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1
Evidence in European social drug research and drug policy: an introduction

Aileen O'Gorman

1. Evidence as a metaphor

In 1990, the European Society for Social Drug Research (ESSD) was founded as a platform for social science drugs research and a counterpoint to the then dominant medical and therapeutic epistemologies of addiction science (Decorte & Korf, 2004). Since then, the ESSD has supported – through its annual conferences and publications – a diverse range of drug research approaches with a particular focus on studies from qualitative and ethnographic traditions, and interpretivist paradigms.

During the ESSD 2015 conference in Scotland, the theme of evidence permeated through many of the presentations and conversations and was nominated by the participants as the topic for the ensuing annual ESSD publication. The subject choice – a concept rooted in positivist epistemologies – may seem somewhat at odds with the qualitative tendencies of the ESSD. However, the selection reflects its current topicality and the extent to which social science researchers are now required to engage with knowledge as evidence, and with evidence-based policy.

Evidence as a metaphor for knowledge characterised by the positivist traits of objectivity, validity, and value-free truths is a contested commodity within the social science community. Debates include Becker's (1967) assertion that all knowledge is political, and cultural and feminist critiques of 'malestream', identity-blind social science (e.g., Oakley, 1972; Gilroy, 1993). In the field of drugs research, critical discussions on the social construction of evidence and its interpretation through a lens clouded by values and ideology are ongoing (e.g., MacGregor, Singleton & Trautmann 2014; Monaghan, 2010; Stevens, 2011; Stevens & Ritter, 2013). Nonetheless, the demand for evidence to inform policy and practice continues to grow exponentially. MacGregor (2013) traces this development to neo-liberal public sector management concerns with ra-

tional policy choices based on effectiveness of 'what works' and is value for money. In turn, research funders have increasingly prioritised studies that have a demonstrable input into, or impact on, policy.

In this book, authors from across Europe contribute to these debates on evidence. They illustrate the complex contexts in which evidence is produced and interpreted in the drugs field and challenge the positioning of evidence as a neutral product of an apolitical process.

2. The politics of evidence construction

In 2006, the United Nations Office on Drugs and Crime (UNODC, 2007) launched a report on 'Sweden's successful drug policy: a review of the evidence'. At the time, the report received notable attention in international drug policy circles for its claim that Sweden's prohibitionist drug policy resulted in lower rates of drug use than in European countries with more liberal drug policy regimes. In a critically acclaimed response to the UNODC report, entitled: 'Looking at the UN, smelling a rat' (Cohen, 2006), *Peter Cohen,* the then Director of the Centre for Drugs Research (CEDRO) at the University of Amsterdam, demonstrated how a body of evidence was selectively and erroneously constructed to promote the value of prohibitionist drug policies. It is fitting, ten years later, that this book opens with an updated version of Cohen's paper (Chapter 2) to act as a timely reminder of the ongoing need for the critique of so-called reason in drug policymaking.

As Cohen adroitly illustrates, the data used to substantiate UNODC's claim (that a hard-line drug policy resulted in lower rates of drug use) reeked of inconsistencies. The definition of the problem being measured varied widely from drug use to drug abuse and the report selectively (mis)used prevalence data of variable quality, including some dubious comparisons across drug types and age cohorts, with little regard for context, urban/rural, or national differences. Despite the shakiness of its evidence base, however, UNODC inferred from its analysis that countries with lax drug policies 'have the drug problem they deserve' (UNODC, 2007, p. 5).

Cohen highlights how the lack of scientific, standardised and theoretically grounded evidence continues to challenge the accurate reporting of drug use, and contends that with such a knowledge vacuum seemingly valid evidence can be produced to support and legitimate prohibitionist agendas despite the known inadequacy of such drug policies.

Issues raised by Cohen continue to be relevant and echo throughout the remaining chapters of this book.

3. The politics of evidence-based policy

In the decade since Cohen's original paper was written, evidence-based policy (EBP) has become widely promoted as *the* hallmark of good policymaking. Though the term suggests that the evidence selected to inform policymaking is objective and methodologically rigorous, *Adam Standring's* insightful analysis (Chapter 3) demonstrates how evidence for policy is selected also for its ability to support, justify, and legitimise a particular discursive argument within the policy process. In addition, as Cohen had cautioned a decade earlier, EBP provides government and law enforcement agencies – and others that Cohen refers to as the 'shareholders of the drugs industry' – with the opportunity to frame drug problems in ways that increase their resources and power base.

Indeed, Standring views EBP as a 'tactic of depoliticisation' which obfuscates the political nature of policymaking and, consequently, is a highly political strategy. As a case in point, he assesses the functions of the EMCDDA vis-à-vis its affirmed role in the collection and dissemination of objective, reliable, comparable, drug-related (epidemiological) data.

By characterising its approach as one where 'evidence takes priority over ideology' (EMCDDA, 2010a, p. 13), the EMCDDA seems to distance itself from political concerns. However, Standring argues that the absence of an explicit political mandate does not remove the EMCDDA from politics. Rather, its role as a knowledge broker is intrinsically political in the sense that it fosters 'a culture of uniformity' regarding problem definition and the types of data used to support this (Elvins, 2003, p. 121), a role Cohen likened to that of an accountant's 'bookkeeping of national data'. Nonetheless, Standring contends that the EMCDDA's self-presentation as an organisation imbued with the logic of instrumental rationality was fundamental to the promotion of evidence-based drug policies throughout Europe.

4. Exclusion of dissenting voices

Standring's analysis of EBP goes beyond a material understanding of evidence. Drawing on Foucauldian ideas on the power of discursive practices to establish orders of (drug) truths (Foucault, 1980), he illustrates how specific forms of policy-relevant knowledge, and consequently specific policy actors and policy frames, are legitimated, validated, and privileged over actors who either cannot speak in such evidentiary terms, or have dissenting views.

Mats Ekendhal and *Patrik Karlsson's* chapter focuses on these latter actors, and draws on similar Foucauldian concepts, to analyse the influence of drug users' views in the development of contemporary Swedish drug policy (Chapter 4). Their illustrative case study demonstrates how evidence is used to bolster discursive practices that ostensibly include other voices but do so

under discursive conditions that minimise the space for critical dissenting views.

Ekendhal and Karlsson trace how drug users' views on opioid substitution therapy (OST), from their own earlier research, were selectively interpreted, adopted, and adapted in developing new OST regulations. They contend that the Swedish prohibitionist drug policy paradigm framed the extent of user influence on OST policy development. Discussions were based on the premise that all users wished to be in treatment and shed their drug-user identity. Furthermore, drug users' views were permitted only on a narrow range of neo-liberal managerialist concerns regarding treatment effectiveness, medical safety, and satisfaction with services. Users' views about the politico-ideological context of OST (such as its role as a control apparatus in treatment regulatory technology – see, e.g., Fraser & valentine, 2008; Keane, 2009) were neither solicited nor heard, nor were views that contradicted the dominant abstinence model such as the users' wish for services to accept their ongoing drug use in addition to their OST prescription. In this sense, the authors argue that user involvement in policymaking is more a rhetorical device than a practiced reality.

5. Evidence in the online world

The epistemological assumptions of online evidence is the subject of the authors' scrutiny in Chapter 5. Here, *Dave Boothroyd* and *Sarah Lewis* suggest that there is a need for new and different ways of thinking about the nature of the data produced in the contexts of digital communicative exchange. They query whether traditional methodologies are adequate to investigate the novel kinds of phenomena found in online life and note the ontological and epistemological challenges presented by researching the 'wired world'.

In the case of drugs research, they contend that it is not simply that the internet facilitates access to already existing drug cultures, but that the internet enables new kinds of drug cultural phenomena and new manifestations of drug culture(s) (e.g., Wouters & Fountain, 2015).

Boothroyd and Lewis note that the online world, though commonly referred to as virtual, is nonetheless very real, with many diverse aspects of everyday life now lived in it. Consequently, the distinction research studies make between the online and offline worlds, widely viewed as ontologically discrete milieus, is something to be critically considered in the context of researching online drug culture. Online life, they maintain, is not simply equivalent to online content. They query the ontological premise for online research and to whom, or what, agency could be ascribed – the individuals who contribute and post, and/or the setting/the scene itself. They contend that these issues add a new dimension to the question of how evidence is to be distinguished (if it can be at all) from what it is held to be evidence of. In addition, they suggest that our very understanding

of what data is, and what it shows, can no longer be regarded as being materially independent of the techno-cultural means of its production in the first place.

6. The construction of policy narratives

Danielle Chevalier's study examines the construction of policy narratives by a range of actors seeking to shape the dominant discourse on drugs (Chapter 6). The use of narrative storylines as symbolic devices to manipulate issues (Stone, 1989) is highlighted by Chevalier's analysis of the upsurge in municipal bans across the Netherlands, which prohibited the public use of 'soft drugs' (mainly cannabis) even though this type of drug use is permitted by the state.

In Chevalier's case studies we see how evidence is constructed by those seeking to enforce social norms and particular policy positions – as noted also by both Cohen and Standring. Her analysis illustrates how 'moral entrepreneurs' (Becker, 1963, p. 147) use their legitimacy and authority to have their evidence heard and accepted as credible and to garner support for their desired policy. In these case studies, diverse political, economic, and cultural interests were invoked by moral entrepreneurs as a rationale for policy change, along with the usual ploys of othering and stigma. Their arguments were presented as evidence, even though they did not stand up to scrutiny and were what Chevalier describes as 'more tales than truth'. Chevalier concludes that the use of evidence to form policy is a dialectic between power and knowledge based on knowing how to get one's perspective on a matter accepted as the truth and, subsequently, validating and reinforcing that truth through the force of law.

7. Evidence machines

Bettina Paul and *Simon Egbert* (Chapter 7) focus their analysis on 'evidence machines', that is, drug tests that are perceived to bear many of the characteristics ascribed to evidence – validity, reliability, and replicability – as well as having the competence to generate objective, scientific facts. However, the authors argue that there is an epistemological gap between what the tests (in this case on-site drug tests) are used to ascertain and what the tests actually measure. In this respect, there is a false attribution of analytical competence to drug tests which can only detect indicators of past drug use, not the quantity of drugs used, nor whether a person is currently impaired.

In addition, on-site drug tests have a restricted validity in that the 'cut-off point' – the pre-determined figure that denotes a test is positive – is not an objective value but one that is arbitrarily set and, as a consequence, politically charged (Wilhelm, 2008). These drug tests also incorporate a specific mode of

visual knowledge production, in that the results have to be visually interpreted by human operators and are subject to human error. The authors conclude that contrary to popular views, on-site drug tests are not objective evidence-producing instruments. Pragmatic and financial requirements influence what kind of tests are used and these are at least as important as the validity of the tests. Consequently, the authors contend that these tests should be regarded as socio-technical instruments shaped by material preconditions and biochemical principles rooted in their societal contexts, and that the evidence they produce should be treated accordingly.

8. Ethnographic evidence

Boothroyd and Lewis had pointed out that the social relations of research in the online world reflect, epistemologically speaking, a form of non-participant observation (or 'lurking'). They argue that in these contexts netnographic evidence is mediated by trust and empathy as it is in real world ethnography – a research skill aptly demonstrated by *Christine Schierano* and *Gary Potter* in Chapter 8.

In the hierarchy of evidence, ethnographic observations and qualitative interviews are often regarded as the poor relation of positivist data. Yet, their utility in researching hidden populations and gaining an insight into the meaning of drug use from the user's perspective is unparalleled (e.g., Rhodes & Coomber, 2010). In the final chapter of this publication, Schierano and Potter present evidence from an ethnographic study of a 'chemsex' scene in London, in which men who have sex with men (MSM) consume drugs to facilitate sex sessions. Their analysis provides a thought-provoking example of the benefits of ethnographic evidence on a heretofore under-researched group.

The chemsex subculture in the UK has tended to attract sensationalist media attention which frames the scene's activities as highly problematic drug and sexual risk behaviour and a public health concern linked to the rise in HIV and other sexually transmitted infections. However, little academic evidence had been paid to these scenes. Having approached the study of this group through a criminological lens and informed by subcultural theory, the authors focus their gaze on the dynamics of drug consumption and distribution, and provide an alternative reading of risk behaviours within this culture that challenges the prevailing dominant discourses. Using one of the researchers' pre-existing contacts to access and build trust and rapport with the MSM network – the type of method often decried as overly subjective by proponents of EBP – the chapter delivers a situated and in-depth exploration of the drug distribution system within the scene. The authors note how participants moved from social supply to retail-level dealing to meet the continuous and high-level demand for drugs in the settings of clubs and house parties. In contrast to the one-dimensional view of drug dealers motivated by profit alone, the research demonstrates the

complexities of drug transactions in a 'hidden' community and the meaning of dealing for those involved – both financially and in their interpersonal relationships with other members of the scene. The authors argue that, as other studies of drug distribution have shown, retail level dealing is a product of its subculture, and the patterns of use and social supply reflect the characteristics of the scene being supplied, rather than being parasitical to it.

9. Conclusion

The contributors to this book illustrate the complex and multi-faceted dimensions of evidence building in European drugs research. On one level, the authors have identified practical and philosophical challenges regarding knowledge production including, for example, measurements of the drugs problem; researching the online world; and interpreting on-site drug tests. On another level, the authors have highlighted the political challenges regarding knowledge production such as the misuse of evidence by knowledge brokers and policymakers. Even evidence purported to be apolitical is shown to be deeply political by inter alia privileging the norms and values of dominant methodologies, institutions, and powerful interest groups. And, by so doing, increasing the resources and power of what Cohen refers to as the 'shareholders of the drugs industry'.

Despite the widespread acceptance of evidence as a metaphor for objective, value-free science, the contributors demonstrate how evidence is selected, interpreted, constructed and (mis)used to frame, support, justify and legitimise particular discursive arguments within the policy process, especially those promoting prohibitionist paradigms.

The findings of these studies capture the zeitgeist of these post-truth times where power elites shape dominant discourses by asserting truth claims that resonate with people's emotions and personal beliefs rather than being underpinned by methodologically rigorous evidence. These chapters suggests that it may be time for the (drugs) research community to move beyond an awareness that policy is rarely independent of the cultural means of its production and adopt the role of the public social scientist. This role would oblige us to challenge truth claims based on biased, faulty, or selective readings of evidence and to engage in conversations and dialogue about our work with the public (including drug users), the media, and policymakers so that a more informed and less sensationalist debate about drug use and drug policy becomes possible.

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2
Revisiting ‘Looking at the UN, smelling a rat. A comment on Sweden’s successful drug policy: a review of the evidence’

Peter D. A. Cohen

In 2006, the United Nations Office on Drugs and Crime (UNODC) published a report on Swedish drug policy which defended the thesis that Sweden’s drug policy resulted in levels of drug use below the European Union (EU) average. This chapter revisits the author’s response to that report, ‘Looking at the UN, smelling a rat’, which highlighted the lack of clarity about the kind of data that could define a ‘drug situation’ in a country, plus the lack of protocols whereby such data could be made comparable between countries. Cohen contends that the rather arbitrary collection of data presented by UNODC to define Sweden’s drug use situation made it relatively easy for them to handpick drug use data in order to make their thesis acceptable. Many EU countries had data that show a below EU average score on some variable and so any collection of data could be made to suit any type of theory about the effects of drug policy. But maybe drug policy has no effect on drug use levels at all! Alternatively, ideological analysis could be replaced with sociological analysis by associating different variables to a standardised definition of the drug (use) situation in a country. Examples of such alternative variables would be demographic composition of a population, dynamics of urbanisation, and proportions of rural inhabitants. Also, styles of recreation, material wealth, and the number of hours per year needed to arrive at gainful income could be related to levels of drug use. Such variables would create more understanding as to why drug use data are so varied, both between and within countries.

Keywords: UNODC, Swedish drug policy, EMCDDA, prohibition, drug trends

1. Preface

In 2006, I was angered by a report, produced by UNODC[1], promoting Sweden's drug policy (Cohen, 2006). So I decided to write an essay against it, extensively quote from the report, analyse its way of argumentation and hopefully show that this way does not help us to understand why levels of drug use vary so much across different EU countries. Now, ten years later, my problems with ways of offering and analysing drug use data by official drug policy institutions have not changed. I still see these ways as not scientific, and as shamelessly partisan for prohibitionist policies and in dire need for improvement. The 2006 essay was written as a contribution to a verbal discussion taking place in the buildings of the EU, organised by members of the European Parliament in 2006. At it, I read the text and offered my proposals for improvement of drug policy theory. My proposals never made it into any drug policy analysis or agenda.

The article below may or may not change that. It has been slightly modified for its 2016 appearance in this ESSD publication[2].

2. Introduction

The Shanghai Opium Conference, in 1909, was the first world-wide agreement on the reduction of opium use and production. China, then an extremely poor feudal nation, was spending most of its foreign exchange on opium it imported through British traders. The British sold their cheap Indian opium for pure silver to the Chinese and had almost two centuries of opium fortune-making behind them. The fledgling United States of America tried to conquer a share of the profits in this lavish market, at a time when prohibitionist ideas about alcohol and opium control were expanding all over the globe. It was time for the 'American Disease' to be born (see Musto, 1973).

In later analyses of the history of drug and alcohol controls, other names for the American Disease have been coined. The most appropriate one, not tied to any nationality per se, is the 'Temperance Movement'. This comprised of a collective of local movements prevalent in a group of nations. Later, these nine nations would be identified as a special group – the nations where the temperance culture would endorse far-reaching control policies in the attempt to regulate medical and recreational drugs (Levine, 1993).

[1] UNODC (2007). Sweden's successful drug policy: a review of the evidence. Retrieved from http://www.unodc.org/pdf/research/Swedish_drug_control.pdf. Note: this document originally appeared online in 2006. However, the document now available online at unodc.org gives February 2007 as the date of publication. Both reports appear to have the same content. The page numbers cited here refer to the UNODC 2007 publication currently online.

[2] The tense was changed from present to past, and linguistic clarifications and a postscript have been added. I thank the ESSD editors for their constructive and happy editing.

The global impact of these temperance cultures has varied from almost nothing to considerable. It is this variance that will be addressed in this chapter because it is at the heart of the UNODC (2007) report under discussion. At the time, Sweden represented the most fundamentalist and extreme pole of this variance. As noted by Boekhout van Solinge (1997), Swedish policymakers and popular ideologues had developed their own logic, policy language and version of Swedish drug history in order to convince themselves that no other policy could be possible.

3. UNODC 2006

In 2006, after years of mismanagement, UNODC not only had the difficult task of regaining some status for itself, it also had the task of reinstalling faith into its core business – the business of drug control[3,4,5]. As its director aptly remarked in the opening phrases of the UNDOC report, 'Sweden's successful drug policy: a review of the evidence':

> 'More people experiment with drugs and more people become regular users. There are thus suggestions, at the European level, that drug policies have failed to contain a widespread problem' (2007, p. 5).

The report on Sweden has to be seen against the background of diminished support for prohibitionist drug control policies worldwide. It did not have, in my view, a purely empirical or scientific ambition. It was too clumsy and too primitive for that to be the case. But, as a helping hand was badly needed for doubting drug control functionaries struggling with the obvious increase in drug use and drug production all over the world, and the astounding inadequacy of global policies, the report must be perceived as a genuine attempt to stand behind them.

The report on Sweden was described as, 'a rapid assessment, based on open-source documents, supplemented by Government documents and infor-

[3] 'I see an organization that has increased its international visibility while at the same time, is crumbling under the weight of promises that it is unable to meet under a management style that has demoralized, intimidated and paralyzed its staff.' UNODC's Director for Operations and Analysis M.v.d Schulenburg's letter to Pino Arlacchi (DG UNODC 1997-2002) dated 4 Dec. 2000: internal UNODC document in possession of the author.

[4] 'Of particular concern was the view expressed to OIOS (United Nations Office of Internal Oversight Services) by some Member States, including both donors and recipients of services, that the poor management of the Office had affected the fulfilment of its mandates and the proper implementation of some projects.' Report on the inspection of programme management and administrative practices in the Office for Drug Control and Crime Prevention. United Nations document A/56/83, June 2001.

[5] See also Jelsma, M. (in press 2016).

mation obtained from Government officials' (p. 7). Why did UNODC choose Sweden as an example? The report maintained that 'in the case of Sweden, the clear association between a restrictive drug policy and low levels of drug use, is striking' (p. 7); that 'Swedish drug policy is highly effective in preventing drug use' (p. 51); and that 'a review of fluctuations in abuse rates shows that periods of low drug abuse in the country are associated with times when the drug problem was regarded as a priority' (p. 7). According to this report, then, if ever you had doubts that drug control affects levels of drug use, you should study the example of Sweden. Or, that if your drug control is not working, nor effective enough, you will have problems with drugs!

At the launch of the UNODC World Drug Report 2006, its director, Antonio Maria Costa, had remarked that 'many countries have the drug problem they deserve' (UNODC, 2006). He repeated this remark in the report on Sweden's drug policy (UNODC, 2007, p. 5), saying that 'each Government is responsible for the size of the drug problem in its country. Societies often have the drug problem they deserve.' So, we have to see the work of UNODC at this time to have been tailor-made to arrive at the conclusion that drug control worked, and that a deficit in drug control would translate into an increased 'drug problem'.

Let us see how this work was done, and if the claims in the UNODC report stand up to scrutiny. I will proceed by selecting just a few examples of how this was done. Since the method behind the work is the same throughout it does not matter much which examples are chosen.

4. Analysis of the UNODC report

First, a clear definition of the 'drug problem' was not supplied in the report. It could be anything UNODC deemed it to be. Thus, the drug problem was defined as the level of drug use in the population, or in certain age cohorts. This material was supported by data on the levels of 'heavy use' or drug abuse, a category that was not defined either. The terms 'drug use' and 'drug abuse' were freely interchanged in the language of the report, thereby repeating a source of confusion that had become standard in most writing about 'the drug problem'.

A key problem clearly was with the data that were chosen. I do not mean the reliability of the data, for that was a huge problem in itself (and not discussed in the report). I mean that the choice of data that were presented for supporting the case of Sweden's success was left to the authors. Since there is no clear theory about what data were needed to create a standard description of the drug situation in a country, we cannot blame UNODC for this.

They simply used the lack of scientific or standardised clarity to legitimise their agenda[6].

So, by presenting many tables of (cannabis) drug use, mostly among 15 year-old school children, or 18 year-old army conscripts, they defined drug use levels in Sweden. In a few other places, prevalence data were given for the Swedish population between 15 and 75 years of age. All these data were then compared, sometimes to other individual countries but most frequently to the European average, as reported by the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA, 2005) in Lisbon. The Sweden report then showed that on most of these variables Sweden showed scores below the EU average.

However, if one studied the data tables that the EMCDA (2005) provided for drug use, such as the last-year prevalence of cannabis for the age cohort of 15-34 year olds, one could not escape the fact that 14 countries out of 19 produced prevalence figures below the EU average. So, in theory, it would have been possible to produce an UNODC report with the title 'The successful drug policy of the Netherlands', because on many indicators of drug and alcohol use and of the number of 'heavy users' seen in treatment, the Netherlands produced indicators that were (well) below the European average; and far below the USA or Australia. Just like Sweden[7]. In the same vein, UNODC could have produced a series of reports called 'The catastrophic drug policy of France', or of the UK, the Czech Republic or the USA; because these UN members showed indicators of (some) drug use that were higher or far higher than the EU average (EMCDDA, 2005).

In the UNDOC (2007) report, Sweden was also lauded because of the vast resources it spent on drug use prevention and drug policy in general. But Greece, (a culture profoundly different from those of Sweden or the Netherlands) spent almost nothing – the least of all EU countries on drug policies – and reported even lower drug use figures than Sweden (not withstanding that there were doubts about the validity of the Greek data).

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[6] Until now we do not have for drugs what we do have for the economy, a standardised profile of economic indicators as provided by the World Bank or by the Organisation for Economic Co-operation and Development (OECD). Also, the economic indicators themselves have been standardised. For instance, OECD provides comparison between 'standardised' calculations of a nation's unemployment in order to circumvent the large variety of data that individual governments supply of 'unemployment'. By dedicating institutions to the production of methodologically homogenised indicators, comparisons become possible. EMCDDA in Lisbon was assumed to supply this for drugs but has not the funding, nor the management, to do this. Maybe drug situation profiles should be produced by OECD, steeped into the difficulty of indicator-driven profile production as they are. For pharmaceutical products and production, OECD does a great job already.

[7] See for example, Figure 23: Recent (last year) use of cannabis among young adults (15-34 years old) in Europe and the USA. Retrieved from http://ar2005.emcdda.europa.eu/en/page004-en.html?CFID=5328987&CFTOKEN=5e84bda07a35cd96-76E4B64C-C746-A2B2-811105111F00D06F&jsessionid=2e3052bc12482c4b7d1a

Looking at other data from Sweden that were not mentioned in the UNODC report, one saw that Sweden had relatively low levels of alcohol use, and low levels of tobacco use. In Sweden, alcohol consumption (measured in litres of pure alcohol consumed per capita per year) was 7%, compared to 10% in Holland and Greece, and 14% in France. The percentage of daily smokers in Sweden was 16%, compared to 30% in the Netherlands and almost 40% in Greece. The Swedes used relatively few pharmaceutical drugs as well, spending less on them than most countries in the EU (7% of health expenditure). The only country that spent less than Sweden was Norway (6%). In comparison, the Dutch spent 12% and the Spanish 23%[8].

However, rather than falling into the trap of a detailed discussion of the hand-picked data used in the UNODC (2007) report on Sweden, I stressed that the basic premise of that report did not have any scientific legitimacy – that the low figures that Sweden showed on a series of indicators on recreational drug use were due to Sweden's drug policy. Maybe! Let us, for the convenience of the argument, ignore the quality of the data. To propose this association, as the UNODC report clearly did, it should at least have shown some evidence that the two issues were causally related, and why. This evidence was so completely lacking that one may well ask if the report should not be seen as a religious document that was intended to prop up faith in drug control rather than an attempt at scientific rigour and clarification.

5. The other thesis: drug control is irrelevant to levels of drug use

Perhaps Sweden's drug policy is just another phenomenon on its own (next to low levels of alcohol and drug use) that expressed a temperance culture, but did not cause it. In other words, even if the Swedes had chosen a less extreme policy, their temperance culture would have still produced low levels of intoxicant use – lower than some but not all countries. The Greeks, whose population was also using little alcohol and drugs at the time, could have produced their own low figures from a series of completely different cultural or demographic characteristics and determinants, as could have the Dutch.

Nothing contradicts the thesis that drug policies, whatever they may be, have little to do with the production of the drug and alcohol situation that is found. For UNODC to have even contemplated this 'cultural construction' notion would have been a disaster, because it would have opened the door to a scientific analysis of drug situations separating it from the ideological analysis that suited UNODC. And this notion would have completely invalidated Mr.

[8] All these figures are based on OECD Health Data, 2006. Available from: https://www.oecd.org/newsroom/36511265.pdf.

Costa's conviction that countries have the drug problem they 'deserve' if they fail in drug control orthodoxy.

Another way of looking at the situation would have been to correlate demographic and cultural variables to a local drug situation. For instance, in the Netherlands epidemiological research had shown that levels of cannabis use in the densely populated urban regions of the country were almost four times as high as in the open spaces of the rural regions. In other words, within a nation with a highly homogeneous drug policy, differences in drug use levels could be higher than between nations with markedly different drug policies. Also, in Amsterdam, lifetime prevalence of cannabis use was about twice as high as in Rotterdam in spite of the identical drug policies reigning (Abraham, 1998; Abraham, Kaal & Cohen, 2002).

In the Netherlands, the growth of the urban population had been high from 1975 until 2005, with levels varying from 0.5% to over 1% per year. In Sweden during this period, urban growth had been less than 0.1 % per year with the exception of the period 1990-1995, with 0.17% urban growth, exactly when drug use had increased in Sweden[9]. It would be relevant to develop a line of reasoning in which proportions of urban/rural populations, and the changes thereof, could be seen as a demographic variable that influences levels of drug use and the emergence of drug use fashions, irrespective of the drug policies that are undertaken.

Another influential demographic variable might be the proportion of the elderly in the population[10]. At the time of the UNODC (2007) report, levels of cannabis use in Greece were the lowest of all Europe and 44% of the population were aged 65 years or older. In Sweden, slightly higher levels of cannabis use were observed and 33% of the population were older than 65. And in the Netherlands, which had slightly higher still levels of cannabis use, only 24% of the population were older than 65 years of age. But such simple eye-catching associations will not create serious possibilities for understanding variations of drug use in the populations of the world: combinations with other variables will have to be developed.

Important aspects of working life might be candidate variables. In Greece, which at the time had a relatively old population and a relatively high rate of unemployment (10% in 2004), people had to work a lot of hours for their income (1925 hours per year). Compare this with the Netherlands, which had a relatively young population and low unemployment rate (4.6% in 2004), people worked a far shorter time for their income (1,357 hours). Coupled with the then continuous increases in urbanisation and urban lifestyles in the Netherlands,

[9] United Nations (2006). World Urbanization Prospects: the 2005 revision. New York: United Nations. Retrieved from http://www.un.org/esa/population/publicationsWUP2005/2005WUP Highlights_Final_Report.pdf

[10] All demographic figures sourced from OECD Health Data, 2006. Available from: https://www.oecd.org/newsroom/36511265.pdf.

we have a background for recreational behaviour that was different, perhaps far different, than other countries. Countless local variations in these variables may have existed as well, presenting nearly ideal conditions to test theories using these combinations of variables in relation to well measured (standardised!!) prevalence data and their development over time.

The possibility of examining reasonable hypotheses that relate drug use levels with combinations of economic, demographic or cultural variables had, however, not even begun to be explored by UNODC. Rather, the dominance of ideological analysis was striking. Such studies would clearly have helped answer questions about why levels of drug use varied so vastly within Europe, and within countries[11].

6. Drug policy costs, are there any?

The UNODC (2007) report on Sweden was not completely silent on the costs of Swedish drug control but gave them relatively little space. It mentioned the funding it required, and it mentioned the high proportion of heavy (and severely marginalised) drug users who were subject to coerced and non-coerced treatment. It also showed that the proportion of high intensity/high frequency drug users was not markedly different in Sweden than in most other EU countries!

The report also mentioned the large number of drug-related deaths (DRD) that were part of the Swedish drug situation but noted that they had decreased, 'from 403 cases in 2001 to 385 cases in 2003' (p. 33), to underscore the positive tone about Swedish drug control. Unfortunately, the topic of drug-related deaths was not further elaborated, which led Ted Goldberg[12] to note the following:

> 'The figures UNODC uses for drug related deaths are misleading. Peter Krantz, a postmortem examiner, has been studying statistics for drug related deaths as revealed in autopsies. He found 296 in 2000 and 425 in 2002. To give you an idea how high 425 is in a country the size of Sweden, it means 1.2 per day in a country where 1.5 per day die in traffic accidents. And of course it's not recreational consumers who are dying. Contemporary drug policy is in fact an important reason why so many problematic consumers die. Drug policy accomplishes this by driving users further out of society,

[11] Political resistance against such notions can be understood as resistance to losing a wonderful tool for political fireworks. Drug policy is a tool that, lacking in definition or clarity, maybe used for all sorts of rallying the troops behind moral entrepreneurs who 'will defend youth against drugs' while sending them into wars or imprisoning them in their urban ghettos.

[12] Ted Goldberg PhD, University of Stockholm, personal communication. See also Goldberg (2004).

> by coercing them into meaningless and repressive treatment, by making them afraid to contact the authorities when, for instance, someone has overdosed. By not providing injection facilities where people don't have to be in a hurry and can take a part of an injection and wait and see what happens so they don't overdose, and where there is qualified help on the premises etc. drug policy as it is today is actually killing people – not saving lives.'

The topic of drug-related deaths was treated in the UNODC report without comparing the Swedish rate to DRD rates in other countries (in sharp contrast to the overdose of such comparisons in relation to drug use among 15 year olds). We know that the variable drug-related death is not the gold standard of precision and that, in spite of feeble EMCDDA efforts, serious unsolved registration, definition and calculation issues are at stake here; as much as with all other non-standardised variables in the epidemiology of drug use. But if we trust the bookkeeping talents of EMCDDA they provided at least some insight into the data on drug-related deaths each government supplied to the international shareholders of the drug problem industry[13]. The EMCDDA reported a lower number of drug-related deaths than UNODC for the year (2002 or thereabouts) in which comparisons were calculated. It reported that Sweden had 160 DRD in 2002, the same proportion as Greece, compared to 7 for the Netherlands, or 55 for the UK.

UNODC (2007), Goldberg (2004), and Lenke and Olson (2003) mention a much higher number of DRD than the EMCDDA because they included types of DRD other than overdose. UNODC (2007) cited 391 DRD for 2002; Goldberg (2004) cited 425 for 2002; and Lenke and Olson (2003) cited 350 for 1999. Accepting these numbers would have considerably raised the computations by EMCDDA of the DRD rate per million inhabitants in Sweden. It would have toppled that country from a relatively middle position, compared to other countries, to a high position.

A dramatic issue that was not dealt with at all in the report was the far-reaching power of the special drug police in Sweden. In Stockholm, police had a reputation for chasing drug users all through the night and collecting them in their vans from the streets, and from the cafés. Trained special police could go into a bar, merely look one in the eye and arrest him or her, then drag them into police headquarters where a blood sample was extracted from them against their will. Police violence on the drug-using population was carefully nurtured in Sweden as a necessary element in the witch hunt against this alien evil, drugs.

[13] I see prohibition as an industry, like tobacco or steel. One of the main targets of any industry is to increase demand for its products. Institutions that are dependent for their income and social status on the political strength and development of prohibition will act like its shareholders: they want to increase demand, increase their income and increase the status of their share of the pudding.

In 2003, in an emotional appeal, Berne Stahlenkrantz[14] the chairperson of the then newly created Swedish Drug Users Association asked for a reform of Swedish drug policy because of the hardships it created for all users; especially so called 'heavy' users. He asked for the creation of needle exchanges and an expansion of the availability of methadone for which there were far too few treatment opportunities. Stahlenkrantz also mentioned that heavy users 'sometimes avoid calling for an ambulance because they are too scared of attracting the attention of social workers or the police'[15].

7. Discussion

Harry Levine[16] wrote that Swedish people used far less alcohol than other countries, 'but they worry about it far more than almost anybody except other Nordic people and some English speaking countries', thereby illustrating his well-known observation about the special character of the Protestant temperance cultures in relation to the use of alcohol and drugs. The same scholar[17] wrote:

> 'It is important to understand that shock waves have recently rolled over the Nordic alcohol model, forcing the Nordic societies to radically reconsider a hundred years of temperance-oriented alcohol policies. A group of Finnish and other drug researchers have written a smart, interesting book about this with the telling title: *Broken Spirits. Power and Ideas in Nordic Alcohol Control*.'

Stanton Peele (2001) wrote about the temperance countries in his review of Broken Spirits: 'Broken Spirits describes the post-World War I creation of state alcohol monopolies in the Nordic countries, including Iceland, as "a spectacular historical experiment in social control"'. The word 'spectacular' was fully applicable to the type of drug prohibition in these countries as well, having been subordinated to the same control fundamentalism as had been shown toward alcohol; but in a higher gear and of a meaner disposition.

These remarks by Levine and Peele invited us to think that the perceived decay of alcohol control policies in Sweden, as well as in other Nordic countries, may have been behind some of the brute tenacity that was shown in relation

[14] Stahlenkrantz (2003) speaks of the 'extreme measures' in Sweden from a point of view that is never mentioned in reviews of Sweden's drug policy, the perspective of the drug user.

[15] ibid.

[16] Personal communication

[17] Personal communication

to conserving drug policies[18]. It was such tenacity that UNODC wanted to see applauded, and we feared that UNODC would use the year 2009 (the centennial of the Shanghai Opium Conference) to promote China to the status of hero of drug control; in spite of the disasters drug control was creating in relation to Chinese human rights (even more so than in Sweden or the USA). We may not have been surprised if UNODC presented us with a report that drug control in China was excellent, successful and that the number of public executions of drug sellers was actually declining from 1,909 a year to 1,896!

Time for a nice and happy party in Shanghai…

8. Postscript: who needs evidence?

The article 'Looking at the UN, smelling a rat' was written a decade ago. Although it has been several years since I have kept pace with the all the latest reports on global and European drug use, sampling recent literature brings no surprises whatsoever.

The EMCDDA's (2015) report, *European Drug Report 2015: Trends and developments,* is a collection of drug-specific statistics that indicates – as always – that many and sometimes large differences exist between countries for a number of variables. Drug use prevalence differs across Europe as it has always done, and the EMCDDA duly reports the differences in a way that has barely changed since this series of reports started in the nineties.

Occasionally, the report warns the reader that not all prevalence (and other) data are equivalent in quality: a warning not further elaborated upon although this issue is a constant that has defined European drug use reporting since time immemorial. The writings of our EU institution would seem to resemble more the reporting of an accountant than that of an analytical body that focusses on issues of dynamics and the understanding thereof. In an interesting way this bookkeeping of national data does not create any problems, it solves them – OK, data are of a variable quality; OK, data show different scores throughout Europe; OK, we may have all sorts of assumptions about what is happening. So the reporting seems to suggest that fortunately nothing is changing and we are not meeting any unwanted problems or conflicts! We can publish our yearly reports with confidence and use the format we have always used.

It would seem that the drug use 'problem' has taken the shape of a well-known friend, someone we have been seeing for years, and with whom we have a pretty laid-back relationship. How the drug use problem is constructed across Europe and why it seems to be as stable as the geographical positions of

[18] Goldberg saw signs that the drug policies may have been showing some relaxation, as the alcohol policies, and that voices pleading for expansion of needle exchange and methadone prescription were gaining influence in Sweden (personal communication).

Paris or Reykjavik is not part of the subject matter[19]. In such a view, the demand for 'evidence' is naturally low. In a reality where questions and unknowns are phased out, the status quo is the partner we need: a partner that does not force the drug-policy world into difficulties it does not know how to handle and that it would rather did not exist. The drug problem has taken an institutionalised form that has basically neutralised it. A drug-policy jargon that initially served a 'war on drugs'; has given us peace! We imprison as we did before, we enforce drug laws as we did before, we offer 'treatment' as we did before, and we write reports just as we used to do. We have the daily and theoretical perspectives we always had, which means no fears, no panics, no curiosity. We consume constructions like drugs, addiction and dependence with ease, as we might consume YouTube videos: a two dimensional reality where analytical depth or the realities of life are rare. Institutionalisation means bureaucratisation where inquisitive science (and its funding) has become superfluous, unwanted, if not counter-productive. The drug problem has been enshrined in boring and routinised reports or ten-year 'strategies'. They offer us, finally, total command over what was a threat and a larger-than-life object of fear and loathing. As long as we do not ask difficult questions and generate a need to answer them, with a matching need for evidence, the problem is 'solved'. The drug policy-industrial complex does not work for 'solutions'; it works for the stability of comfortable stagnation. The only space where this stability could be vulnerable is local[20]: the city, the region, at most the nation.

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[19] Axel Klein (2016) describes the current condition of the 'drug problem' as a kind of container almost bursting under increasing internal pressures and contradictions. Will the pantzer-ed 19th century costume of the drug problem – the UN Treaties – stay intact or blow to pieces? This is a question we cannot answer but the image is not in direct conflict with my image of stagnation. Both can be true at the same time.

[20] Advances of UN-Treaty breaking power in the USA come from citizen inspired State ballots at the state level.

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