially prone to war.” Offensive realists, such as Mearsheimer (2014), refer to the structure of the international system as a means to create strong incentives to gain power relative to other states, which is why status quo powers are rarely found in international politics. However, the global drug control regime appears to be one of few examples of the status quo in international politics imposed by states with ever-increasing power at the turn of the 20th century (often for reasons other than the safety and common good of all humankind). In the 1960s, as was the case when Britain and other European powers imposed global prohibition regimes against piracy, slave trade and war crimes (Nadelmann, 1990), UN Member States reached an unwavering consensus to ban all recreational drugs worldwide. This consensus was achieved when adopting the three main international drug control conventions: the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol; the Convention on Psychotropic Substances of 1971; and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. However, as history has proven time and again, the global drug control regime fails to reflect systematic empirical and interdisciplinary evidence of the drug phenomenon worldwide, which is a rather new trend within drug policy reform (Bewley-Taylor & Tinasti, 2020). Rather it is based on moral judgments and abstract speculation as evidenced in the latter section. In this regard, Morgenthau (1948) cites American sociologist William Graham Sumner:

“The worst vice in political discussions is that dogmatism which takes its stand on great principles or assumptions, instead of standing on an exact examination of things as they are and human nature as it is. [...] An ideal is formed of some higher or better state of things than now exists, and almost unconsciously the ideal is assumed as already existing and made the basis of speculations which have no

root [...] The whole method of abstract speculation on political topics is vicious. It is popular because it is easy: it is easier to imagine a new world than to learn to know this one. [...] [I]t is easier to catch up a popular dogma than it is to analyse it to see whether it is true or not. All this leads to confusion, to the admission of phrases and platitudes, to much disputing, but little gain in the prosperity of nations” (Morgenthau, 1948:4).

Needless to say, early moral crusaders were successful in securing the global drug policy (or prohibition) regime in their attempt to “rid humankind of the evil of drugs,” beyond national economic, political or social interests (which, undoubtedly, are instrumental to advancing their own agendas, albeit with paternalistic, or even racist, implications).

Rösch & Lebow (2017) argue that the current socio-political reality cannot be altered. In this sense, the status quo may be endangered when people voice their interests freely and share their opinions regarding their political community, its composition and purpose, as it encourages socio-political change. Realists refer to the Weberian concept of “ethics of responsibility,” in which decision-makers are guided by “intellectual honesty,” as most people would be unwilling or incapable of taking responsibility for their own lives (Rösch & Lebow, 2017:3). Moreover, Kindleberger (1986) argues that what sets apart foreign policy makers is that some believe exclusively in self-interest while others inform their judgment based on principles of ethics, morality, justice, and accountability. The latter would explain the paternalistic and prohibitive approach of policy makers towards drug use and the prevalent denial of the right to governance over one's own body.

Even though international regimes generally tend to reflect the economic and political interests of the dominant states within international society, moral and emotional factors (whether it be religious beliefs, humanitarian sentiments, faith in universalism, compassion, conscience, paternalism, fear or prejudice) can play a key role in the creation and implementation of international regimes (Nadelmann, 1990), as is the case of the global drug control regime (i.e. drugs are considered a great evil to humankind). As set forth in the Preamble of the 1961 Single Convention on Narcotic Drugs, the State Parties are “[c]oncerned with the health and welfare of mankind,” “[recognise] that addiction to narcotic drugs constitutes a serious evil for the individual and is fraught with social and

economic danger to mankind,” and are “[c]onscious of their duty to prevent and combat this evil” (UNODC, 2013).

Emily Crick (2012) believes that the 1961 Convention strongly differed from past treaties on drug control (see Table 1), both in terms of the language it uses and its scope (rather than regulating the manufacture and use of drugs, the Convention adopts a more prohibitive approach, which is an obvious sign of the fragmentation and contradictions within the global drug control regime). In this line of thought, Emily Crick (2012) states that:

“The use of the word ‘evil’ in the Single Convention is exceptional as no other international convention describes the activity it seeks to prevent in such terms. Furthermore, such language has created the space for policies that themselves threaten human rights and human security in the name of fighting ‘evil.” (Emily Crick (2012:408).

The word “evil,” as in morally reprehensible, is a key aspect to be considered in order to understand both the underlying motivations of the so-called moral crusaders or moral entrepreneurs who have shaped the global drug control regime. It is also key to consider how successful they were in convening other states in the international norm diffusion process, as well as in rallying them around the status quo around prohibition. Let’s turn briefly to one such example to illustrate this good/evil dichotomy. The independent U.S. film *Reefer Madness*, a fictional full-length feature about cannabis use and selling, commissioned by a church group and produced in 1936, declared cannabis a nation scourge and was later used as propaganda by the U.S. government in order to justify a more punitive approach to drug use (Boyd, 2010). The film eventually reached a cult status and strengthened the link between immorality, illegal drug use, and crime over the following decades (Boyd, 2010). In this regard, as per Becker’s definition (1963), the use of illegal drugs is deemed deviant –that is, “anything that varies too widely from the average” or is viewed as a “disease”. In other words, according to Becker (1963) deviance is a social construct through which society condemns a specific act deemed unacceptable and deviant, which may trigger moral panic. Goode and Ben-Yehuda (2009) have defined moral panic as follows:

From time to time in every society, charges of terrible and dastardly deeds committed by evildoers erupt; sides are chosen, speeches are delivered, enemies

are named, and atrocities are alleged. In some such episodes, the harm is alleged but imaginary, in others, the threat or harm is real but exaggerated. However, when the moral concern felt by segments of the society or the community is disproportionate to the threat or harm, sociologists refer to them as “moral panics,” and the threatening agents, “folk devils” (2009:16-17)

In response to deviant behaviours and in an attempt to alleviate moral panic, moral entrepreneurs define a set of rules to control certain behaviours. Moral entrepreneurs fall into two categories: rule or norm creators (also called moral crusaders) and rule enforcers (Becker, 1963). Rule creators follow a strict code of ethics and view certain behaviours deemed “deviant” as a great menace to society, which must be dealt with by any means necessary. Rule creators are best characterized as self-righteous crusaders who embark on a holy mission (*Ibid.*). For example, early prohibitionists believed that instead of merely imposing their moral values on others, they considered it their duty to build a better way of life for those whose lives were ruined by alcohol, for example. A successful crusade will therefore lead to the enforcement of a new set of norms and regulations, which was the case of the passing of the Eighteenth Amendment as a result of a fierce and systematic prohibition campaign (*Ibid.*). A successful crusade will almost certainly result in the adoption of new laws along with new enforcement authorities (or rule enforcers) (*Ibid.*). The Federal Narcotics Bureau (FBN), for instance, was foreshadowed by the passing of the Harrison Narcotics Act of 1914, the first federal law to tax and regulate controlled substances such as cocaine and opiates (*Ibid.*). The same applies to the establishment of new law enforcement agencies tasked with upholding the prohibition laws prompted by the adoption of the Eighteenth Amendment (*Ibid.*). The white, Christian upper-middle class in the U.S., who were sympathetic to the missionaries (who had served in the American-occupied Philippines, for example) and early moral crusaders, rallied around a common fear as a result of the perceived negative effects drug use would have on society, both in terms of the perceived link between higher crime rates and drug use, which meant a decrease in economic productivity, especially in lower classes (Musto, 1999; Nadelmann, 1990). Therefore, drugs are seen as a scapegoat for social ills behind the façade of moral fortitude.

At the international level, as Nadelmann (1990) puts it, states and so-called moral entrepreneurs have made significant proselytising efforts, by mobilizing popular opinion and seeking political support both at home and abroad to create new norms to tackle a perceived great evil –in this case the drug phenomenon. These efforts now reflect a “widely shared or even universal moral sense, rather than the peculiar moral code of one society,” which justifies and provides incentives for international intervention in the internal affairs of other states (Nadelmann, 1990). Since the early 1900s, the U.S. drug foreign policy has maintained an almost fanatic belief in the prohibitive paradigm as the key mechanism to solve global drug issues (Collins, 2015). As David Musto (1999:298) states, “[p]rojection of blame on foreign nations for domestic evils harmonized with the ascription of drug use to ethnic minorities. Both the external cause and the internal locus could be dismissed as un-American”. Indeed, U.S. efforts to export the prohibitive paradigm are imbued with a strong moralistic fervour (Bewley-Taylor, 2003). The overall lack of opposition from the international community (especially in the WWII era) laid the foundations for U.S. moral entrepreneurs to secure a successful crusade and create a global drug prohibition regime. In addition, the U.S.’ status as the unopposed global hegemon during the post-war era may also partly explain the latter in the sense that the U.S. is firmly convinced of its superiority over other nations; therefore American values should be adopted globally (O’Meara, 2010). Finally, elites in many other nations shared the views of U.S. moral entrepreneurs who advocated for the prohibition of drugs worldwide, as drug use was often linked to deviant (or even criminal) behaviour within specific racial and socioeconomic groups of society (Nadelmann, 1990).

As suggested by Becker (1963), a successful crusade almost always results in the adoption of new norms (whether at a national or international level). International norms, which affect virtually every level of political life, are promoted and disseminated through international organizations (Park, 2006). As already established, U.S. moral entrepreneurs have made considerable efforts to institutionalise international norms on drug control. This was achieved by taking advantage of the momentum that began with the creation of the League of Nations after the First World War and the United Nations after the Second World War as a result of the progressive development of international

institutions in response to the increasing interconnectedness and interdependence of states (Rivlin, 1995). Said international organisations are described as “norm diffusers or carriers” at the global level, within a global system (Finnemore, 1993; Park, 2006). In this line of thought, international organisations have the capacity to impose their interests on states and act as agents of change (Finnemore, 1993; 1996). Finnemore (1996: 22-23) defines norms as “collectively held ideas about behaviour;” however, “[u]nlike ideas which may be held privately, norms are shared and social; they are not just subjective but intersubjective”. Norms are key, as they guide states on how to behave in specific situations and provide a rationale as to why states should incorporate international legal norms into their domestic legislations (Park, 2006). Furthermore, the existence of international norms may also provide an explanation as to why states with seemingly disparate interests agree on a set of shared norms without necessarily serving a demand or specific need for the latter (True and Mintrom, 2001). On the other hand, Parker (2006) suggests that current research on international organisations shows that they might not always operate as initially intended by the states (or early moral entrepreneurs), nor might they always operate in the most effective or appropriate manner (see the unintended consequences of the global drug policy regime). Therefore, it is necessary to examine how and why international organisations undertake their mandate, diffuse norms and pursue their priorities (Park, 2006). Bear in mind that public policy stems from triggering mechanisms (for instance, the perception of an particular issue and the demand for political action) at the local level first (Gerston, 2010), before it undergoes any internationalisation process usually led by moral entrepreneurs.

Finnemore and Sikkink (1998:891) define norms as “standard[s] of appropriate behavior for actors with a given identity” or “shared assessments” – that is, actors must collectively accept behaviour as plausible for any behaviour to be accepted as a norm. Norms work to constrain actors; they create a framework to determine which behaviours are acceptable and which are not (Finnemore and Sikkink, 1998). Drawing from Becker’s works on deviance (1963:27), “the normal development of people in our society (and probably in any society) can be seen as a series of progressively increasing commitments to conventional norms and institutions.” The latter also applies in the

relationship between states and the international organisations to which they are a party, as is the case of the global drug control regime, within the framework of the United Nations, and its entrenchment in domestic legislations. On the other hand, Finnemore and Sikkink (1998) believe that international norms usually result from an internationalisation process of domestic norms. This process takes place through the efforts of moral entrepreneurs who have varying motives and the ability to operationalize influence mechanisms. This is particularly true for the global drug control regime and its strong link with U.S. domestic drug policy, namely prohibition laws spearheaded by moral entrepreneurs in the early twentieth century.

According to Finnemore and Sikkink (1998), norm influence occurs in three stages: (1) the development of the norm or “norm emergence,” a process led by moral entrepreneurs in their attempt to persuade a significant number of leaders to embrace the new norm; additionally, a threshold or “tipping point” that separates the first two stages must be reached, at which a significant number of pertinent state actors adopt the norm; (2) the widespread acceptance of the norm or “norm cascade,” in which so-called norm entrepreneurs convince other states to become “norm followers”; and, finally, (3) the internalisation of the norm, at which point the norm is fully adopted by most members and becomes a common standard of appropriate behaviour. International agreements on issues like slavery, human trafficking or drugs are examples of norm internalisation. According to Finnemore and Sikkink (1998), moral entrepreneurs need international forums where they can voice their concerns in order to secure the internationalisation process of norms. For a norm to reach the third stage of norm diffusion at the international level, it takes more than just a majority of states to accept the new norm, as power dynamics play a key role to convince or push certain states to embrace a specific norm (*Ibid.*). In this sense, external pressures to comply appear to carry greater weight than political concerns at the domestic level, as legitimacy both at the national and international levels plays a key factor in the decision to adopt a new law (*Ibid.*). In addition, the pressure to align with punitive state responses is often uncaring about or ignorant of the common good and public concerns. Many of the now-familiar elements of drug policy were in place in the aftermath of WWII for U.S. moral entrepreneurs to advance their agendas around drug prohibition.

It is also worth mentioning the work of Nadelmann (1990) regarding norm diffusion theory, as he examines how specific international norms (namely the most serious crimes of concern to the international community as a whole, such as slavery, human trafficking, piracy, and drug prohibition) have developed into global prohibition regimes. Nadelmann (1990) discusses, among other aspects, the moral dimension of international norm diffusion, as emotional variables – beyond economic incentives– that are key drivers for the creation and diffusion of norms. International prohibition regimes are fundamentally influenced by “religious beliefs, humanitarian sentiments, faith in universalism, compassion, conscience, paternalism, fear, prejudice and the compulsion to proselytize” and “the compulsion to convert others to one’s beliefs and to remake the world in one’s own image has long played an important role in international politics” According to Nadelmann (1990:480-481). International norm diffusion and the rise of global prohibition regimes are fundamental aspects of globalisation and the emergence of a so-called “universal international society” in which Western Europe and the U.S. have played a primal role (Nadelmann, 1990:483). Nadelmann (1990:484) describes an “evolutionary pattern” in five stages that leads to the development of international prohibition regimes: (1) societies view a specific behaviour as acceptable, albeit sometimes only in specific situations or limited to specific groups; (2) said behaviour is now seen as problematic or even illegal; (3) moral entrepreneurs eager to spearhead the prohibition regime urge the international community, especially states that exert hegemonic influence, to criminalise said behaviour; (4) should stage three be effective, the behaviour in question is prohibited and a global prohibition regime is put into place, in which “international conventions and institutions emerge to play a coordinating role”; and (5) in some cases, as the proscribed behaviour is effectively reduced as a result of efforts carried out within the framework of the global prohibition regime, prohibition focuses on specific locations at a small scale. In other words, a global prohibition regime is successful only if it attains the fifth stage, which greatly depends on the nature of each criminal activity and how susceptible it is to the criminal justice system in place to fight against it (Nadelmann, 1990).

As we shall see in the next section, U.S. moral entrepreneurs, such as Harry J. Anslinger, were very successful in developing domestic punitive drug

policies that would lay the foundations of the global drug control regime within the framework of the United Nations, especially in the 1950s.

3.1 ANSLINGER'S CRUSADE TOWARDS SHAPING AND SECURING THE GLOBAL DRUG PROHIBITION REGIME

Once key concepts related to moral entrepreneurship have been defined, including the role they play in the internationalisation process of norm diffusion and the underlying mechanisms by which norms acquire force through international organisations, the next paragraphs will focus on exploring the power dynamics within the global drug policy regime, especially through the lens of moral entrepreneurs. A particular focus will be attributed to central states such as the U.S., for instance— who were able to enforce or spread their views around prohibition at a global level. The Right Reverend Charles Henry Brent (1862-1929), the first American Episcopal bishop of the Philippines, is one example of early moral crusader or rule creator of the global drug prohibition regime in the early twentieth century (See Chapter 2). According to Musto (1999), Brent was a so-called abstract reformer who adopted first and foremost a moral approach to tackle the drug problem, as he believed that drugs did not have any value other than for medicinal purposes; therefore, any recreational use of drugs should be prohibited and their illicit trade curtailed globally (in an attempt to ultimately eliminate all evil from humankind). Another example of early moral crusader is Francis Burton Harrison (1873-1957), who was appointed U.S. Governor General of the Philippines in 1913 and sponsored the passing of the Harrison Narcotic Drug Act in 1914. Of course, Harry J. Anslinger is a name that resonates far beyond U.S. national borders, as his efforts allowed shaping and securing the global drug policy regime, as we know it today.

The following paragraphs will indeed focus on the first two stages of the norm life cycle developed by Finnemore and Sikkink (1998), namely, norm emergence and cascade. The first stage of the norm lifecycle, or norm emergence, is characterized by significant persuasion efforts of moral or norm entrepreneurs (Grigorescu, 2002; Finnemore and Sikkink, 1998), where considerable efforts are made to convince other members of society to adopt a

given norm. As we shall see, U.S. moral or norm entrepreneurs such as Reverend Charles Henry Brent, Hamilton Wright, Francis Burton Harrison or Harry J. Anslinger will push for the passing of a series of norms at federal level, which contributed to the gradual construction of a political and social consensus by means of federal laws, law enforcement agencies in charge of drug prohibition and the dissemination of false narratives⁷, especially through newspapers. The latter will also provide a rationale for the consolidation of a drug policy regime at the global level, especially as of the 1960s.

In 1914, the U.S. passed the Harrison Narcotic Drug Act, the first significant piece of federal anti-drug legislation, which mandated federal registration and tax payment for anyone selling opium, cocaine, or other derivatives. It appeared that the law still gave doctors the ability to prescribe opiates and other medications to treat ailments, including addiction; however, its implementation led to the arrest of medical professionals who prescribed opium for addiction maintenance (King, 1953). Francis Burton Harrison, the U.S. Governor General for the Philippines as of 1913, sponsored the Harrison Act, as he believed that prohibition was a "superior" form of colonial governance compared to European colonial powers that tolerated the use of opium (Foster, 2000). Following the passing of the Harrison Narcotic Drug Act, a series of anti-drug legislation helped secure the prohibition of drug use under a largely punitive approach (See Table 3 below).

⁷ Commonly known as misleading, sensationalist or fake news.

Table 3: Timeline of Federal Drug Legislation in the United States (1901-1963)

President and Term	Drugs/Alcohol Czar	Policy or Legislation in Force	Objective or Mandate
Theodore Roosevelt (1901-1909)	Reverend Charles Henry Brent and Hamilton Wright	Shanghai Opium Commission of 1909	International fact-finding body (of 13 nations) on the properties and dangers of opium in order to make policy recommendations.
		Smoking Opium Exclusion Act of 1909	Prohibition of the importation of smoking opium
William Taft (1909-1913)	Reverend Charles Henry Brent and Hamilton Wright	International Conference on Opium of 1911	Global opium control initiative with U.S. commitment to develop domestic policies.
		Webb-Kenyon Act of 1913	Bans on alcohol at state level. Creation of states with legal alcohol sales (wet) and those where sales were prohibited (dry).
Woodrow Wilson (1913-1921)	Hamilton Wright	Harrison Narcotics Act of 1914	Tax on the distribution and manufacture of opium and cocaine, which made them illegal.
		Volstead Act 1920 (which provided for the enforcement of the 18th Amendment)	Ban on the sale, distribution, and consumption of alcohol from 1920 to 1933.
		Narcotics Drugs Import and Export Act 1922	Controls on imports and exports of narcotics to other states, limiting exports of opium to states facing a shortage.
Warren Harding (1921-1923)	Levi Nutt	Federal Narcotics Control Board of Prohibition Unit established in 1922	Under the Prohibition Unit of the Treasury Department, Responsible for policy recommendations on narcotics use and addiction and defining regulations for the treatment of people with addiction allowed under the Harrison Act.
Calvin Coolidge (1923-1929)	Levi Nutt	Porter Narcotic Farm Act 1929	Establishes two hospitals to treat addictions in federal prisons (Fort Worth, Texas and Lexington, Kentucky) in response to increased number of people with addictions in local prisons.
Herbert Hoover (1929-1933)	Harry J. Anslinger	Federal Bureau of Narcotics (FBN) in 1930	FBN is an independent federal agency, under jurisdiction of the Treasury, responsible for enforcing the Harrison Act both at home and abroad.
		Uniform State Narcotics Act of 1932	Mandates all U.S. states to adopt federal drug laws and fosters collaboration between the FBN and the states within the framework of drug control.
Franklin Roosevelt (1933-1945)	Harry J. Anslinger	Marijuana Tax Act of 1937	Tax on the production and distribution of cannabis, which effectively makes it illegal.
		FDA controls drug safety in 1938	Redefining drugs according to their potential effects on the body, and establishing prescription drug classes.
		Opium Poppy Control Act of 1942	Prohibits growing or possessing poppy plants without a license.
Harry Truman (1945-1953)	Harry J. Anslinger	Boggs Act of 1951	Establishes the first mandatory minimum sentences for drug offenses.
		Creation of the Interdepartmental Committee on Narcotics in 1951	Agency that collects data on the control of illicit drug trafficking and addiction treatment.

President and Term	Drugs/Alcohol Czar	Policy or Legislation in Force	Objective or Mandate
		Durham-Humphrey Amendment 1951	Establishes guidelines for formal distinction between prescription and nonprescription drugs.
Dwight Eisenhower (1953-1961)	Harry J. Anslinger	Narcotic Control Act of 1956 (Boggs-Daniels Act)	Increased penalties for the sale and possession of marijuana and heroin, including the death penalty for the sale of opium to anyone under the age of 18.
John F. Kennedy (1961-1963)	Harry J. Anslinger	President's Advisory Commission on Narcotics and Drug Abuse (the Prettyman Commission of 1962).	Recommendation to dismantle the FBN, by returning power to the medical community to define the use of drugs for medical purposes, treating people with addictions and controlling the diversion of drugs from legal channels.

Developed by the author based on Anderson (n.d.)

Prohibition enforcement and narcotics enforcement were closely linked in the 1920s (Musto, 1999). In 1930, the Federal Bureau of Narcotics (FBN) was founded under the Treasury to handle narcotics enforcement, while prohibition enforcement was assigned to the Department of Justice (*Ibid.*). Local police were generally in charge of enforcing drug prohibition; however, the FBN occasionally provided assistance (*Ibid.*). Due to the stock market crash of 1929 in the U.S. which lasted throughout the 1930s, the FBN's budget and the number of narcotic agents remained low for many years as a result of the limited and reduced expenditures made during the Great Depression (*Ibid.*). To comply with its mandate, the FBN resorted to prevention tools that included publicity components about the risks of drugs, more specifically marijuana (*Ibid.*). Cannabis cultivation and use were permitted under federal legislation until 1937. Harry J. Anslinger, the FBN's first commissioner who served under five presidents, and others testified before Congress about the dangers of marijuana use and how it incited "violent and insane behavior" in order to pass federal legislation to regulate marijuana (Anslinger cited in Sacco, 2014:3). Anslinger had informed Congress that "the major criminal in the United States is the drug addict; that of all the offenses committed against the laws of this country, the narcotic addict is the most frequent offender" (*Ibid.*). In the 1930s, several newspapers constantly ran anti-marijuana propaganda, as Commissioner Anslinger actively sought editorial support from newspapers, civic organizations, and politicians in order to secure federal control of marijuana and pass comprehensive drug laws (Bonnie & Whitebread, 1974).

As already mentioned, Congress continued to enact drug control laws and severely penalise drug abuse over the next several decades. The most

significant pieces of legislation include, for instance, the 1937 Marijuana Tax Act (which effectively made marijuana illegal), the 1951 Boggs Act (which mandated mandatory prison terms for specific drug offenses), and the 1956 Narcotic Control Act (which created the death penalty as a punishment for supplying heroin to minors and increased penalties for drug offenses set forth in the 1951 Boggs Act) (Sacco, 2014). The Harrison Narcotics Act of 1914 was instrumental in adopting a punitive approach –that is, prohibition through law enforcement agencies with an array of unintended consequences. Such consequences included prison overcrowding, for instance, or addressing drug addiction through the criminal justice system, which, at that time, meant viewing drug use as a problem of morals or a crime rather than a public health issue (Bennett, 1964). The Marijuana Tax Act, which was passed in 1937, marked the beginning of an era of unparalleled restrictions in U.S. drug policy. In 1937, Anslinger stated that he “consider[ed] marihuana the worst of all narcotics – far worse than the use of morphine or cocaine. Under its influences men becomes beasts... Marihuana destroys life itself” (Pennsylvania State University, 2017). U.S. drug laws were then strictly enforced, largely as a result of Anslinger’s efforts. Experts have identified two distinct cultural phenomena as the catalysts for control policies and the factors that brought the marijuana issue to the public’s attention (Musto 1999; Grinspoon & Bakalar, 1997). The first was primarily a morality tale as a result of clashing cultural, political and economic norms between white Americans and Mexican immigrants (marijuana use was an excellent motive to keep Mexicans out of the labour force so that white Americans might enjoy more employment opportunities), African Americans in the South, and persons labelled as social deviants (sex workers, pimps, brothel keepers, or anyone involved in criminal activities) (Musto, 1999). The second focused heavily on the association between marijuana use and jazz music, which was considered a “deviant” art form performed and beloved by so-called social outcasts (Becker, 1963; Musto, 1999). Anslinger and the FBN unleashed a persecution campaign against jazz singer Billie Holiday, who used marijuana and other drugs (Gootenberg, 2022), and performed the song “Strange Fruit,”

whose lyrics denounce the lynching and hanging of African-Americans in the South⁸.

When referring to the unintended consequences of harsher drug laws, in 1928, there were 2,200 people in violation of the Harrison Act incarcerated in federal prisons (Bennett, 1964). They made up nearly one-third of all inmates in the penitentiaries of Atlanta, Leavenworth, and McNeil Island (*Ibid.*). Nearly all (2,000) had experienced problems with abuse of, and addiction to, opium derivatives (*Ibid.*). Violations of drug laws reached 2,993 in 1939, declined steadily during the war, and rose again as of 1945, reaching a peak of 4,387 in 1957 (*Ibid.*). Putting a human face on numbers may be hard to grasp for most of us; therefore, the case of Gilbert Zaragoza embodies the controversy of a punitive approach to drug control, a debate that had already unfolded in the 1960s (Kobler, 1962). Gilbert Zaragoza was a Mexican-American who committed a crime in 1957 under section 107 of the 1956 Narcotics Control Act and became the first federal prisoner sentenced to a life term for a drug offense. See below for James Bennett's description of the case⁹ in 1958:

The extreme situation is well illustrated by the case of [Gilbert Zaragoza], who at 21 became the first offender sentenced under the Narcotic Control Act of 1956, to a life term for selling small amounts of heroin to a 17-year-old associate. [Gilbert Zaragoza], an inadequate Spanish American youth with an IQ of 69 has been an epileptic since 14, an addict since 20. After some 14 months' hospitalization in a California State hospital, he returned to Los Angeles where opportunities for even occasional employment were limited. Twice arrested, he was once placed on probation for taking part in an affray and once for statutory rape. He had no prior arrests for narcotic violations. It seems clear that his activities as a "pusher" were motivated by his efforts to support a habit which at the time of his arrest required eight "caps" a day. This, then, is the picture of the first Federal prisoner sentenced to a life term –the first sentence which really means life– since the enactment of the Federal parole laws in 1910. (Bennett, 1964:237)

⁸ The lyrics read in part: "Southern trees bear a strange fruit, Blood on the leaves and blood at the root, Black body swinging in the Southern breeze, Strange fruit hanging from the poplar trees."

⁹ Bennett's description refers to the name "George Smith" most likely for confidentiality reasons. However, it was later established that the person's real name was "Gilbert Zaragoza" (Kobler, 1962).

Zaragoza was convicted of a nonviolent crime and sentenced to a life behind bars without the possibility of parole at the age of 21¹⁰. However, most inmates serving life terms, or “lifers,” convicted for violent crimes such as murder, kidnapping or rape, were granted the possibility of parole based on good behavior. Even though Zaragoza received a harsh, disproportionate sentence, let us remind ourselves that the recently passed 1956 Narcotic Control Act increased mandatory minimum sentences and gave the jury the option of recommending the death penalty for anyone who sold heroin to minors. In 1958, Anslinger wrote a letter to Texas Senator Price Daniel, who spearheaded the 1956 Narcotic Control Act in the Senate, stating that “[h]oodlums throughout this country are wary of the sharp teeth of the Daniel-Boggs Act.” and that “[a]lso under this legislation, Gilbert M. Zaragoza in Los Angeles was sentenced to a life term for selling heroin to 17 year olds.” (Anslinger cited in Horvath, 2020:52). The federal government’s rapid shift in the 1950s towards a more punitive approach to drug regulation is perhaps best exemplified by Zaragoza’s case. The average sentence for drug offenses more than tripled, from 19 months to 61.4 months between 1949 and 1957 (Bennett, 1964). Additionally, as a result of the passage of the 1914 Harrison Narcotics Act, a disproportionate number of the prison population were minorities (African Americans made up 53% of individuals sentenced for federal drug offenses in 1957, up from 13% in 1946) (*Ibid.*).

Early on, drug control efforts were tainted with forms of power and behavioural regulation of minority communities as part of broader strategies for social control through punishment (Anslinger being the most prominent defender of prohibition). President Truman signed the Boggs Act in 1951, which increased the minimum criminal penalty for drug offenses. A few years later, the 1956 Narcotics Control Act was the result of Anslinger’s efforts to have President Eisenhower expand the scope of the 1951 Boggs Act. As already mentioned, the list of offenses increased penalties for the sale and possession of marijuana and heroin, including the death penalty for selling opium to a person under the age of 18 (Musto, 1999). Strict prohibitive drug control in the U.S. was driven forth by the FBN, created in 1930, and led by Anslinger, its first

¹⁰ Zaragoza’s sentence was commuted by President Kennedy in 1962, suggesting a brief shift away from this strict enforcement; however, Zaragoza was released eight years later in 1970.

Commissioner until 1962. Despite the FBN not being as powerful as J. Edgar Hoover's Federal Bureau of Investigation (FBI), Harry Anslinger is largely remembered today as a highly influential figure both at the national and international level as a result of his aggressive and defiant leadership style and his ability to win the support of critical masses, including key political figures (Horvath, 2020).

The countrywide grassroots support for the beguiling prohibitive approach (that is, harsher sentences in an attempt to reduce the supply and demand for illicit drugs) allowed for political incentives to implement punitive sentencing policies (Horvath, 2020). Again, fear-based politics or punitive populism in the U.S. "sells better" than a human rights and public health-based approach to the drug phenomenon. In addition, there was a mutually beneficial relationship between both the media and the government. This is especially the case in the 1950s, as readers were avid of punditry and sensationalist headlines made by government officials creating a fertile soil for "victimising" or "scapegoating" in a climate fuelled by hysteria. Anslinger's ability to navigate the political landscape and influence the media narrative allowed him to exert complete control over the FBN for three decades and influence how the general public perceived the dangers posed by drugs (*Ibid.*).

On the global front, in the Cold War era, Anslinger dramatically exaggerated the evidence for a centralized scheme of heroin trafficking from Communist China targeting American youth to advance his own political agenda around drug prohibition (Horvath, 2020). In his remarks before the United Nations in 1954, Anslinger stated that Communist China had developed a "20-year plan to finance political activities and spread addiction among free peoples through the sale of heroin and opium" (Anslinger cited in Horvath, 2020:29). He also argued that "the narcotic menace from Communist China [has mushroomed] into a multiheaded dragon threatening to mutilate and destroy whole segments of populations" (*Ibid.*). In this line of thought, the FBN, therefore, served broader Cold War-era foreign policy objectives and increased its global enforcement initiatives with which came an inevitable by-product: the globalisation of its global drug enforcement initiatives, which effectively allowed the U.S. to exercise greater influence abroad by fostering collaboration and networking at the global level (Horvath, 2020). Anslinger also believed that the

soon-to-be global drug control regime might serve as a template for the global control of nuclear weapons (Anslinger & Tompkins, 1953)¹¹. The FBN offered a straightforward means of allaying genuine concerns about communism and youth crime in the U.S. (both deeply entrenched in American society and stymied by the fear of white youth becoming corrupted) (Horvath, 2020). As a result, drug policy came to be viewed as a key component that appeases domestic concerns (through social control) –a climate that has remained unchanged over the past several decades.

Having secured a legal apparatus at a national level with the passing of the 1937 Marihuana Tax Act, the 1951 Boggs Act, and the 1956 Narcotic Control Act, which strengthened federal drug control laws, Anslinger takes further steps at the global level. As already mentioned, Nadelmann (1990) describes an “evolutionary pattern” that leads to the development of international prohibition regimes in five stages. The next paragraphs will focus on Anslinger’s efforts to spearhead a global drug control regime by analysing Nadelmann’s second, third and fourth stages: (2) a behaviour, once viewed as acceptable, is now seen as problematic or even illegal; (3) moral entrepreneurs eager to spearhead the prohibition regime urge the international community, especially states that exert hegemonic influence, to criminalise said behaviour; and (4) should stage three be effective, the behaviour in question is prohibited and a global prohibition regime is put into place, in which international conventions and institutions emerge to play a coordinating role.

Drawing from his experience during the prohibition era, Anslinger participated in two conferences to ban the illegal sale of alcohol, which were held in Paris and London in 1926 and 1927, respectively. However, Anslinger’s participation in the 1931 Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs (see Table 1) truly marked his entrance onto the global stage. Anslinger, who presided over the newly founded FBN, was a staunch supporter of prohibition, especially source control through eradication in traditional drug-producing countries (Gootenberg, 2022). Anslinger was already convinced that cooperation between states was

¹¹ In terms of narcotics control serving as a pattern for atomic energy and disarmament, Anslinger and Tompkins (1953) argue that “[t]he marked success achieved in the international narcotic drug control program has prompted numerous suggestions that some of its principles be used as a pattern for control in other fields such as atomic energy and disarmament.”

paramount for the effective prohibition of all illegal narcotics. As he was given far broader legislative and executive authority, Anslinger enjoyed considerable freedom in deciding how to approach drug policy, enforce federal narcotic laws, control the trade in narcotics for medical and scientific purposes, and support diplomacy efforts around drug control (Kinder & Walker, 1986). Early moral crusaders in the 1900s believed that effective drug control at home and source control abroad required international cooperation, as the manufacture of drugs abroad helped fuel the use of illicit drugs in the U.S. (Kinder & Walker, 1986; Pembleton, 2016). Anslinger held the same opinion, and as the FBN's Commissioner in charge of U.S. antinarcotic policies, he invested considerable efforts in building an all-encompassing domestic drug control strategy that would later lay the foundations of the global drug control regime. Anslinger gained much notoriety as he created and strengthened an increasingly popular anti-drug consensus (as he did back home) by overstating the risks posed by the manufacture of drugs abroad (Kinder & Walker, 1986).

During WWII, Anslinger endeavoured to bridge the gap between his agency and more general objectives of American foreign policy. Anslinger had an impact on the overall activities of the Drug Supervisory Body and the Permanent Central Opium Board, as both offices were moved from Geneva to Washington in 1940. Anslinger and Morlock, who had been appointed Chief Narcotics Officer in the State Department in 1941, started devising a strategy for ending opium smoking in the Japanese-controlled areas of the Far East in late 1942 with the help of the Opium Research Committee of the Foreign Policy Association, a non-profit U.S. organization founded in 1918. Anslinger's efforts encompassed President Roosevelt's determination to put an end to colonial rule in Asia, especially in regions under European colonial rule before the war (Kinder & Walker, 1986). When discussing the matter with European officials, Anslinger argued that "the weakness demonstrated in many of the Far Eastern territories last winter was the result of the opium smoking habit" (cited in Kinder & Walker, 1986). One year later, in 1943, Great Britain and the Netherlands announced that they would put a ban on opium monopolies in the territories reclaimed from Japan, while France would do the same in Indochina (Kinder & Walker, 1986; Pembleton, 2016). As the U.S. had played a pivotal role in securing Allied victory, Anslinger's anti-drug crusade was given full legitimacy at

the global level to dominate the discussions about the best course of action to effectively establish a global drug control regime under the 1961 Convention (Kinder & Walker, 1986).

As the Allies were founding the United Nations to replace the flawed League of Nations in 1945, Anslinger spearheaded efforts to establish a global drug control system more likely to impose much harsher regulations (McAllister, 2020). Anslinger and other moral or norm entrepreneurs were successful in their campaign to abolish the Opium Advisory Committee and replace it with a newly formed Commission on Narcotic Drugs (or CND). The CND reported directly to the UN's Economic and Social Council (ECOSOC) in order to push for strict supply control measures at Lake Success, in New York, on 11 December 1946 (see Table 1). In addition, Anslinger made sure that UN Secretariat members who shared his views on the prohibitive approach filled key positions in this newly established structure (*Ibid.*), while American diplomats made considerable efforts to negotiate an international accord regulating synthetic drugs and put pressure on other states to fully abide by the existing treaties (McAllister, 2020). Washington also pushed for the CND, the UN's policy-making body, to hold its inaugural meeting in the U.S. in November 1946 (Kinder & Walker, 1986). Morlock and Anslinger prepared the agenda for the meeting in an attempt to give global drug control initiatives a new momentum, with a strong focus on restrictions around the production of raw and synthetic drugs and a ban on the recreational use of drugs (*Ibid.*). Anslinger's sphere of influence over global drug policy grew stronger beyond the realm of the U.S. State Department, and would eventually lay the groundwork for future anti-drug initiatives within the framework of the CND¹² and considerably bolster U.S. bilateral diplomacy in an effort to increase its diplomatic footprint (Kinder & Walker, 1986; Bewley-Taylor & Jelsma, 2012).

Finally, the Single Convention on Narcotic Drugs of 1961 was perhaps Anslinger's crowning achievement, as he was instrumental in the drafting of the Convention. The 1961 Convention grouped under a single instrument all previous conventions dealing with narcotics since The Hague Convention of 1912 and embodied many facets of the U.S. drug control rhetoric (Bewley-

¹² Anslinger would sit on the CND up until 1970.

Taylor & Jelsma, 2012; Neill Harris, 2020). The main pillars of the 1961 Convention were: (1) limiting the production of raw materials (opium, coca and cannabis) to medical and scientific purposes; (2) grouping all existing conventions into one convention; and (3) simplifying the existing drug control apparatus (Bewley-Taylor & Jelsma, 2012). Drug use continued to be less of a priority than the manufacturing and trade. However, the 1961 Convention implies some level of discretion in the interpretation and enforcement of drug laws, always bearing in mind that its preamble states that “addiction to narcotic drugs constitutes a serious evil for the individual and is fraught with social and economic danger to mankind,” which, of course, strongly reflects Anslinger’s rhetoric with regard to drug use.

Not all shared Anslinger’s punitive approach to drug use. Adolf Lande, from Austria, who served as Secretary of the UN Permanent Central Narcotics Board and the UN Drug Supervisory Body, and who was also one of the main drafters of the 1961 Convention, wrote that “the term ‘possession’ used in the penal provisions of the Single Convention means only possession for the purpose of illicit traffic. Consequently, unauthorized possession and purchase of narcotic drugs including cannabis for personal consumption need not be treated as punishable offences or as serious offences” (Lande cited in Drug Policy Forum Trust, 1997). Even though the 1961 Convention was not as strict as the U.S. had hoped, some provisions related to drug scheduling and limitations on the manufacture of drugs strongly reflected “the successful internationalization of US perspectives of the issue” (Bewley-Taylor & Jelsma, 2012). In other words, U.S. moral or norm entrepreneurs successfully navigated through Nadelmann’s “evolutionary pattern” that led to the development of the global drug policy regime (Nadelmann, 1990). However, as history has proven time and again, the fifth stage has yet to be achieved for the global drug prohibition regime to be successful.

The foundations of the current debate around the most effective approach to enforcing drug policies were laid in the 1950s in the U.S. Anslinger spearheaded initiatives to disproportionately increase penalties for drug offenses in response to a phenomenon viewed as moral deviance. The federal drug enforcement apparatus relied on its punitive approach as a weapon to control minority communities and hold them in a state of fear. Anslinger (among

other moral entrepreneurs) believed that increased sentences would ultimately decrease or deter the use of drugs. On the contrary, the global drug policy regime would have long-lasting, devastating effects and unintended consequences, namely the mass incarceration of low-level drug offenders with no history of violence while being ineffective in curbing the production, trafficking, and use of illicit drugs. Despite the latter, U.S. moral entrepreneurs were particularly effective in exporting their own drug policy model worldwide while defining and maintaining the balance of power in the post-WWII era.

4. THE SOVIET UNION: UNLIKELY U.S. ALLY IN SHAPING THE GLOBAL DRUG CONTROL REGIME

The 20th century was marked by periods of great violence, namely World War I (1914-18) and World War II (1939-45). The U.S. engaged in the Second World War at a later stage. However, beyond its duty to uphold freedom and human rights, the U.S. sought to halt the progress of Communism, and therefore be perceived both as a liberator and conqueror of a Europe at war against Hitler's fascism (Chaour, 2002). By aligning with ideological rivals (that is, the Soviet Union), the U.S. military intervention allowed putting a halt to the rise of fascism and totalitarian rule in Europe. In addition, the latter allowed “[identifying] the United States as a benevolent force in world politics and [portraying] its real and potential rivals as misguided or malevolent troublemakers” (Mearsheimer, 2014:40). The Yalta Conference held in February 1945, where the allied leaders, U.S. President Franklin D. Roosevelt, British Prime Minister Winston Churchill and Soviet Premier Joseph Stalin met, marked the end of World War II. The Yalta Accords sought to determine the fate of the defeated Nazi Germany and the rest of Europe, as well as the creation and functioning of the United Nations. The Accords primarily meant the establishment of a new world order, a division of the world into spheres of influence, fundamentally, between the two winners of the World War II, the Soviet Union and the U.S. The Yalta Accords meant reaching an agreement on geopolitical partition, which foreshadowed global events such as the Cold War and tense nuclear standoffs between the Soviet Union and its Warsaw Pact allies, and the U.S. and its NATO allies. However, even though both blocs did not engage directly in armed conflict throughout the Cold War, millions of people lost their lives in proxy wars in Korea, Vietnam, Afghanistan, Nicaragua, Angola, and El Salvador, among other places (Mearsheimer, 2014).

Offensive realism focuses on how powerful states interact with one another and continuously seek out ways to gain power at the expense of other states (*Ibid.*). In this line of thought, a bipolar world is less likely to go to war than a multipolar one. In addition, a multipolar world with particularly strong states, or potential hegemons, appears to be the most threatening of all. In the realm of international politics, a state's real power is ultimately measured in

terms of its military capacity compared to that of other states (*Ibid.*). The U.S. and the Soviet Union were the two most powerful states in the world at the end of World War II and throughout the Cold War mainly as a result of the size of their military power, which is viewed as the *ultima ratio* in international relations (*Ibid.*). Military power allows states to protect themselves against external and internal threats while pursuing national interests, often against the will of other states (Tellis et al., 2000). As Paret (1989) suggests:

“Military power expresses and implements the power of the state in a variety of ways within and beyond the state's borders, and is also one of the instruments with which political power is originally created and made permanent. Holders of political power do not invariably wish to increase it. When they do, the threat or use of force become important elements of their policy” (Paret,1989:240).

Therefore, states thrive to increase their capacity to reach the status of hegemon in order to protect their interests by acting as regional offshore balancers –that is, in other parts of the world (Mearsheimer 2014). In this sense, the balance of military strength and political power is often used interchangeably (*Ibid.*). Powerful states hold a dominant status in shaping the global political agenda and exert greater influence on equally powerful and less powerful states as a result of their actions (*Ibid.*). The rivalry between the Soviet Union and the U.S. between 1945 and 1990 has had a significant impact on international politics in every corner of the world. Longstanding concerns regarding the balance of power translated into an escalation from conventional military force to nuclear power. This struggle for power transcends the realm of warfare; let’s not forget the race to the moon or the ideological and geopolitical rivalry between capitalism and communism.

However, beyond this rivalry, it seems as though the Soviet Union and the U.S. were unlikely allies in further laying the foundations of the global drug policy regime through prohibition during the Cold War era. As Crouch (2021) suggests, beyond geopolitical tensions between the U.S. and the Soviet Union, between capitalism and communism, and, for many, good and evil, the global drug policy regime provided a fertile soil for U.S. moral crusader Anslinger to work strategically with other states in order to bolster new alliances. The widespread narrative around Soviet deviance, social control enforced through punitive means, and the misuse of psychiatry in the Soviet Union, provided a

rationale to bridge the gap between both blocs in the evolving global drug control regime. As surprising as it may be, even though nuclear standoffs between the U.S. and the Soviet Union throughout the Cold War almost pushed the world to the brink of nuclear war, the global drug policy regime provided in fact a fertile soil for cooperation on the global chessboard opposing the two antagonist blocs. One can identify two major periods that have led to the consolidation of the global drug policy regime: the negotiations leading up to the adoption of the 1961 Single Convention on Narcotic Drugs and the negotiations leading up to the adoption of the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

Before taking a closer look at the U.S.-Soviet cooperation and the Soviet's punitive approach to the drug phenomenon, it is worth recalling that the Soviet Union had already experimented with prohibition of drugs and alcohol prior to the adoption of the 1961 Convention. As was the case of alcohol prohibition in the 1920s in the U.S., the Soviet Union passed a bill aimed at fighting alcohol intoxication and its effects in 1909; however, the bill was not passed until WWI broke out. The Czarist government finally enacted a law banning the sale of alcoholic beverages in 1914 (Babayán & Gonopolsky, 1985). In the first two years, the bill led to a decline in heavy drinking as well as a decrease in the number of people suffering from alcoholic psychoses, a decrease in mortality rate, and an increase in well-being among the working classes and farmers (*Ibid.*). However, early prominent successes were short-lived, as illegal distilleries soon opened and bootleggers smuggled truckloads of alcoholic beverages. The initial decrease in heavy drinking soon returned to its previous levels, and the flow of bootlegged alcohol caused more harm to people's health than the vodka produced by licensed distillers (*Ibid.*). In addition, during the Inter-War era, in 1935, the Soviet Union prohibited the cultivation of hemp and opium for purposes other than medical or scientific (Fetisov cited in Latypov, 2012). Even though prohibition was introduced in Russia and the Soviet Union before 1961, one must carefully consider the question of the decades-long consensus around prohibition, social control, and punitive approaches as useful tools to advance conditions of stability and well-being (as per Chapter 9 of the UN Charter).

The Cold War has had a deciding impact on U.S. and Soviet foreign policy. The origins of the international drug war provide a stark example of the latter. International drug control initiatives spearheaded by the U.S. show the depth of the country's hegemonic inclinations (solely based on the strength of U.S. influence and leadership at the global level) and created fresh strain in the tense relations between the allies of the West and other superpowers. Broader trends in U.S. foreign policy and drug policy evolved into a tool for the U.S. to lay the foundations for global policing of illicit drugs in key strategic regions (Pembleton, 2016). The FBN's source control and interdiction efforts shed light on the guiding principles and methods of U.S. foreign policy¹³. In an article published in the *True Detective* magazine in 1946, Anslinger briefly summarised the larger conundrum the U.S. was facing in geopolitical terms: "The United States will always have to lead –if for no other reason than self-protection" (Anslinger cited in Pembleton, 2016:37). Therefore, the U.S. has emerged as a nation with a "sprawling law enforcement bureaucracy –and jails overflowing with convicted drug offenders– but also as a policing superpower, promoting its favoured prohibitions and policing practices to its neighbours and the rest of the world" (Andreas, 2013:xi). Indeed, the two main pillars of U.S. leadership were diplomacy and law enforcement, which meant ruling the world in search of evils to destroy (Adams cited in Pembleton, 2016:37). U.S. influence first came under the guise of cooperation with the Soviet Union in the second half of the 1940s and throughout the 1950s, especially within the framework of the newly formed CND. Anslinger progressively strengthened his relations with Soviet representative at the CND, Professor V.V. Zakusov. See below a picture taken before the start of one of the meetings of the seventh session of the Commission on Narcotic Drugs, at UN Headquarters. Left to right are Mr. Harry J. Anslinger, U.S. representative, Mr. John Henry Walker, U.K. representative, and Professor V.V. Zakusov, Soviet delegate.

¹³ See Chapter 2.

Figure 2: Meeting of the Seventh Session of the CND (April 21, 1952)



Source: United Nations Photos (1952)

Beyond nationalist ideologies, Anslinger showed some level of flexibility in bilateral relations around counter-drug cooperation, especially with the Soviet Union. Crouch (2021) states that Anslinger's views on a number of states, were borne first and foremost by how useful (or not) these states would be to his crusade for global drug prohibition. Zakusov (among other Soviet representatives) would seem to fit the bill perfectly, as he and Anslinger shared common beliefs on drug prohibition. Soviet participation in CND *ad hoc* committees and working groups as well as Soviet endorsement of U.S.-led initiatives are only a few examples of U.S.-Soviet cooperation (Crouch, 2021). On the other hand, the Soviet initiatives backed by the U.S. during the negotiations that led to the adoption of the 1961 Convention were less likely to be informed by a dominant, nationalist-oriented ideology, which was a key component of cooperation efforts to secure a global drug control regime (*Ibid.*).

The latter allowed for the building of a respectful, mutually beneficial relationship between Zakusov and Anslinger. In addition, Crouch (2021) suggests that, despite the 30-year treaty of friendship, alliance, and mutual assistance signed between the Soviet Union and the People's Republic of China (PRC) in 1950, Anslinger viewed the Soviet Union and the PRC in a different light. Anslinger claimed that the PRC was the only state to actually disregard global drug control efforts. Anslinger gave a speech at the UN stating that China is “[...] where the Iron Curtain should be [...] not on the European side, because we get complete cooperation from Russia, Hungary, Poland, all of those Iron Curtain countries. Their controls are excellent” (Anslinger cited in Pembleton, 2016:37). As already mentioned in the previous chapter, Anslinger and his allies at the CND recommended to ECOSOC consolidating all existing treaties into one single convention, which led to a series of negotiations over a ten-year period (1951-1961). It goes without saying that Anslinger (the all-powerful Director of the FBN, who unleashed a witch hunt at home against drugs, especially cannabis use) maintained a tough stance toward enforcing a global drug prohibition regime and therefore led the negotiation efforts at first. However, faced with the lack of overall consensus on the question of prohibition and harsh, punitive approaches, Anslinger eventually left the negotiations, disappointed. However, Soviet representatives at the CND, who shared Anslinger’s views on the issue of prohibition, would carry on his legacy despite the lack of consensus.

Nikita Khrushchev, who became the First Secretary of the Communist Party of the Soviet Union from 1953 to 1964 and Chairman of the Soviet Council of Ministers from 1958 to 1964, marked a sharp departure from Stalin's legacy of terror and inevitability of world war doctrine and laid the ideological and political foundations of Soviet foreign policy (Zubok, 1993). However, according to Zubok & Pleshakov (1996:181), Khrushchev was “no less a master of Soviet foreign policy than Stalin had been, and no less than Stalin did he adopt one-man decision-making,” and considered himself “his own foreign minister”. Khrushchev strongly believed that the foreign policy of other powers mirrored the personalities of their leaders (Zubok & Pleshakov, 1996). However, Khrushchev used soft power by strengthening the relationships between the Soviet Union and Western countries (Magnúsdóttir, 2006). In 1957, Khrushchev

advocated for an official exchange agreement with the U.S. in cultural, technical, and educational matters, also called the Zarubin-Lacy agreement signed on January 27, 1958, which would put the Soviet Union on par with its longstanding rival (*Ibid.*). The latter may also be applied to the realm of global drug prohibition efforts, especially with Anslinger slowly stepping back from the negotiations, leaving the door open for other powers to step in.

Within the framework of the negotiation process leading to the adoption of the 1961 Convention, the representatives led the talks in a spirit of diplomatic relations and camaraderie at the third session of the Commission on Narcotic Drugs, which took place Lake Success, New York, in May 1948 (Collins, 2015). In addition, the venue was “almost clear of ideologies; and as such an enduring example of what can be done internationally if goodwill can be achieved” (cited in Collins, 2015:187). The venue, therefore, symbolised the strengthening of post-war alliances. Zakusov, who was a drug expert with limited knowledge of world affairs and little to no interest in competing for international ideologies and interests, was of the most pleasant and cordial character at the venue. Zakusov gave the negotiations their new momentum, which ultimately helped fuel the idea that the CND provided a solid framework where geopolitical matters do not rise to the forefront of the global arena (Collins, 2015). Alignment around the prohibition consensus was therefore seen as a necessary condition to secure cooperation around the global drug control regime.

In this line of thought, Rear Admiral Konstantin Rodionov, Soviet representative at the United Nations Conference for the Adoption of a Single Convention on Narcotic Drugs in New York, from January to March 1961, stated that the 1961 Convention would be an effective means of combatting drugs only if strictly enforced by all states (UN, 1964). Rodionov shared Anslinger’s belief that mutual cooperation was key in order to secure the global drug prohibition regime:

“[The Soviet Union] was a signatory to the Conventions of 1925 and 1931 and the Protocols of 1946 and 1948, as well as a member of the United Nations Commission on Narcotic Drugs; his delegation was ready to cooperate with other delegations, in a spirit of mutual understanding, in the drawing up of a convention which would be effective in the fight against the illicit traffic in Narcotic Drugs. Experience had proved how important it was for the success of that fight that

effective control measures should be taken by all governments to regulate the lawful production and preparation of narcotics and to suppress illicit production and manufacture. Careful supervision was also necessary to ensure that the drugs were used for medical and scientific purposes only. The success of international narcotics control depended entirely upon strict national control measures, and the obligations of participating States should be specified clearly in the convention” (UN, 1964:9).

However, Rodionov recalled that prohibition should be construed as a recommendation only in order to safeguard the sovereignty and the provisions of national laws of each state (UN, 1964).

Early on, the Soviet Union aligned its national policies to a more strict interpretation of the 1961 Convention. Article 17 of the 1961 Single Convention states that “[t]he Parties shall maintain a special administration for the purpose of applying the provisions of the Convention.” In accordance with this Article, the Soviet Union set up a Standing Committee on Narcotics Control under the Ministry of Health, which is responsible for monitoring compliance with the Convention (Babayan & Gonopolsky, 1985). In addition, in accordance with Article 36 of the Convention, Soviet law must foresee penalties for all offenses contrary to the provisions of the 1961 Convention, including the manufacture, sale, storage, and use of narcotic drugs. The Soviet Ministry of Health's Standing Committee on Narcotics Control and other state bodies periodically made recommendations for improvements to the applicable laws and regulations (*Ibid.*). Eduard A. Babaian, a psychiatrist and founding father of Soviet narcology, played a key role in the drafting of the 1961 Convention (Solokova, 2016). Early on, Babaian, who became a long-standing Soviet/Russian representative to the CND (and the Commission's chairman in 1977 and 1990) and the INCB (1994-2004) acknowledged the inherent flexibility of the drug conventions (Utyasheva & Elliott, 2009). He suggested that “neither of the UN conventions requires states parties to follow fully the structural or terminological patterns of the international schedules” (Babaian cited in Utyasheva & Elliott, 2009:85). This logic stems from the right of states to adopt “stricter measures of control or, on the contrary, exclude some of them” (*Ibid.*). The latter allowed the Soviet Union, and later Russia, to adopt harsher drug control measures –that is, beyond the scope and provisions of the conventions (*Ibid.*). According to Solokova (2016), Babaian's active participation in the

shaping of the global drug control regime suggests that he was keen not only on creating a favourable environment for the execution of Soviet foreign policy, but was also interested in developing national drug policies.

In Ecclesiastes 1:9-18, Solomon, Son of David, mentions that: “[w]hat has been will be again, what has been done will be done again; there is nothing new under the sun.” As already mentioned, the Soviet Union had already experimented with alcohol prohibition in 1914; in addition, drug use was addressed through harsh, repressive measures, especially during Stalin's Great Terror (1936-1938) (Latypov, 2012). Contrary to other states, the Soviet Union enforced a more strict interpretation of the 1961 Convention (especially with regard to drug use) and was scrupulously upholding its duties under the Convention. Border and customs controls monitored the smuggling of drugs from overseas. The government had complete control over the manufacture of narcotic drugs in its territory, which was solely restricted to needs for medical and scientific purposes only (as per the Convention). State ownership of the businesses that manufactured narcotic drugs and the pharmacies that dispensed them to the general public was another significant barrier to the trafficking of drugs and the spread of drug addiction in the Soviet Union. State agencies continuously monitored the manufacture, distribution, storage, and use of illegal narcotics, which were strictly enforced under Soviet law, and any violations were subject to harsh penalties. In addition, encouraging the use of narcotics constituted aggravating circumstances, as was the act of selling drugs to a minor. In his Textbook on Alcoholism and Drug Abuse in the Soviet Union, Babaian and Gonopolsky (1985) describe the Soviet regulatory drug control mechanisms compared to the legal status of alcohol (See table 4 below).

Table 4: Comparison between Regulatory Control Mechanisms for Alcohol and Narcotic Substances in the Soviet Union

Alcohol	Narcotic Substances
The use of alcohol is permitted and on free sale. Alcohol use is not unlawful.	Can be obtained only with a medical prescription. Use without prescription is illegal. Sale is not allowed for people with drug dependency.
No restrictions at the international level.	International conventions prohibit the manufacture and consumption of narcotic drugs. Production is strictly limited by the Soviet Ministry of Health and the Standing Committee on Narcotics Control.
Consumption is determined by the consumer.	The consumer has no right to decide whether to consume, which is the sole decision of a physician.
Storage is legal (no permit needed).	Storage without a special permit is a criminal offence.
Consumption of alcohol is a frequent cause of criminal behaviour.	In most cases, a person with dependency commits an offence in order to obtain narcotics.
People will often drink excessively before committing an offence, as an excuse to commit a crime or to build up courage.	There are no cases of people who use narcotics before committing an offence, as an excuse to commit a crime or to build up courage.

Source: Prepared by the author based on Babayan & Gonopolsky (1985)

Faced with a harsh reality, many a person who used drugs in the Soviet era were institutionalized in Soviet prisons and Stalin’s Gulags (Latypov, 2012). Punitive approaches to drug use may provide an additional explanation as to why the U.S. and the Soviet Union paved the way for cooperation in order to secure the global drug policy regime. However, there is more to this story than initially meets the eye. The next section will allow better understanding the purpose of social control through law enforcement and punishment (as was the case of Anslinger’s crusade against cannabis and jazz, which quickly escalated into a racial issue). Babaian believed that “those suffering from drug and alcohol addictions violate societal moral standards on purpose, voluntarily bringing themselves to the state of sickness. That is why society’s actions towards these people can not be the same as actions on medical assistance to other categories of patients” (Babaian cited in Maskas, 2005).

4.1 THE NEW SOVIET MAN AND THE *NARKOMAN*

Recent Russian-language academic literature suggests that the Soviet concept of power goes beyond military means and includes other factors such as patriotism, morality and spirituality (LaVey, 2022). Therefore, it is key to delve into the foundations of Soviet morality in order to understand the underlying mechanisms that have led to the development of a full-fledged drug control apparatus in the Soviet Union, which echoed beyond its borders, especially in the decades following the fall of the Iron Curtain. The Socialist Revolution¹⁴ in 1917 and the Soviet Union's subsequent state-building efforts were inevitably immersed in morality politics, which seeks to turn political issues into moral and symbolic conflicts (Domke & Coe, 2008). Indeed, the October Revolution led to the difficult task of establishing a new political and moral order for the Soviet Union (Cullen & Cullen, 1977). The Soviet project sought to deliberately build a new moral identity through its citizens, by associating the domestic realm with cleanliness and good health as opposed to the pre-Revolutionary petit-bourgeois mindset characterised by dirt and ill-health (Buchli, 1999). The fundamental distinction between an impure pre-revolutionary bourgeois consciousness and a post-revolutionary proletarian consciousness laid the foundation for determining the notion of moral purity¹⁵. When describing the concept of the new Soviet worker, Lenin asserts that “workers are building a new society without having become new individuals, cleansed from the muck of the old world, and who nevertheless stand up to their knees in this filth” (Lenin cited in Buchli 1999:52-53).

In this line of thought, Shargorodskii (1964:24) cites Marx when emphasising that capitalism itself “gives birth to crime.” In other words, Soviet deviance is a by-product of capitalism. Even though Shargorodskii (1964) draws this conclusion from crime statistics in capitalist countries, the latter may be an indication of the limited availability of official and comparable statistics in the Soviet Union or simply because the Soviet Union would never admit publicly that it had a crime problem, as it was thought to have a higher standard of

¹⁴ According to Karl Marx, “[p]olitical emancipation is the dissolution of the old society on which the sovereign power, the alienated political life of the people, rests” (Marx cited in Kamenka, 2015).

¹⁵ The latter may also be applied to international relations, as the Soviet social and moral construct relies heavily on an “us” against “them” rhetoric (as was also the case in the U.S. throughout the Cold War).

morality (compared to capitalist societies). The notion that capitalism brought about an unjust, competitive and exploitative economic system, which exerted a negative impact on citizens and their way of life, provided a fertile soil to socialize the “new Soviet man” (Cullen & Cullen, 1977:389). The “new Soviet man” was frequently cast in a utopian light and was free from the dominant cultural (albeit deviant) rhetoric of Western capitalist societies. Shargorodskii (1964) quotes the French journal *Esprit* to show how the capitalist way of life might have provided favourable conditions for crime and/or motivated individuals to commit an offense:

“Present-day Western enters increasingly into contradiction with common sense, and tends to undermine the internal peace, happiness, reason and vitality of the individual. It seeks to make of the individual an automaton which pays for its human defeat with an increase in mental disease and despair, hidden behind an unrestrained chase after things to do and so-called pleasures. America is leading the whole world to alcoholism” (Shargorodskii, 1964:28)

Therefore, social evils in Soviet society, such as political dissent, prostitution, alcohol and drug use, or crime, were believed to be deeply rooted in capitalism. It was thought that Soviet deviance could be curbed through moral instruction within the family environment, in school, in communist youth organizations, and in work groups in an attempt to resist the ideological influences of capitalism (Cullen and Cullen 1977). By treating the root cause of crime –that is, capitalism–, crime will inevitably “wither away” (Lenin cited in Shargorodskii, 1964:28). Soviet society was indeed morally obliged to rehabilitate behaviours. This understanding of society and deviance viewed through a Soviet prism was in line with character education policies in place in the Soviet Union, which called for the implementation of educational and rehabilitation programmes that took a corrective approach to deviant behaviour, especially by exploiting Soviet psychiatry as a punitive and repressive weapon.

At the turn of the 20th century, the state exerted a powerful influence on psychiatry through its official endorsement of Pavlov’s theory¹⁶ to the extent that

¹⁶ According to Sokolova (2016:116), “the theoretical position of narcology to reject harm reduction approaches is rooted in a Pavlovian neurophysiological paradigm that has shaped the development of psychiatry in the Russian federation and was supported by the political developments within the Soviet Union in the early 20th century. Understanding addiction based on a neurophysiological paradigm explains addiction as a conditioned response, at least in the

some claim that the Russian state invented psychiatry (Lavretsky 1998). It is therefore worth mentioning that the intricate link between psychiatry and the state has largely influenced the relationship between theory, practice, and ethics in psychiatry and, later on, narcology. Psychiatry served to some extent as a double-edged sword; not only was the field largely influenced by the state, but leading psychiatrists had also the power to pull strings in order to design public policies in matters related to drugs (Lavretsky 1998). During the Stalin era, this relationship became more powerful than ever, as the State sought to recruit psychiatrists based on their ideological affiliation rather than based on their in-depth experience and professional knowledge in their field of specialty (Fitzpatrick, 1993; Sokolova, 2016). Stalin's legacy has cast a shadow over Soviet psychiatry, which fully embraced Pavlov's theory and failed to open possibilities to critically discuss competing theories in the field (Joravsky 1989). According to Joravsky (1989), psychiatry "has enjoyed almost unrestricted autonomy in its power to treat patients, and psychiatrists have displayed very little self-assertive or fractious spirit. They have been almost as submissive to the authoritarian leaders of their profession as their patients have been to them" (Joravsky cited in Sokolova, 2016:125). Be that as it may, the Soviet Union has perpetuated a culture of terror through the use of punitive psychiatry.

As of the late 1950s, a small but considerable number of dissenters in the Soviet Union (who fall into the category of so-called Soviet deviants) were diagnosed with severe psychiatric disorders (such as paranoid personality disorder and schizophrenia) while being psychologically healthy (Bloch, 1981). Dissenters were detained against their will in mental health hospitals or psychiatric wards in prisons for periods of time ranging from weeks to several years as a result of their "illness" (Bloch, 1981:323). Some were given tranquilizers and other medications as a form of control. Even though being deprived of their liberty undoubtedly was a traumatic experience, the hardest part was the anxiety caused by the uncertainty of not knowing when, or if, they will one day be released. In addition, many suffered the humiliation of being forced to renounce their life-long convictions in order to prove they have been rehabilitated and therefore hasten their release (Bloch, 1981). Bloch (1981)

earlier stages of development of the disease; therefore, an individual with addiction is believed to be susceptible to a full recovery."

believes that the term dissenter loosely refers to persons who have disobeyed Soviet social norms and fall into five categories: (1) human rights defenders; (2) nationalists who defended the rights and political and economic autonomy of different ethnic groups; (3) would-be emigrants who have tried to escape the Soviet Union; (4) people who have been detained based on their religious convictions; and (5) people who were deemed inconvenient to the Soviet Union. Political psychiatry is only one of the Soviet state's methods for repressing dissenters; other forms of social control and punishment also included prisons, labour camps or gulags, and exile (Bloch, 1981; Latypov, 2011). Furthermore, at that time, psychiatry was under the heavy control of the KGB (Latypov, 2012; Golichenko et al., 2018). The latter explains how the treatment of drug use and addiction emerged as a new discipline, narcology, which was at the intersection of psychiatry and law enforcement (the so-called punitive psychiatry).

It is worth mentioning that the misuse of psychiatry in the Soviet Union did not only apply to political dissenters. Stalin's regime sought to eradicate drug addiction from the public eye by forcing opiate users deep underground and imprisoning many of them in prisons, gulags, or mental hospitals (Latypov, 2011). People who used drugs in the Soviet Union were labelled as "morally depraved," "psycho- and neuropaths," and even "degenerates" by psychiatrists who believed that *narkomany*¹⁷ was a mental illness that frequently required mandatory treatment in a psychiatric hospital or prison (Latypov, 2011:3). According to M. P. Kutanin (cited in Latypov, 2011), who authored one of the early Soviet review papers on *narkomany* in 1921, drug dependence had a poor prognosis. In his opinion, treating *narkomany* was "a difficult and most ungracious work" for any psychiatrist, as treating people with drug dependence in a general clinic, at home, or in the community, and without careful control and supervision, was believed to "lead to nothing" (Kutanin cited in Latypov, 2011). Bloch (1981) suggests that, by moving away from a punitive penal and penitentiary system geared towards locking up those deemed social deviants, the misuse of psychiatry in the Soviet Union had certain appealing traits: the Party sought to portray the Soviet Union as a state that upheld the rule of law and stood up against abuses, arbitrariness, and excesses. This way, dissent

¹⁷ According to Miller (2015:47), *narkomany* is a "catch-all used by Soviet authorities encompassing users and addicts alike".

behaviour was believed to be a product of a “diseased mind” rather than a criminal one (Bloch, 1981).

Soviet narcology emerged in the 1960s within psychiatry as a new discipline that sought to treat addiction. Narcology was largely influenced by Stalin’s legacy in the field of psychiatry (Sokolova, 2016). Babaian is believed to be the founding father of narcology. As a psychiatrist and narcologist, he directed the Serbskiy Institute of Psychiatry, which was the leading addiction treatment clinic in the Soviet Union, and served as the chairman of the Standing Committee on Narcotic Drug Control of the Ministry of Public Health of the Soviet Union. In the mid-1960s, Babaian advocated a three-step, symptom-based approach, starting with abstinence, moving on to detoxification, and finally, psychological reinforcement (Marshall, 2014). As already mentioned, this one-size-fits-all approach to drug and alcohol addiction in Soviet psychiatry was largely influenced by Pavlov’s neurophysiological paradigm (that is, addiction is a conditioned response; therefore, a person with dependence is expected to make a full recovery) (Marshall, 2014; Sokolova, 2016). In addition, Babaian believed that methadone maintenance therapy for opiate-dependent individuals was tantamount to legalization, which would be in violation of the 1961 Convention, as methadone was listed in Schedule 1 of narcotic substances¹⁸ of the Convention (Sokolova, 2016). Babaian also frequently referenced national laws issued by the Soviet Ministry of Health that prohibited the use of methadone and removed it from the list of approved drugs for medical purposes (Babaian cited in Sokolova, 2016). As a result, discussions on novel harm reduction strategies (such as needle and syringe exchange programmes or methadone maintenance therapy) were met with fierce resistance, the main reasons being a strict interpretation of the 1961 Convention and national laws as well as the unwillingness of leading psychiatrists (such as Babaian) to incorporate evidence-based therapeutic and harm reduction strategies.

Babaian was fully dedicated to upholding the image of the new Soviet man both at home and in the international arena, which is why he is a good example of how Soviet psychiatrists were involved in the shaping of drug policy. The latter may also explain why the Soviet Union was adamant that it did not

¹⁸ Methadone is now classified as a Schedule 2 narcotic substance and may be used for medical purposes.

have a drug problem, especially if certain offences, such as the possession, purchase or cultivation of drugs for personal consumption, or offences committed under the influence of drugs, are not counted for in official criminal justice or public health statistics. Babaian stated in a paper published in 1971 that drug addiction is neither a social nor a health issue in the Soviet Union, mainly as a result of both the social and economic environment (as opposed to capitalism) and the specific actions taken by the Soviet government (Babaian, 1971). Babaian was very insistent on demonstrating that the Soviet Union offers the best possible alternative to capitalism, as unemployment is non-existent, people's standard of living is consistently improving, and crime and social deviance has been eradicated (*Ibid.*). State efforts have therefore allowed the prevention of drug addiction from spreading. A person with dependence is typically viewed as a chronically ill or severely disabled person who has developed an addiction to drugs as a result of a primary or underlying condition. According to Babaian (1971), as the manufacture and use of heroin are illegal in the Soviet Union, there have not been any reported cases of heroin addiction in the past ten years and there are hardly any cases of cocaine addiction. Needless to say, Babaian painted a more optimistic picture of a harsh and punitive era in terms of drug control in the Soviet Union. However, Evgeniy Krupitskiy, Head of the Bekhterev Research Institute in St. Petersburg, suggest four characteristics of modern-day Russian narcology: (1) the lack of a comprehensive set of evidence-based standards; (2) barriers to the exchange of knowledge and practices from abroad; (3) the lack of evidence-based methodologies in Russian narcology journals; and (4) addiction treatment relies heavily on unscientific or "shamanistic" methods, especially with regard to involuntary treatment (Kruglyy stol 2012:102 cited in Sokolova, 2016).

In an article published in the October 1959 edition of *Izvestiia*, psychiatrist L. Bodganovich shared his views on the following dilemma: "Drug addiction does not present any serious danger in our country. The transformation of our way of life has removed its footing. Yet, we still find vestiges of it. What now causes it to appear?" (Bodganovich cited in Miller, 2015:45). According to Bodganovich, the rare cases of drug abuse in the Soviet Union resulted from poor medical care for diseases or injuries sustained during combat that led the patient to develop an addiction. However, this hypothesis

falls short of explaining the steady increase in drug use among Soviet youth in the 1950s and 1960s (Miller, 2015). The Ministry of Health's records show that *narkomany* increased eightfold between 1956 and 1966 (*Ibid.*). At that time, both police officers and *Komsomol* (or Young Communist League) officials, who were in charge of overseeing the deeds and misdeeds of Soviet youth, reported a rise in the use of recreational drugs among young people (*Ibid.*). Youth authorities and law enforcement officers discussed possible corrective measures to address the spiritual foundation woven into the fabric of the *vospitanie* (or upbringing) of these troubled youth (*Ibid.*). In addition, towards the end of the Khrushchev years, the police used force almost exclusively on people who used drugs, whereas the *Komsomol* patrolled the streets searching for petty criminals such as small-time drug dealers, transporters, or producers (*Ibid.*). An arsenal of stricter anti-drug laws empowered the police and the *Komsomol* to take aggressive measures to tackle the drug phenomenon and correct disruptive, anti-social, or deviant behaviour (*Ibid.*).

Even though, Krupitskiy suggests that narcology differs from addiction treatment programs in Europe and the U.S., (Kruglyy stol 2012:102 cited in Sokolova, 2016), it is evident from the above paragraphs that the Soviet Union did indeed use similar social control mechanisms as the U.S. to address the drug phenomenon, especially law enforcement. Soviet psychiatry appears as a façade to treat drug use from a public health perspective, which is why authors often refer to punitive psychiatry. The Soviet Union's attempts to forge the "new Soviet man" meant striking with an iron fist any behaviour deemed deviant or criminal by law and society. The relationship between psychiatry and the state was made possible through moral entrepreneurs, such as Babaian, among others, who played a key role in the diffusion of norms both at a national and international level.

4.2 A SECOND MOMENTUM IN U.S.-SOVIET COLLABORATION AROUND THE GLOBAL DRUG CONTROL REGIME

The Vietnam War (1954-1975), the Afghan War (1978-1992), the Escobar era (1980s and 1990s), and the so-called U.S. crack panic in 1985 led to a substantial increase in the number of persons who use drugs in the U.S.

and the Soviet Union (or in other countries, for that matter). Therefore, in 1986, Gorbachev, who was ushering policies of openness and reform in the Eastern Bloc, agreed to increase international cooperation in order to tackle the global drug threat (Richardson-Little, 2019). Gorbachev's initiative resonated throughout the Eastern Bloc. For instance, the GDR General Prosecutor's Office stated that "[t]he planned intensification of the international fight against drug criminality is in the interests of the GDR" (cited in Richardson-Little, 2019:290). The Eastern Bloc's willingness to actively cooperate in the global drug control regime slowly materialised and historicised. Mutual assistance was to take the form of an exchange of experience and data through agreements between states (Richardson-Little, 2019). Experts from the Eastern Bloc gathered in Moscow in 1986 in order to prepare for the meetings and negotiations for the adoption of the 1988 Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. The experts were particularly concerned about extradition and money laundering; however, the experts believed that the draft of the 1988 Convention "does not contradict the interests of the socialist states which have consistently supported proposals for strict control measures for narcotics and psychotropic substances, for the prevention of illicit trafficking and drug addiction" (cited in Richardson-Little, 2019:290).

The Soviet Union, and the Eastern Bloc at large, agreed unanimously on the need to enforce harsh and severe drug laws at a national level. At the CND negotiations, nearly all states, including the Soviet Union, acknowledged the growing threat of illicit drug trafficking and drug abuse in their respective countries and were open to discuss the social roots of drug use (Richardson-Little, 2019). The Eastern Bloc did not face fierce opposition from Western countries either (*ibid.*). By 1987, there was a common perception that the international community had to follow into the footsteps of Nixon's global war on drugs (Nixon, 1972) and the Reagan Administration's efforts for a drug free America (Westhoff, 2013). It is worth mentioning the Anti-Drug Abuse Acts of 1986 and 1988 (under the Reagan Administration), which contained provisions that impose sanctions on drug-producing or transit states that are unwilling to cooperate in global control efforts (Perl, 1988). Through the 1986 and 1988 laws, the U.S. dominated the Americas, by boosting bilateral diplomatic and cooperation relations between the U.S. and drug-producing or transit states in

order to curb the flow of illicit drugs (*Ibid.*). Cooperation in counternarcotics efforts also meant eligibility for U.S. foreign aid and, in some cases, trade benefits (commonly known as certifications) (*Ibid.*). The U.S.-led war on drugs resonated far beyond its borders. As a matter of fact, the Eastern Bloc widely supported the draft of the 1988 Convention and international consensus overshadowed national sovereignty and interests in order to achieve the harmonization of drug laws globally (Richardson-Little, 2019). The Soviet Union's main contribution to the debate lay in defining the technical language around "transit countries," such as the Soviet Union, which are not major producers or consumers of narcotics but are affected by trade routes that pass through their borders (*Ibid.*). The Soviet definition of "transit country" gained full support from France, India, Italy, Mexico, the Netherlands, Turkey, and the U.S. (*Ibid.*). While the 1961 Convention focused mainly on international controls of drug production and trade, the 1988 Convention demanded the criminalisation of the possession and consumption of drugs for personal use, allowed for the extradition of traffickers, included a catalogue of precursor chemicals frequently used in the making of illicit drugs, and established measures against money laundering. The 1988 Convention was widely regarded as "the final shove to the globalization of the [drug] war" (Boville, 2004).

The 1988 Convention proved a breakthrough in East-West cooperation within the framework of the global drug control regime. The Soviet Union took part in the first pan-European drug enforcement conference held in Sopron, Hungary in 1988, a venue funded by the U.S. State Department and DEA (Richardson-Little, 2019). During the event, the Soviet representative referred to the drug phenomenon as "a collective problem of humanity, like nuclear radiation or environmental protection" (cited in Richardson-Little, 2019:292). The U.S. and the Soviet Union now faced a common enemy.

Even though the Soviet Union believed it did not have a serious drug problem, it incorporated international drug conventions into its domestic legal system, most likely to be on par with its longstanding rival, the U.S., throughout the Cold War, rather than contributing to the well-being of humankind. State sovereignty was always a priority for the Soviet Union; however, it eventually came to the realisation that the harmonisation of drug laws and international cooperation on narcotics were essential tools in the fight against illegal drugs

(drug use was regarded as deviant behaviour and contrary to Soviet values). Even though the international narcotics system is believed to be a projection of the moral attitudes of U.S. antidrug crusaders in an attempt to legitimise U.S. intervention and hegemony abroad, the Soviet Union shared many similarities with its rival in terms of embracing harsh, punitive drug laws (social control through law enforcement) and bolstering the internationalisation process of the global drug control regime.

5. CONCLUSIONS

This research sought to understand the origins of the global drug control regime, with its long legacy of colonialism, imperialism, and social control, prior to the adoption of the 1961 Convention (the cornerstone of the prohibitive regime). It becomes clear that the U.S. has played a prominent role in the shaping and securing of an international framework based on prohibition and the imposition of harsh, repressive law enforcement measures in response to the global drug phenomenon in the post-war era. U.S. norm entrepreneurs engaged in norm diffusion efforts at the national and international levels for the purpose of promoting self-interest and ideological beliefs, as well as modify behaviours deemed deviant. This is particularly evident in the negotiation process leading up to the adoption of the 1961 Convention and subsequent conventions on drug control. According to the Legal Affairs Section of the United Nations Drug Control Programme (UNDCP, now the United Nations Office on Drugs and Crime, or UNODC), articles 33,36 and 38 of the 1961 Convention, articles 20 and 22 of the 1971 Convention, and article 3 of the 1988 Convention, impose specific obligations on state parties: (1) to prohibit the possession of drugs except under legal authority (that is, for medical and scientific purposes only); (2) to establish as criminal offences under domestic law the possession, purchase or cultivation of drugs for personal consumption (contrary to the provisions of the Conventions); (3) to establish as criminal offences under domestic law the act of publicly and intentionally inciting or inducing others in committing any of the aforementioned offences (including the consumption of drugs); and (4) to provide the necessary public resources for the prevention, treatment, and rehabilitation of addiction (UNDCP, 2002).

It is worth noting that in the immediate post-WWII era and the Cold War era, the U.S. faced a major hostile power and rival: the Soviet Union. However, the newly formed United Nations proved to be fertile soil to secure the global drug control regime with the support of two unlikely allies –that is, the U.S. and the Soviet Union. Both states used social control and deviance as a means to justify punitive legislation. The U.S. has propelled the over-incarceration of people who use drugs and disproportionate sentences or life sentences without parole for drug-related offences, to mention a few measures. The misuse of

psychiatry or, in other words, the use of punitive psychiatry in the Soviet Union, which was under the heavy control of the KGB (Latypov, 2012), provides another striking example.

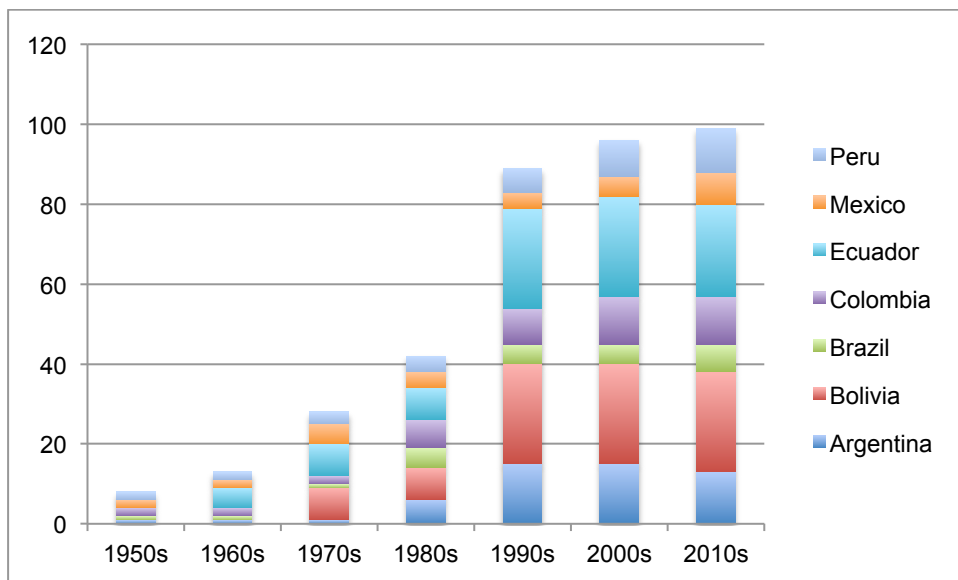
Even though this research adopts a historiographical approach to better understand the origins of the global drug control regime, the question remains whether U.S. and Soviet drug policy legacy resonated beyond their border in order to secure the status quo around this prohibitive regime. The next paragraphs will provide an initial answer to this question both in the context of Latin America and the Caribbean and in former USSR Countries (more specifically in former Soviet republics in Central Asia).

Sixty years after securing the global drug control regime and the launch of Reagan's War on Drugs in the 1980s, one can witness numerous negative impacts on Latin America and the Caribbean (Walsh, 2022). Prohibition has further exacerbated and perpetuated collateral consequences, such as corruption, organized crime, impunity, over-incarceration of low-level (and often low-income) participants in the drug trade, ecological degradation, and the displacement of vast populations (*Ibid.*). Governments have often failed –or are unwilling or unable to take action– to effectively address the urgency of the illegal drug trade, which constitutes a form of social protection to generate informal income as well as economic survival for many (*Ibid.*). Following this line of thought, it is obvious why punitive populism across Latin America and the Caribbean as a public policy “sells better” than a human rights and public health approach to the drug phenomenon (Mangelinckx, 2017).

In the first days of the post-Cold War era, the War on Drugs provided new grounds for the externalisation of U.S.-sponsored militarization in Latin America and the Caribbean (through its Southern Command, or the U.S. regional military command in charge of counter-drug missions in the region) to put an end to drug production and trafficking, especially cocaine (Andreas, 2019). As a result, many Latin American and Caribbean countries have adopted, often under heavy U.S. pressure through its drug certification process, increasingly punitive penal policies and laws, overburdening underbudgeted prison systems with many low-level drug offenders across the region (Metaal & Youngers, 2010; Uprimny et al., 2012; Walsh, 2022).

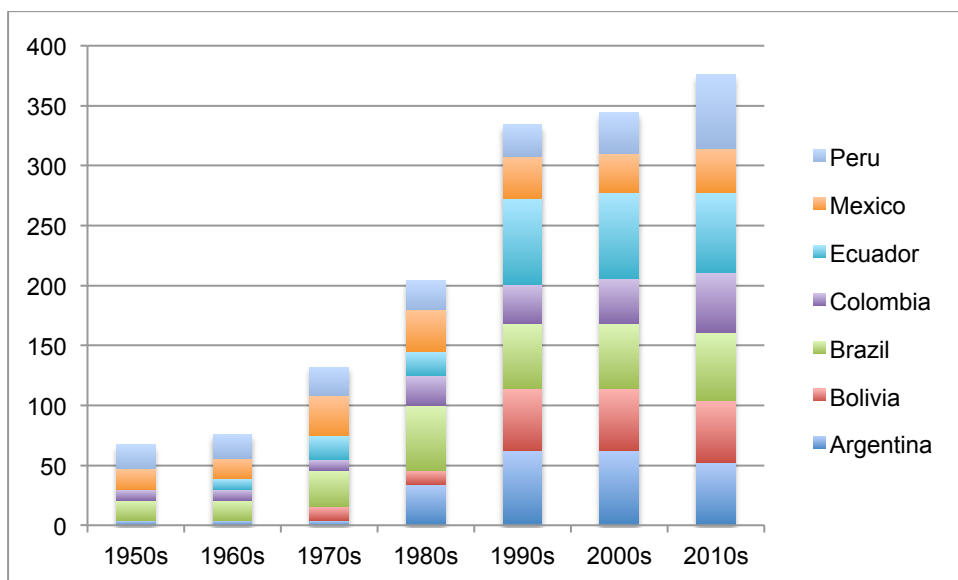
As can be seen in graph 1 below, drug-related articles in criminal law in Latin America have increased steadily since the 1950s, a decade marked by increased cooperation around securing the global drug control regime. This upward trend also reflects a rise in the number of individual definitions of drug-related offences used to describe particular features of drug-related offences or impose the same penalty on categories of offences with varying degrees of seriousness (see graph 2). In this line of thought, one specific article may include more than 20 different offences (Uprimny et al., 2012).

Graph 1: Evolution of Drug-related Articles in Criminal Law in Latin America



Prepared by the author based on Uprimny et al. (2012)

Graph 2: Evolution of Drug-related Offences in Criminal Law in Latin America



Prepared by the author based on Uprimny et al. (2012)

As suggested by Zaffaroni (2009), this upward trend reflects the expansion of Latin American states' punitive powers to address the drug phenomenon. Said trend also matches the timeline of the global drug control regime in the post-WWII era and the Cold War era and clearly reflects Washington's overall aggressive and unilateral foreign policy in Latin America. It is clear that with respect to the triggering mechanisms, which constitute a crucial step in the public-policy making process (as suggested by Gerston, 2010), in the shaping of drug policy in Latin America stems from two main factors: (1) U.S.-sponsored militarization in Latin America and the Caribbean; and (2) the controversial U.S. certification process. According to Gerston (2010), triggering mechanisms allow bridging the gap between the perception of a problem (in this case, drug trafficking and drug use) and the demand for political action (that is, commitment towards the U.S.-led war on drugs). However, harsh, punitive drug laws have overburdened the prison systems in Latin America and the Caribbean with mostly low-level drug offenders¹⁹.

As previously mentioned and with regard to the Soviet Legacy in Former USSR Countries, as already mentioned, drug use was addressed through harsh, punitive measures, especially during Stalin's Great Terror in the 1930s (Latypov, 2012). Many people who used drugs were sent to Soviet gulags (under Stalin's rule), prisons or psychiatric facilities (Golichenko et al., 2018). Even though drug use was seriously undermined as a public health issue in the Soviet Union, towards the fall of the Berlin Wall in 1989 and after the dissolution of the U.S.S.R., drug use and other health-related issues increased steadily, which prompted a harsh, punitive response rooted in a law enforcement approach in the newly independent states of the former Soviet Union (*Ibid.*). Given the lack of research on the history of drug policy in Russia and the Soviet Union, the matter remains a sensitive and often silenced topic, even among the most liberal post-Soviet states (*Ibid.*). According to Human Rights Watch (2004), 12 former Soviet republics were plagued with widespread and systematic human rights violations against people who use drugs. Said

¹⁹ See, for instance, an analysis on the growing female prison population in Peru, especially with respect to drug-related offences, and the overuse of detention for those awaiting trial (Mangelinckx, 2021).

violations include police harassment, brutality, corruption, and unlawful detentions in order to boost arrest quotas (Human Rights Watch, 2004).

The concept of the new Soviet man has fostered the persistence of negative stereotypes and attitudes towards drug use. In this line of thought, terms such as *narkoman* (drug user or addict) or *narkomany* (drug addiction) were used loosely to describe anyone who dabbled in illicit drugs. Narcology, a subspecialty of psychiatry, was deeply entrenched in law enforcement as a means of social control to combat the social scourge of drug addiction (Vasilyev, 2022). The UN Conventions have often been misinterpreted, whether intentionally or not, and have acted as a barrier to the implementation of evidence-based, effective public health policies, namely harm reduction interventions (opioid substitution treatment, needle and syringe exchange programs, or even supervised drug consumption rooms). For example, supervised drug consumption rooms may be construed as either inciting to or inducing the use of illicit drugs, which would be contrary to article 3, paragraph 1 (c)(iii) of the 1988 Convention (UNDCP, 2022). These barriers seem blatantly insurmountable despite the fact that the legal advisers of the UN drug control program (UNDCP) were adamant that harm reduction interventions did not contravene the UN Conventions (*Ibid.*). Said misinterpretation may also stem from the misuse of psychiatry during the Soviet era, rooted in Pavlov's neurophysiological paradigm and according to which addiction is a conditioned response. In other words, individuals with addiction are susceptible to full recovery (Sokolova, 2016). Therefore, harm reduction is regarded as a form of decriminalisation and legalisation and is therefore rejected as a crucial step to improve the health of people who use drugs.

To exemplify the Soviet drug policy legacy, it is worth analysing Russia's normative influence in former Soviet states as part of its soft power strategy in an attempt to regain the power previously lost after the fall of the Iron Curtain. Flavier (2015) suggests three types of normative influence in Russia: (1) it is particularly significant for Russia that the normative legacy of the Soviet Union remains unchallenged; (2) Russia has fostered the normative alignment of former Soviet states, over which it exerts influence; and (3) Russia has laid the foundations of normative expansion based on a *fait accompli* (rather than resorting to tactics such as pressure or persuasion). We shall briefly focus on

the Russian Federation and former Soviet states in Central Asia that have adopted increasingly punitive approaches to illicit drugs in line with the dominant (and often misinterpreted) narrative of the UN Conventions (see Table 5) (Utyasheva & Elliott, 2009). There are no explicit mentions of the prohibition of drug use (for purposes other than medical) in criminal laws in Uzbekistan, Kazakhstan, and Kyrgyzstan (*Ibid.*). However, Tajikistan imposes unspecified penalties against drug use, whereas Kazakhstan and Kyrgyzstan prohibit drug use in public spaces and punish it with a fine (*Ibid.*). Each country has established domestic laws and policies allowing for compulsory drug treatment centres and prisons, compulsory drug testing if one is suspected of using drugs, as well as the registration of people who use drugs (*Ibid.*). The term propaganda broadly refers to the dissemination of written materials on drugs, whether in print or online, and is prohibited in all five countries (*Ibid.*). This means, for example, that evidence-based prevention or harm reduction booklets, handbooks or talks developed by civil society are strictly forbidden. In this line of thought, state barriers (whether social or legal) may constitute an interference with the human right to health, as people who use drugs may find it difficult to obtain information on how to navigate healthcare systems or access harm reduction services and programmes.

Table 5: Drug Statutes in the Russian Federation and former Soviet republics in Central Asia: key elements

	Prohibition of nonmedical use of drugs	Compulsory treatment of drug dependence	Compulsory drug testing if suspected of drug use	Registration of drug users	Prohibition of propaganda
Russia	X	X	X	X	X
Kazakhstan	(*)	X	X	X	X
Kyrgyzstan	(*)	X	X	X	X
Tajikistan	X	X	X	X	X
Uzbekistan		X	X	X	X

(*) Prohibition of drug use punished with a fine.

Source: Developed by the author based on Utyasheva & Elliott (2009)

It is evident that the Russian Federation has carried the Soviet drug policy legacy and underwent a continuous process of normative expansion in former Soviet states mainly through a soft power approach. However, it would be appropriate to research Russia's hard power strategies, such as economic incentives or the threat or use of force (which refers back to the metaphor of

“carrots and sticks”). Even though the analysis of the drug statutes focuses on the Russian Federation and former Soviet republics in Central Asia, the Soviet drug policy legacy and Russia’s normative influence has been intended as an expression of policy inclinations toward punitive approaches to the drug phenomenon. Still, more research is needed to better understand the Soviet legacy in terms of harsh, punitive approaches in the 14 now-independent states of the former USSR or even beyond its borders (that is, at the international level).

In conclusion, since the 1960s the war on drugs is put high on the international agenda and appears to have created a broader consensus rather than further dividing states since the end of WWII. Even though the UN, a benevolent organisation, stands for the protection of human rights and orients drug control efforts at the international level, deep contradictions and the fragmentation of the global drug control regime only reflect the interests of a few powerful states and the views and opinions of their so-called moral entrepreneurs. Said entrepreneurs were, as previously discussed, very successful in exporting and maintaining the status quo around the prohibitive paradigm and the so-called War on Drugs. From a realist perspective, the interaction between powerful and less powerful states contributes to the balance of power. Thucydides’s adage (1982:351) “the strong do what they can and the weak suffer what they must” has never been more true and more relevant in light of the War on Drugs, which in sum, alas, is a war on people. Following sixty years of status quo to achieve a drug-free society and eliminate all forms of drug manufacture, trafficking and use, some states have shown the first shy signs of a growing consensus that the global drug control regime has failed. This observation calls for a paradigm shift in global attitudes towards more humane drug policies struggle to be heard.

Even though U.S. moral entrepreneurs made extensive and successful efforts to secure the global drug control regime under a prohibitionist, punitive approach, it seems as though the U.S., in the face of domestic cannabis reforms at state level (starting with the legalisation of the recreational use of cannabis in Washington and Colorado in 2012), has lost ground on decades of leadership, nor has the country gained a strong voice in global discussions since the 2016 UNGASS on the world drug problem. U.S.-Soviet cooperation

on drug control has given way to polarisation²⁰. On the other hand, the Russian Federation seems to be deeply entrenched in the prohibition paradigm. Many repressive states are expected to follow in the footsteps of Russia (namely Iran, China and other Asian countries) and have an ingrained preference for a punitive response²¹ (Oxford Analytica, 2016). Said states are less likely to support reforms of the global drug policy regime. The next table compares U.S. and Russian statements at CND meetings from 2016 to 2020 and provides compelling evidence of this power shift within the global drug control regime.

²⁰ The last U.S.-Russia bilateral cooperation efforts were led within the framework of the Presidential Commission's Drug Trafficking Working Group chartered between U.S. president Barack Obama and Russian president Dmitri Medvedev in 2009 to combat the illicit trafficking of drugs and their harmful effects on society (The White House, 2010).

²¹ Including harsh sentences for people who use drugs or the death penalty for traffickers

Table 6: U.S./Russian Statement at the CND (2016-2020) on Key Drug Policy Issues

Key Drug Policy Issue	Definition (*)	U.S. Statements at CND / Year	Russia Statements at CND / Year
Decriminalisation / Ending punishment against people who use drugs	Decriminalisation entails the removal of criminal penalties for drug use, possession of drugs for personal use, cultivation and purchase of controlled plants for personal use, and possession of paraphernalia for drug use.	<p>“Law enforcement efforts should focus however on criminal organisations and not individual users” (CND 2016).</p> <p>“Law enforcement response must distinguish between micro trafficking and users. We know this is not the solution” (CND 2016).</p> <p>“But we have also learned that we cannot prosecute and incarcerate our way out of the drug problem” (CND 2016).</p>	None
Human Rights	Drug control bodies and states are bound by overarching obligations under articles 55 and 56 of the UN Charter (1945), which promote universal respect for human rights and fundamental freedoms.	None	“Difficult to agree that there is a fundamental right to the abuse of drugs and taking part in activities associated with the drug trade, and introducing other people to this vicious cycle” (CND, 2016).
War on drugs vs. New paradigm	Drug policies that adopt law enforcement approaches (including the military) tend to exacerbate the level of violence associated with illegal drug markets	<p>“40 years ago, my country initiated a war on drugs that unintentionally became a war on people who use drugs. It ended up stigmatising and criminalising them instead of addressing the root cause of the problems” (CND 2016).</p> <p>“Mr Chairman, it has been 18 years since the last UNGASS on the world drug problem. We have made progress and are balancing new approaches, but we have a lot of work to do. We need to charter a way forward of how the nations can address the world drug problem” (CND 2016)-</p> <p>“The US remains committed to implementing the comprehensive and balanced approach set out in the UNGASS document” (CND 2019).</p>	<p>“UN must continue fight against drugs. In run up to UNGASS, some pessimists argued that we lost the war on drugs. This is not the case. We must continue our fight” (CND 2016).</p> <p>“They [the conventions] need to be allowed to fully realise their potential in light of challenges and threats from the evil of drugs. [...] The world drug problem breeds violence” (CND 2017)</p> <p>“We believe that only those States aiming towards a drug free world are the only ones that should be in CND” (CND 2018).</p>
Drug-free world	The goal of a drug-free world is utopic and counter-productive. Drug policies focusing on the elimination of illicit drug markets generally have a negative impact on human rights and public health.	None	<p>“UNGASS will help us get closer to the complete elimination of drugs and traffic of drugs by 2019” (CND 2017).</p> <p>“Legalising drugs is something that contravenes human life. Our ideal is a world free of drugs” (CND 2018).</p> <p>“[...] We believe that only those states aiming towards a drug free world are the only ones that should be in CND. [...] The tyranny of drugs is one of the worst problems in the world. Russia will do its part in solving this problem” (CND 2019).</p>
Legalisation / Regulation	Refers to the responsible legal regulation of drug markets in order to reduce the harms associated with the illicit drug trade and improve health, social and economic indicators.	None	<p>“We reject any attempt to legalise drugs or remove the taboo from them. The health and survival of people should not be subjected to legalisation experiments” (CND 2017).</p> <p>“We reject all calls for legalising drugs One cannot legalise death or</p>

Key Drug Policy Issue	Definition (*)	U.S. Statements at CND / Year	Russia Statements at CND / Year
			human suffering (CND 2018). Of grave concern is the legalization of cannabis – it’s a straight road to drug hell (CND 2019). Russia rejects legalising narcotics” (CND 2020).

(*) For further information with regard to the definitions, check the IDPC’s Drug policy Guide (2016).
 Source: Developed by the author based on IDPC (n.d.).

The debate lies in how to operate a shift from a world at war with any person involved in the drug trade to a world of peace focusing on protecting human rights and reducing widespread violence. Following this line of thought, paradigm shift must be understood as the process through which the status quo is called into question or when national security or individual rights and liberties are under threat as a result of an event affecting international relations. As a result of the adverse effects of the so-called war on drugs, some states have shown early signs of a paradigm shift as of the early 2000s: (1) Portugal’s public health approach in 2000 that decriminalises the use, acquisition and possession of all drugs; (2) Bolivia’s withdrawal from the 1961 Convention in 2011 and subsequent re-adherence in 2013 with a reservation allowing for the traditional use of the coca leaf; and (3) policies on cannabis regulation in some U.S. states (from 2012 onwards), Uruguay (in 2013) and Canada (in 2018).

Contrary to popular belief, drug policy reform does not necessarily require a reform of the international drug control conventions. The Global Commission on Drug Policy proposes five pathways to drug policy reform. The first seeks to prioritise health and social interventions (rather than a repressive and punitive approach) and put them high up on the drug policy agenda (GCDP, 2012, 2013). The second is to ensure equitable and affordable access to essential medicines and pain control so as to lift the burden of avoidable pain and suffering of people who have little or no access to essential medicines (GDCP, 2015). The third calls on states to put an end to the criminalisation and mass incarceration of people who use drugs (GCDP, 2016). The fourth seeks to refocus drug law enforcement responses on drug trafficking, organised crime, corruption and money laundering, rather than spending considerable resources on arresting and detaining people involved in the drug trade, especially non-violent, low-level drug offenders (GCDP, 2014). Finally, the Global Commission

on Drug Policy recommends legally regulating drug markets under state control as the most effective way to reduce the harms of the global drug prohibition regime and advance the goals in terms of human rights and public health (GCDP, 2018). It is important to bear in mind that the first four recommendations do not imply a reform of the international drug control conventions.

The following question remains: why do the recommendations and calls for drug policy reform made by a panel of experts (i.e. the Global Commission on Drug Policy, among other world-renowned experts) do not echo, especially if implementing these recommendations does not necessarily translate into a violation of the international drug control conventions? Nadelmann (1990) states that is difficult –or virtually impossible– to understand the states’ rationale in making the decision to conform to a specific norm: is it because they believe it responds to the values of justice and the greater good (and should therefore be applied), must compliance with the norm be contemplated along with other state interests, because of the fear of the consequences of nonconformity with the norm, or is it simply because states have become accustomed to conforming to international norms? Finnemore (1996) suggests “multilateral norms create political benefits for conformance and costs for nonconforming action” (Finnemore cited in Viotti & Kauppi, 2012:314). On the other hand, sixty years of status quo imply the establishment of a state apparatus (that is, national public health, policing and criminal justice systems) that would be extraordinarily difficult to reform. As the saying goes, old habits die hard.

The 1961 Convention has proven to be well out of date. As Helen Clark, Former Prime Minister of New Zealand and Administrator of the United Nations Development Programme (UNDP), puts it: “both governments and the UN have been driven by the outdated and harmful goal of achieving a ‘drug-free society’” (Clark, 2021). Given the current context, states should be given the task to clarify the Conventions in terms of their interpretation and apply them within the framework of today’s international legal regime: it is not about taking on the daunting task of amending the conventions. States should resolve any contradiction and eliminate any fragmentation of the global drug control regime by adopting a set of basic normative guidelines on human rights, public health and drug control (Barrett, 2012 & GCDP, 2012, 2013, 2014, 2015, 2016). The

steps taken by a few countries around the world either offer a counterhegemonic vision of the current global drug control regime, are motivated by a harbinger of greater good in society, and/or are driven by economic interests. Here, paradigm shifts allow designing better drug policies and achieving the UN objectives of protecting human rights, ensuring access to public health, and strengthening peace and security.

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