Drugs and development: The global impact of drug use and trafficking on social and economic development

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Abstract

Locating development efforts within the context of globalism and global drug capitalism, this article examines the significant health and social impact both legal and illegal drugs have on international development efforts. The paper takes on an issue that is generally overlooked in the development debate and is not much addressed in the current international development standard, the Millennium Development Goals, and yet is one that places serious constraints on the ability of underdeveloped nations to achieve improvement. The relationship between psychotropic or “mind/mood altering” drugs and sustainable development is rooted in the contribution that the legal and illegal drug trade makes to a set of barriers to development, including: (1) interpersonal crime and community violence; (2) the corruption of public servants and the disintegration of social institutions; (3) the emergence of new or enhanced health problems; (4) the lowering of worker productivity; (5) the ensnarement of youth in drug distribution and away from productive education or employment; (6) the skewing of economies to drug production and money laundering. The paper emphasizes the need for new approaches for diminishing the burden placed by drugs on development.

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An understudied barrier to the eradication of poverty and social inequality

The birth of the development movement can be traced to the 1955 conference of Asian and African nations at Bandung, Indonesia that led to the established of the Nonaligned Movement block. As conceived there and afterwards, development is a tripartite project of modernization involving national changes in the economy, social organization, and governance. Since its inception, the international development program has both been driven and hindered by the fact that we live at a time in which large sectors of the world’s population suffer from the intertwined plagues of poverty, inequality, and health disparities. Current international development orthodoxy, which is designed to address these scourges, is focused on achieving the Millennium Development Goals (MDGs) adopted at the United Nations Summit of world leaders in 2000. At that historic meeting, 189 heads of state and their representatives entered into a global agreement to “free our fellow men, women, and children from the abject and dehumanising conditions of extreme poverty” by 2015. Specifically, the MDG pact officially committed the international community to: eradicating extreme poverty and hunger; achieving universal primary education; promoting gender equality and the empowerment of women; registering a significant reduction in infant and maternal mortality; gaining control of infectious diseases such as HIV/AIDS and malaria; protecting environmental quality; developing a global partnership of rich and poor nations for sustainable development.

This article examines the significant health and social impact legal and illegal drugs and drug policies have on international development efforts. The paper takes on an issue that is generally overlooked in the development debate (Andreas, 2004) and is not much addressed in the Millennium Development Goals, and yet is one that places serious constraints
on the ability of developing nations to achieve improvement across the full range of accepted development goals.

The relationship between psychotropic or “mind/mood altering” drugs and sustainable development is rooted in the contribution that the illegal drug trade makes to a set of barriers to development. Only recently has it come to be recognized that for development programs to be effective, personnel and policy makers require a better understanding of the relationship between drugs and social and economic development (Lytleton, 2006). As noted by Kavan (2003) while serving as President of the United Nations General Assembly, “Drug abuse is a global problem... Drug abuse furthers socio-economic and political instability, it undermines sustainable development, and it hampers efforts to reduce poverty and crime” (Kavan, 2003). Guided by a critical perspective that locates local development efforts within the context of globalisation and global drug capitalism, this paper examines the challenges of achieving the MDGs, the global distribution of drugs as commodities, trends in drug use, the ways in which legal and illegal drugs and drug policies hinder the achievement of the MDGs, and the need for new approaches for diminishing the burden these place on development.

Challenges of the millennium development goals

There has been a steady rise in aid from developed countries in recent years, reaching over $100 billion in 2005, ostensibly intended to achieve the MDGs. Closer examination, however, reveals that more than half is debt relief on the billions of dollars owed by poor countries which does not tend to increase the amount of money spent on the achievement of the MDGs. Additionally, a large part of the remaining aid money goes into disaster relief, such as aid following the devastating Indian Ocean tsunamis of 2004, which also does not tend to address developmental objectives. Also, not all aid to developing nations is earmarked for development; military aid, for example, contributes little to national development and may foster border conflicts that deplete development resources. Further, according to the United Nations Department of Economic and Social Affairs (2006), the 50 least developed nations only receive about one third of all aid that flows from developed countries. In other words, aid does not tend to move from rich to poor countries on the basis of development need, but rather from rich countries to their closest allies, whatever their developmental status.

As a result of these factors, all of which reflect socioeconomic and sociopolitical relations among nations, questions have been raised about the commitment of highly developed nations to the MDGs, or, more precisely: what might be the prioritized motivations behind support for the MDGs among developed nations? (Black & White, 2004) In the assessment of Founou-Tchuigoua (2002) the MDGs are less about real development than they are a reflection of a new phase in asymmetrical structural adjustment. Notes Founou-Tchuigoua (2002, p. 25), the MDG agreement promises that the 21st century will be distinguished by a new cooperation from which unilateral interference from the colonial and postcolonial period will be banned: it is the key concept of Partnership. But instead of reducing the... [problems of] the structural adjustment era, the... [new partnerships] reinforce them and in reality suggest a framework which allows... [developed] states an interference which surpass the economy and even the social to include the politics.

At any rate, it is far from clear whether developed nations are committed to pushing the MDGs. One measure of donor commitment is that sufficient funds are provided to allow for the accomplishment of targeted goals (Fukuda-Parr, 2004). To describe the level of progress that has been made, in 2006 the United Nations released a Millennium Development Goals Report which summarizes the status of affairs with regard to each of the development goals. Regarding the eradication of extreme poverty and hunger, the report finds:

Chronic hunger – measured by the proportion of people lacking the food needed to meet their daily needs – has declined in the developing world. But progress overall is not fast enough to reduce the number of people going hungry... The worst-affected regions – sub-Saharan Africa and Southern Asia – have made progress in recent years. But their advances have not kept pace with those of the early 1990s, and the number of people going hungry is increasing. (United Nations Department of Economic and Social Affairs, 2006, p. 7).

Similarly, regarding the eradication of HIV, the report notes that while the rate of new HIV infections has slowed in some developing nations, “rates of infection overall are still growing...[and] the number of people living with HIV has continued to grow” (United Nations Department of Economic and Social Affairs of the United Nations, 2006, p. 16).

Beyond the limited progress that has been made during the first third of the proposed target period (i.e., 2000–2015), the U.N. report notes that with an annual rate of urban migration of 4.6 percent, 2007 will mark the first time in human history that the majority of people on the earth live in cities. Not only are cities growing in developing nations, so are the slum areas where rural-to-urban migrants face poverty, lack of housing, overcrowding, inadequate water and sanitation, disease, and street violence. In particular, youth unemployment rates in developing nations, countries that contain over 80% of the youth in the world today, have continued to rise since the launch of the MDG. As the U.N. report on the MDGs (2006, p. 25) affirms, “Without sufficient employment opportunities, many young people grow discouraged and feel worthless.” This set of conditions, combined with increased access to both legal and illegal drugs in all Third World cities as a result of globalism and the lifting of national restrictions on...
the flow of goods, has created a situation that appears ripe for significant increases in mood-altering drug use and associated health problems. Given suggestions that the highest priority objectives of developed nations express self-interest rather than the identified needs of undeveloped countries, existing funding and policy decisions may foster rather than retard drug use, which, in turn, may further undermine progress toward achieving development goals. Similarly, while the drug policies promoted by developed nations, as reflected in the War on Drugs, push developing countries to devote resources toward blocking the flow of some drugs, like heroin and cocaine, and incarcerating their users and distributors, neoliberal values embraced by developed nations support open markets and free trade, including the flow of other drugs, like alcohol, tobacco, and pharmaceuticals.

Global drug capitalism and the distribution of drug commodities

Emergent patterns of drug use in the contemporary world reflect the social disruptions of the second or contemporary wave of globalisation, including “structural adjustment” strategies promoted by developed nations ostensibly intended to modernize developing nations, and the neoliberal shift from government ownership and direction to the privatization of state industries and a reliance on market forces to control economic development (Appadurai, 2001; Goroux, 2004). One goal of neoliberal policies promoted by Western nations and the development banks that have been so prominent during the second wave of globalization is the removal of all barriers to free trade allowing the unfettered flow of commodities across national boundaries. Among other effects these transformations, “dismantle[d]…economic controls inadvertently weaken[ing] the safeguards, however ineffective, which…served to stem the expansion of drug trafficking activities in the past” (United Nations Office on Drugs and Crime, 1994, p. 13). As a consequence, the flow of both legal and illegal drugs has increased dramatically in many areas despite simultaneous, and from the standpoint of expectations of the scale of state involvement in the economy, the contradictory promotion of drug control efforts (Andreas, 1995).

Drug flows are characterized by three main points along a continuum: countries of production, countries of trans-shipment, and countries of targeted consumption. For illegal drugs, developing countries are concentrated on the production and trans-shipment end of this continuum, while legal drugs tend to flow in the opposite direction. Notably, trans-shipment countries tend to develop their own problems as drugs become available and are adopted among local consumers. Often people in trans-shipment sites have little experience with illicit drugs and no idea how dangerous or addictive they can be. An example of such a place is Tajikistan. A mountainous country of 7 million people, 80% of whom live in poverty, located north of Afghanistan. Tajikistan has become an important corridor for heroin from Afghanistan intended for European and Russian markets. By 2002, the United Nations Office for Drug Control and Crime Prevention (2003) estimated that there were 900 heroin users per 100,000 population in Tajikistan (compared to 600 per 100,000 in Europe). In nearby countries, rates were even higher, with 1,600 users per 100,000 population in Kyrgyzstan and 1,100 users per 100,000 users in Kazakhstan. In addition to being on the heroin corridor, in the words of one Tajik youth who became addicted to heroin in the aftermath of structural adjustment: “It was very prestigious, we saw drugs in movies” (quoted in Shishkin & Crawford, 2006). To this youth, like so many others in developing countries who have become addicted to heroin along its pathway to the high paying markets in Europe, heroin does not resemble the dark stereotypes activated by the War on Drugs, rather to them it represents modernity, a point of contact with the valued West.

Being associated with global centres of power and wealth can enable commodities to acquire an aura, the “principal effect [being] to render them cherished and precious” (Straw, 1998). This appears to be the case with heroin in the eyes of the Tajik youth quoted above and among his peers in Tajikistan, and far beyond. Although produced in nearby Afghanistan, heroin possesses an association with the West, a glittery place, as seen on the “silver screen,” of fancy cars, enormous homes, an endless supply of electronic gadgets, and food aplenty. In injecting heroin, this individual like so many of his peers was not taking an illegal drug, he was participating in a world he had come to venerate but which he had little other means of entering. Drugs looked to him not like a dead end but a doorway to the promised land.

In one way or another, this is the appeal of drugs: to the uninitiated they promise something better—a more exciting life, a chance to be admired, relief from distress. Psychotropic drug use among the poor of developing nations encompasses and generates fundamental contradictions that juxtapose short-term advance and long-term consequence. In the context of socially imposed distress associated especially in recent years with structural adjustment, the poor seek reprieve and escape from social suffering (Kleinman, Veena, & Margaret, 1997; Singer, 2006). In this, like all people in need, they have three imperatives: what works? what is available? what is accessible? Drugs, both legal and illegal, meet all of these: they offer immediate respite, they are on hand from local distributors, and many of them are affordable even for the poor; that they also have serious health, fiscal, emotional, and, at the societal level, developmental costs does not much seem to diminish their allure for many potential users. While no one begins psychotropic drug use with the intention of developing dependence or addiction, these, in addition to a wide array of other health problems, are common outcomes of continued use. In the end, a vicious circle of commodity mediated causes and effects emerges: seeking drug-induced relief from suffering reproduces suffering and the appeal of drug-induced relief.
Global trends in contemporary drug use

Legal drug use trends

Products manufactured and distributed internationally by the global tobacco and alcohol industries have caused significant health problems in developing nations. The greatest harm is associated with tobacco products and, thus, it is the tobacco industry that will be the primary focus here. As Barnett and Cavanagh (1994, p. 184) aptly observe, “The cigarette is the most widely distributed global consumer product on earth, the most profitable, and the most deadly.” Philip Morris International, for example, has 50 tobacco product factories around the world and sells the commodities they produce in over 160 national markets. Notably, in 2006, U.S. District Judge Gladys Kessler ordered tobacco companies to stop using meaningless terms like “light” and “low tar” to describe their products because the cigarettes that carry these labels are no less harmful than any others. Notably, within two weeks of this ruling, several tobacco companies filed a motion requesting that they be allowed to continue using the terms “light” and “low tar” in overseas cigarette advertising (Arias, 2006a).

As a result of such tactics, worldwide tobacco consumption is increasing at the rate of one percent per year, with sales in developing nations rising three times faster than in developed countries. With such widespread and growing distribution of such a dangerous product it is not surprising that tobacco-related diseases are the leading cause of death in developing countries (Stebbins, 1990, 2001). Moreover, as Nichter and Cartwright (1991) stress, smoking damages the health and well-being of families in the developing world in several ways: by exacerbating chronic diseases among working adults, by reducing the ability of adults to care for children, by exposing children to toxic substances through passive smoking, and by diverting scarce resources into non-productive uses.

While the tobacco industry, traditionally, had a free hand in advertising and promoting its products around the world, in recent years, as the knowledge of the deadly nature of smoking has diffused widely, developing nations have begun to enact laws to restrict advertising and other forms of promotion by the tobacco industry. In response transnational tobacco companies have shown that they are not adverse to bending or outright breaking the law. Witness the case of the island nation of Mauritius. In 1999, the government of Mauritius joined the swelling ranks of countries trying to put the brakes on aggressive promotion of tobacco consumption by banning tobacco advertising and sponsorship. According to the Mauritian anti-smoking group, ViSa (LeClézio, 2002), the British American Tobacco company reacted to the new law with an aggressive if veiled promotional effort that included: (1) donating libraries to poorer villages, with the support of national government officials; (2) donating pre-natal and orthopaedic wards to public hospitals; (3) sponsoring a national art gallery; (4) building a home for elderly people; (5) advertising smoking products through the use of help-wanted notices; (6) using youth smoking prevention programs at point of purchase sites to draw attention to cigarette displays; (7) giving away tee-shirts displaying the company’s logo; (8) instituting an scholarship program and organizing free training opportunities for students at BAT Mauritius; (9) developing youth smoking prevention materials that portray tobacco products as an adult reward, thereby making use a marker of adult status. Not only was BAT not prosecuted for this campaign, ironically, given the nature of its business, in 2001 BAT was awarded the first prize in the National Occupational Health and Safety competition held by the Mauritius Ministry of Health and Ministry of Labour.

As countries have begun to enact laws to restrict the advertising of tobacco products to children, tobacco companies, although they deny ever marketing cigarettes to children, have nonetheless engaged in an array of strategies that appear to be designed to circumvent national laws and gain new waves of youthful adherents (Global Partnerships for Tobacco Control, 2002), including: (1) in Togo, where youth numerically dominate the population and soccer is king, tobacco products are linked through advertisement to music and soccer; such “[a]dvertising and marketing continues to be conducted aggressively and in contempt of existing laws” (Agbavon, 2001); (2) in Uruguay, Philip Morris carried out a promotional campaign entitled “Yo tengo poder” (“I have the power”) that was specifically directed to children in public schools; (3) in Jordan, girls dressed in red visit restaurants and give away free cigarettes, 10 packs of Marlboros per person, smokers and non-smokers alike. As Seabrook (1999) observes, “It is an epic irony that tobacco, a product of Empire, should now be pushed most vigorously by colonising tobacco companies to those who have supposedly freed themselves from the colonial yoke.”

As these examples suggest, the tobacco industry has long known that passing laws is one thing, enforcing them is another. In resource poor and developing countries, in particular, bountiful tobacco profits can be used, in a wide variety of ways, to gain a considerable amount of influence and to successfully promote smoking among selected target audiences. Indeed, Nichter and Cartwright (1991) have questioned whether all of the global public health and development efforts that have been carried out to insure child survival may be undone by the war for drug use waged by the tobacco industry. Are we, they question, “saving the children for the tobacco industry”? The tobacco companies, in short, have their own millennial development goals and they contradict and undermine those of that have been embraced by developing nations.

In some instances, countries have enacted laws to restrict the importing of foreign-made tobacco products, sometimes because of a wish to protect local tobacco production. In response, major tobacco companies have resorted to tobacco smuggling. Analyses of these smuggling efforts suggest that they are designed to gain a foothold in restricted markets and by doing so weaken local producers. In this way, “tobacco
companies... use the smuggling problem as a bargaining chip to convince governments to lower tariffs” (de Granados, 2002).

In order to limit the significant cost of tobacco promotion and use on the health and well-being of the world’s population, in 2000 the World Health Organization, led by a block of all 46 African nations, began negotiating an international treaty called the Framework Convention on Tobacco Control (FCTC). The goal of the FCTC is changing the way the tobacco industry operates, including imposing significant restrictions on advertising, promotion, and sponsorship; excluding the tobacco industry from having a role in the formation of public health policy; establishing in international law the consumer’s right-to-know about the dangers of tobacco use. Internal documents from Philip Morris/Altria reveal the response of the tobacco industry to FCTC, namely implementation of a strategy that emphasizes that: “The first alternative to an onerous convention is to delay its crafting and adoption...” (quoted in Global Health Watch, 2006, p. 311) while recommending specific points in the adoption of the FCTC at which delaying tactics could be used. During the period between the first negotiation of the FCTC and its ratification, 20 million people died of tobacco-related diseases.

Alcohol as well has impacts on development, although several factors differentiate it from tobacco. First, in some contexts, most notably in Islamic countries it may be an illicit substance, as alcohol is harām or banned by Shari’a (Islamic law). In Iran, for example, alcohol ingestion is strictly forbidden and can result in steep fines, incarceration or physical punishment. Second, non-commercial homebrewed alcohol, which is widely made and used in many developing countries, may have deleterious impact on health because of inadvertent toxic additives. This phenomenon is also seen in Iran where cases of alcohol-related deaths and blindness have been reported. In 2004, for example, there were as many as 19 deaths in Iran associated with the drinking of homemade liquor (Fathi, 2006).

Illegal drug use trends

Although methods have improved, estimating the production, trafficking and consumption of illicit drugs in developing countries remains a highly problematic endeavour given limitations on data collection. It is known that patterns of drug use in developing nations vary by drug and by region (U.N. Office on Drug Control and Crime Prevention, 2003). While various drug control mechanisms have been established, analysis of recent trends “makes quite gloomy reading for those hoping to see elimination or significant reduction: the over-riding impression is one of stable or increasing trends at the global level in recent years. However, this stability masks dynamic changes at the national and regional level” (Forward Thinking on Drug Use, 2003).

With regard to opiate use, for example, in recent years it is evident that there has been a shift in the centre of production from South East to South West Asia. While there has been a general decline over the last decade in opium production in the traditional Golden Triangle, between 1998 and 2002 there was a 16% increase in South West Asia. Removal of the Taliban government by the U.S., the continued war and support now given to poppy growers by the Taliban, and resulting breakdown in government control outside of the capital has led to an increasing concentration of global opium production in Afghanistan. The annual U.N. Office on Drug and Crime survey found that land devoted to poppy growing jumped to over 400,000 acres in 2006, up from just over 250,000 acres in 2005 (Barker, 2006). Most opiate users (about half of the world’s total) are found in Asia, especially in and around Afghanistan and Myanmar. The highest prevalence rates per capita are in Iran, the Lao PDR, and Kyrgyzstan. The overall largest number of opiate users, however, is found in India, although prevalence there is lower than in neighbouring Pakistan or Myanmar. While overall levels of opiate use in Latin America are low compared to Asia, the emergence of heroin production in several South American countries has resulted in increasing prevalence of use in Colombia, Venezuela, Panama, Chile and Argentina. While generally low, opiate use has been rising in Africa, with strong increases in Namibia and Zimbabwe.

By contrast, in the developing world, cocaine use is most concentrated in Latin America and the Caribbean, but there has been increased use in recent years in western and southern Africa. In recent years, for example, there has been an increased level of smuggling of South American cocaine along the Gulf of Guinea on its way to Europe. Concern has been expressed by the International Narcotics Control Board (2006, p. 1) that “the increased trans-shipment of illicit drugs through the area of the Gulf of Guinea might have a spillover effect, resulting in increased drug abuse in countries in those subregions.” Recent seizures in Kenya totalling over a ton suggest that cocaine trackers are also active in East Africa.

Levels of cocaine use remain low in Asia, but there has been increasing use in parts of the Middle East. Some of the most dramatic increases in drug use in developing nations in recent years have involved amphetamine-type stimulants (ATS), including amphetamine, methamphetamine, and although different in its effects, ecstasy. Between 1992 and 2001, the number of countries reporting increased ATS abuse tripled. In several countries in East and South East Asia, especially Thailand and the Philippines, methamphetamine has become the main drug of abuse. Relatively high levels of ATS consumption also have emerged in several countries in South America and in Africa. There is growing evidence that traditional cocaine manufacturers in South America also are becoming involved in ATS trafficking and experimenting with its production (International Narcotics Control Board, 2006).

Pharmaceutical diversion

Global pharmaceutical companies increasingly are a source of illicitly consumed drugs in developing countries,
with diverted substances, including psychotropic pain killers and tranquilizers, accounting for a significant portion of pharmaceutical production and providing “a nonnegligible source of revenue for the pharmaceutical maker...” (Lovell, 2006, p. 160). As noted in the annual report of the International Narcotics Control Board (2006, p. 4), “In South Asian countries, in particular Bangladesh, India and Nepal, lapses in the control of pharmaceutical preparations containing narcotic drugs and psychotropic substances have led to widespread use of such preparations among all segments of the population: pharmaceutical drugs continue to be available without prescription.” Similarly, the Board (2002) has reported on the diversion in Mexico of almost a million tablets of oxycodone, a synthetic pharmaceutical narcotic, while diversion of other licit drugs have been reported in several other developing countries. In the case of India, Jelsma (2005) notes that in response to heroin scarcity there has been a growing shift to diverted pharmaceutical narcotics. In the northeastern states of Mizoram and Manipur, along the Myanmar border, a growing number of users have begun using Spasmo Proxyvon, a non-soluble opioid that causes heightened levels of abscesses and even gangrene. Notes Jelsma (2005, p. 3), “The abuse of pharmaceutical products as a recent development was reported from many sites like Amritsar, Ahmedabad, Imphal, Dimapur, Mumbai and Kolkata. The reasons for switching to injecting of pharmaceutical substances were reported to be due to non-availability and increasing street price of heroin.” Summarizing the main injection drugs in India, Dorabjee & Samson (1997) list heroin followed by various pharmaceutical products including tidigesic, buprenorphine, proxyvon, and valium. Among illicit buprenorphine injectors in Chennai, rates of HIV infection have been found to be 15% compared to 18% among heroin injectors (Kumar et al., 2000).

Overall, it is clear that with regard to patterns of drug use “a division is appearing between the fortunes of developed and developing countries. While trends in use in developed countries are largely stabilising or falling, increasing problems are being experienced in developing countries, especially where poverty and ready access to drugs of addiction collide” (Forward Thinking on Drug Use, 2003).

**Impacts of drugs on development**

Drugs have both direct and indirect impacts on development, across populations, age groups, institutions, and spheres of life. Moreover, because involvement in their production and sale may provide income for poor individuals and families with limited access to alternative employment, drugs pose a paradox for development initiatives. Opium, for example, is the biggest employer in Afghanistan (Barker, 2006). Similarly, in South America, the cocaine trade attracted thousands of families fleeing extreme poverty in other locations to coca growing areas, coca being perhaps the only cultigen they could make a living from in a region in which the soil is not well suited to intensive agriculture. Among poor farming families in Myanmar, Grund (2004) notes that growing opium poppies “pays for what most people in developed countries take for granted.” In the words of one Myanmar man, “Opium is our food, our cloths, our medicine, the education of our children,” (quoted in Grund, 2004, p. 2). Despite these examples, there are multiple arenas of negative drug impact on development as discussed below. Notably, the specific nature of this impact is driven by the social and legal context of drug use (e.g., it is the effort to dodge legal barriers that drives the role drugs play in corruption).

**Productivity**

Drug impact on national productivity occurs in several ways. On the supply side, there are significant occupational risks faced in the production of drugs. Many of the people who toil in drug labs around the world – daily mixing and pouring the chemicals that turn natural or synthetic substances into powerful psychotropics – are like 18-year-old Nilofar from a small Afghan village (PakTribune, 2006). Both of Nilofar’s parents and husband are dead. With few alternatives, she and her 16-year-old sister found work in a heroin lab. Then she got sick, because of the toxic substances she was exposed to during the making the heroin. Her sister got sick as well. In fact, many of the lab workers she knew were suffering from challenging rashes, asthma, blood deficiencies, diarrhoea, and stomach upset.

As generally is the case, the health of workers is a reflection of their social relations with their employers (Levy & Sidel, 2006). Working in an illicit trade, it is hard for drug lab workers to organize; certainly it is all but impossible to pressure the government to come to their aid, as is sometimes possible in legal industries. As a result, they are at the mercy of their bosses and their subordinate social position may literally be etched in their bodies in their work-related illnesses.

The risk to workers in illicit production is enhanced with the spread of ATS in developing countries (Devaney, Reid, & Baldwin, 2005). In the production of drugs like methamphetamine extremely dangerous toxins, like phosphine, are released. A growing number of ATS labs are being discovered in developing countries. This shift to local production is facilitated by the spread of knowledge and relative simplicity of transforming precursor drugs like ephedrine into methamphetamine.

Also on the supply side, low level workers and transporters in the drug trade are the most likely to be arrested. From the lab where Nilofar works, processed heroin must be bagged in small quantities and transported, usually through a circuitous route, often through various middlemen, to the market. Needing money to see a doctor, Nilofar agreed to transport processed heroin to India. She was caught in Kabul airport and taken to prison. This pattern is found throughout the developing world. In Jakarta, Indonesia, for example, the police reported 4,799 drug-related arrests in 2003, a 39 per-
cent increase from the year before. Most of those arrested were between 19–30 years of age, prime production years, 283 were between the ages of 10–18 years. Nationally, the number of drug arrests increased approximately 58% a year from 1999 to 2004. Similarly, in Malaysia, which has declared drugs to be “public enemy number one,” the government reported a substantial increase in drug-related incarcerations from 1996 to 2002 (Devaney et al., 2005).

On the demand side, drug use lowers productivity through occupational injuries, the spread of diseases, and drug overdose. Drug use has been found to be particularly widespread in various work sectors in the developing world. In the jade mines of Myanmar, for example, nearly all male workers, which constitute the majority of miners, have been found to be heroin users (Scott-Clark & Levy, 2002). The spread of drugs among workers has been linked to increase in occupational accidents and absenteeism. An International Labor Organization study in Egypt, Mexico, Namibia, Poland and Sri Lanka, for example, found that users have two to four times more accidents on the job than other workers and are absent two to three times more often (UNODC, 1994). As noted below, drug use has been a major factor in the spread of HIV in developing countries, often as a result of syringe sharing and re-use. Drug overdoses also have been rising in developing nations as new drugs are introduced to inexperienced users. Overall, the effects of substance abuse on national productivity are significant, as productivity gains are crucial for a nation’s competitive position in the volatile world marketplace.

**Threat to youth**

According to World Bank (1993, p. 89) data, illicit drug users in developing countries “typically fall within the age group of 15–44, although most are in their mid-twenties. In Latin America, drug use tends to begin at younger ages with use especially common in 12–22 years olds.” As noted by the United Nations Office on Drugs and Crime (1994, p. 3) “drug abuse often attacks people during their most productive years, thereby converting a vibrant source of productivity into a burden on society. Particularly prevalent among younger individuals is the deliberate inhalation of solvents and various commercial aerosols. . .” Children and adolescents have easy access to solvents such as glue, aerosols, thinners, gasoline or paint, as these substance are readily available, are of low cost, and produce a powerful psychotropic effect. Use of solvents by street children is widespread in Latin America, Africa, and central and eastern Europe. As a result of widespread poverty, urban migration, and breakdowns in the social service sector following structural adjustment, many cities in the developing world, from Mongolia to India to Brazil, have large numbers of homeless children. In India, for example, which has a significant population of homeless youth, in cities like Mumbai, Kolkata, and New Delhi it is estimated that there are over 100,000 street children and many are involved in solvent or other drug use (United Nations Development Programme, 1993). For these youth, sale of illicit drugs may offer a means of survival in a hostile, unsupportive social environment, as well as a source of peer respectability and acceptance, and a temporary escape from a harsh reality that entails a risky lifestyle and frequent potential for victimization. In recent years, similar patterns have developed in Southeast Asia and Cambodia. Laos and Vietnam now have “substantial populations of street children [involved in] consuming drugs, living precariously with little or no family support or guardians” (Devaney et al., 2005, p. xiii). These homeless children receive no education or training that would allow them to participate in national development.

**Health problems**

Drug use is associated with a variety of physical and mental health problems; most notably in recent years, it has played a significant role in the spread of HIV/AIDS throughout much of the developed and developing world. Acquired Immune Deficiency Syndrome (AIDS) has emerged as one of the most devastating diseases in human history. The global count of people living with HIV/AIDS infection reached 40 million by the end of 2004; millions more had already succumbed to the disease. Although HIV/AIDS is now found everywhere, it is not equally distributed among the populations and subpopulations of the world. One way of understanding the unequal spread of this disease is by examining the number of people living with HIV/AIDS disease along a geographic continuum. At one end of the continuum is sub-Saharan Africa, which remains the region hardest hit by the disease, with approximately 25.5 million people now living with HIV/AIDS infection and an adult (age 15–49) prevalence rate of 7.4%. Near the opposite end of the continuum falls North America, with about a million people living with HIV/AIDS and an adult prevalence rate of 0.6%, which is not significantly above that of Oceania the region of the world with the lowest prevalence rate. Between these two epidemiological poles lie the island nations of the Caribbean, with under half a million cases and a prevalence rate of 2.3%. After sub-Saharan Africa, the Caribbean is now the second most intensely impacted region of the world (UNAIDS, 2004), although not (except in Puerto Rico) primarily tied to injection drug use. Sexual transmission associated with crack cocaine use is a significant issue in the Caribbean. In the Bahamas, for example, HIV prevalence as high over 40% has been found among crack users (AmfAR, 2006). While life expectancy is increasing in the U.S. and Europe despite the presence of HIV/AIDS, in many developing countries the disease is significantly shortening how long people live on average.

In 2005, there were over 4 million new HIV cases in developing nations, while almost 3 million people died of AIDS-related causes. Notably, from the standpoint of human resources and barriers to development, according to the U.N. Office on Drugs and Crime (2006), “One third of the people
living with HIV/AIDS are between 15 and 24 years old.” Now reported in 130 countries, injection drug use and the direct or indirect sharing of syringes and other injection equipment “is among the major forces driving the epidemic, contributing to around five per cent of HIV transmission” (U.N. Office on Drugs and Crime, 2006, also see National Institute on Drug Abuse, 2003). In Bangkok, Thailand, for example, the first cases of HIV among injection drug users were found among patients treated at the Thanyarak Hospital. After the first detection of these initial cases, HIV prevalence among injection drug users in Bangkok shot up from 1 to 2% in 1988 to 40% in 1989. Since then, HIV/AIDS surveillance has shown a steady level of prevalence of 30–50% in Bangkok and throughout the country (Razak et al., 2003; Vanichseni, Wongsuwan, Choopanya, & Wongpanich, 1991).

At the same time, the number of new tuberculosis cases in lesser developed countries has continued to grow by one per cent a year. While HIV played an important role in the initial spread of tuberculosis (because of the damage HIV does to the immune system of the host) to new areas, increasingly it is spreading independent of HIV infection, a painful reflection of poverty and overcrowding. Almost two million people a year are now dying of tuberculosis in the developing world according to the U.N.

Increasingly the health problems of developing countries are not best characterized by terminology that points to the prevalence of individual diseases but rather by terms like “syndemics” that call attention to social and biological interconnections in health as they are shaped and influenced by inequalities within and between societies. At its simplest level, a syndemic is two or more epidemics interacting synergistically inside human bodies and contributing, as a result to an excess burden of disease in a population. HIV-positive individuals infected with TB, for example, are 100 times more likely to develop active disease than are those who are HIV-negative and TB-positive. Beyond the notion of disease clustering and pathogenic interaction, the term syndemic points to the critical importance of social conditions in disease patterns and consequences. As Farmer (1999, pp. 51–52) has emphasized, “the most well demonstrated co-factors [for HIV] are social inequalities, which structure not only the contours of the AIDS pandemic but also the nature of outcomes once an individual is sick with complications of HIV infection.” Because they are characterized by a significant increase in the burden of disease, drug-based syndemics like HIV present a growing threat to development.

Corruption of public officials and the breakdown of social institutions

There is extensive evidence of “drug-corruption” among government officials and employees from numerous countries. In Afghanistan, the illicit opium industry has been found to be “a massive source of corruption [that] undermines public institutions” (Byrd & Buddenberg, 2006, p. 1). Antonio Maria Costa, the United Nations anti-drug chief, reports that in Afghanistan police chiefs, governors, and various other government officials are profiting from the opium trade (Barker, 2006). Similarly, in Brazil, Arias (2006b, p. 51) documents the insidious ways that drug corruption “progressively undermines the rule of law, leads to higher levels of human rights abuses, and can pose profound challenges to democracy.” Drug corruption was rampant in Colombia during the height of Pablo Escobar’s rule as a key figure in the illicit cocaine trade during the 1980s. In dealing with officials, Escobar implemented an approach he called *placa o plomo* (silver or lead) in which government representatives were given a choice between accepting a bribe and facing assassination (Singer, 2007).

A particularly well-documented case of drug-related corruption is found in the Bahamas in the period from 1978 to 1982. During these years, the Colombian cocaine trafficker, Carlos Lehder, a confederate of Escobar, based his operation on a small Bahamian island called Norman’s Cay, replicating thereby a role the Bahamas played in illegal rum running during Prohibition in the U.S. Lehder developed close relations with members of the Bahamian government, and, in exchange for a considerable amount of money they provided him with protection to coordinate his vast drug business (Frontline, 2000). In 1984, a Bahamian Commission of Inquiry issued a 500-page report that revealed the extent of government drug-corruption. According to Kendal Issacs, a leader of the Bahamian Free National Movement party, “The greatest shocks we have had to suffer in 1984 have been the twin revelations of epidemic drug use among our people, and the incredible corruption in the PLP [Progressive Liberal Party] as a government and as a party” (quoted in Smith, 2006). The Commission of Inquiry’s review of the Prime Minister’s personal finances found that he spent eight times his reported income for the period from 1977 to 1984. In the Commission report, a cabinet minister, senior police officers, and high level officers in the Royal Bahamas Defense Force were exposed as having taken bribes from Lehder and a number of prominent lawyers were found to be the go-betweens in bribing public officials (Commission of Inquiry, 1984).

As a result of the use of the Bahamas for cocaine reshipment, a significant drug problem developed on the island nation, as did a rising crime rate. These problems were fuelled as well by a high rate of unemployment, especially among teenagers and young adults. In 1986, the Bahamas National Task Force against Drugs reported that domestic drug use and addiction had reached epidemic proportions (Neville & Clark, 1985).

While corruption in the Bahamas was extensive, significant levels of drug-related corruption have been described in other developing countries. Notably, not all of the corruption is the result of trafficking of illicit drugs, but involves legally manufactured drugs as well. In 1995, for example, distributors for Philip Morris cigarettes were indicted for laundering $40 million in what the government called a “black market peso” operation involving purchase of Philip Morris products for illegal sale in Colombia. Five years later, when Philip...
Morris was sued by a group of Colombian tax collectors who accused the company of involvement in cigarette smuggling and drug money laundering, the company, without admitting to wrong doing, agreed to prevent its products from entering the black market or being used in money laundering (Zill & Bergman, 2001).

**Violence**

The world of illicit drug trafficking can be extremely violent. Exemplary of the heinous violence that can explode within the illicit drug trade, toward the end of 2005, Peter Philips, National Security Minister of Jamaica, announced that over 1,400 people had been killed during the year in a country which only has a total population of 2.7 million. This was not a unique year as there had been over 1,400 homicide deaths on the island the previous year as well (as contrasted with 900 in the year 2000). Much of the increase in violence, Philips announced, was the result of turf wars over drugs and drug profits among rival gangs (USA Today, 2005).

Like all corporate heads, the CEOs of illicit drug corporations face a variety of challenges on the road to success. Functioning in a subterranean world of illegality, operating procedures in the illicit drug trade comprise a mix of standard business practices and a set of additional strategies that in and of themselves are illegal, such as the use of threats, intimidation and physical violence. Indeed, part of the public reputation of illicit drug corporations is that they are cut-throat and prepared to use extreme measures, as seen, for example, in the illicit cocaine corporations of Medellín, Colombia.

While violence was always part of the illicit cocaine scene in Colombia, during the late 1980s and early 1990s the use of extreme violence to achieve the aims of the illicit drug corporations of Medellín reached a pinnacle. During this period, illicit drug manufacturers were under increasing pressure from the Colombian government and their U.S. supporters as a result of the War on Drugs. To undermine the legal attack launched against them, the cocaine corporations sought to intimidate judges and other sectors of the criminal justice system and society at large. During these years, almost 500 police and 40 judges were killed, leading to a strike by judicial employees protesting the failure of the government to protect them. Additionally, numerous car bombs were detonated resulting in the deaths of over 500 people, mostly civilians. In the end, this campaign of violence achieved some of its intended goals, such as defeat of the Colombian–U.S. extradition treaty, which would have permitted the extradition of illicit drug traffickers from Colombia to the U.S. for prosecution.

The most vicious and intense violence exhibited by illegal drug corporations is reserved usually for competitors, especially during periods when a drug market has been disrupted in some fashion. A typical case occurred along the Mexican border in 2003 when a highly lucrative drug trade was thrown into disarray after Mexican police arrested the leader of the so-called “Gulf Cartel.” Seeing an opening, the rival “Sinaloa Cartel” attempted to take over the drug smuggling routes in the vicinity of Nuevo Laredo, Mexico. An all-out drug war erupted that left about 1,000 people dead (Thomas, 2005). Violence of this sort not only inflicts injuries and death, it also wears away at the fabric of society and diverts resources that are sorely needed for national development.

While it is difficult to precisely measure the damage done to development efforts, and although it is clear that there are other important factors involved, such as evidence of less than full commitment on the part of development nations, it is not unreasonable to conclude that legal and illegal drugs have stalled progress in the achievement of the Millennium Development Goals, especially in cases where most or all of the factors discussed above operate in tandem. This can be seen, for example, in the case of Tajikistan, which ranks among the 20 poorest countries in the world. The Brussels-based International Crisis Group (ICG) reports that Tajikistan is “threatening to become one of the very few countries where children will lag behind their parents in education” (quoted in Central Eurasia Project, 2006). According to the ICG, the Tajikistan agricultural sector does not produce enough food to meet the population’s needs and many Tajiks live on approximately $7 per month. At the same time, government revenues are shrinking rapidly. Under these difficult circumstances, the ICG report points out that drug trafficking “undermines the political will for economic reform and corrupts government institutions. The drug trade impedes economic growth because this illegal income is rarely transformed into productive capital investments which are necessary for long-term and sustained economic expansion” (quoted in Central Eurasia Project, 2006). Further, the drug trade lures “large numbers of impoverished Tajiks into criminal activity, while fostering health-related problems—in particular, facilitating the spread of HIV/AIDS” (Central Eurasia Project, 2006). Finally, drug trafficking may lead to a loss of a significant source of income for almost a million Tajiks, namely migrant labour in Russia. Remittances from guest workers are estimated to be over $500 million a year. To block the flow of drugs, however, Russia and other countries are considering closing their borders to Tajik migrant labourers. Given its geographic location, longer-term and recent social history, political economy, and socio-economic status, Tajikistan possesses limited internal resources to resist illegal drug flows (Calvani, Guia, & Lemahieu, 1997), with resulting drag on development capacity.

**Conclusions: establishing millennial ameliorative goals for the appeals of drug use**

As Mesquita (2006, p. 66), based on the experience of Brazil, has stressed, “The developing world is extremely affected by the health and social impacts of the illicit drug market.” As argued here, the legal drug market, as well as illicit activities among legal drug corporations and the
diversion of pharmaceutical products to the illicit trade, also contribute to significant health and social problems that undermine development efforts. Stressing that both arms of the dual drug market, legal and illegal, are a threat to development is critical because of the tendency of official pronouncements to equate drug trafficking and terrorism, as indicated by the increasingly frequent use of the phrase “narcoterrorism” in the development discourse. In fact, it can reasonably be argued that legal drugs like tobacco and alcohol (which, as noted, is not legal in all development contexts) have at least as great if not a considerably greater impact on development internationally than do illegal drugs and that development policy would benefit from a focus on what might be called “nico-ethanol-terrorism” (e.g., corporate promotion of nicotine and ethanol addiction and disease). Both legal and illegal drugs contribute to the maintenance of social inequality internationally because of their effect on hindering development.

Efforts to control drug manufacture and trafficking are not new nor are they uncumbered by contradictory political agendas (Andreas & Nadelmann, 2006). Indeed they constitute one of the oldest forms of multilateralism and predate the emergence of both United Nations and the League of Nations. The current War on Drugs guided by the U.S. and adopted by many other countries is only the most recent of these long term and well-funded initiatives to control certain drugs. That drugs remain a global threat to health and development suggests the general failure of past control efforts including the War on Drugs (Singer, 2004). Because of the increasing toll of drugs, both licit and illicit, in the developing world, and that fact that this toll is extensively shaped by existing drug policy, it would seem that the time has come for considering new alternatives and approaches that might be more effective in curbing the negative effects of the global drug trade. Some alternative measures have been suggested or attempted in recent years, including: (1) offering drug crop farmers alternative livelihoods by providing them with skills and opportunities to engage in other economic activities, opportunities that are capable of raising their standard of living significantly beyond the meager levels usually available in growing drug crops; (2) harm reduction efforts that lower the health risk among those who choose to use drugs, avoid demonizing drugs users, and insure their inclusion as full societal members; (3) effectively controlling the legal drug industry, both in terms of promotional efforts and product diversion. To this list, we must add the critical need for controlling demand by addressing the inequitable social and economic conditions that lead to compensatory drug use in the first place and the health benefits that could be derived from prioritizing prevention and treatment over interdiction. Further, the development of de-glamorizing messages about drug use, or its equation with modernity, is another priority strategy. Finally, countering the millennium development goals of the legal drug industry through the “denormalization” of commercial cigarette and alcohol consumption is a worthy objective. Both of these latter two approaches begin with ongoing review of the intentional and unintentional messages of films, television programs, the music industry, and advertising and the crafting of counter-messages for use in prevention and health promotion efforts. In short, what is recommended is a political economically informed approach that moves away from the harshly punitive orientation of the War on Drugs and focuses instead on the economic needs of the poor, the health and harm reduction needs of drug users, and the need of society for control of the intensive promotional initiatives of the alcohol, tobacco, and pharmaceutical industries. All of these issues are of concern to a growing body of increasingly linked grassroots non-government organizations or what Keck and Sikkink (1997) have called “transnational activist networks.” Building capacity in networks of organizations embedded in local communities to “set goals, achieve expertise, share knowledge, and generate commitment” (Appadurai, 2006, p. 134), as well as to avoid externally imposed norms and expectations (Escobar, 1995) offers a meaningful alternative to existing anti-drug efforts in development.

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