A futile war on drugs that wastes money and wrecks lives

By George Soros  Author alerts

The scale of human wreckage means nations need to look at their policies, writes George Soros

The war on drugs has been a $1tn failure. For more than four decades, governments around the world have pumped huge sums of money into ineffective and repressive anti-drug efforts. These have come at the expense of programmes that actually work such as needle exchanges and substitution therapy. This is not just a waste of money, it is counterproductive.

The London School of Economics has just completed perhaps the most thorough account of the war on drugs done to date. The conclusion, backed by five Nobel Prize-winning economists: it has done more harm than good.

Drug prohibition has created an immense black market, valued by some at $300bn. It shifts the burden of “drug control” on to producer and transit countries such as Afghanistan and Mexico. This approach also fails to grapple with a basic truth: drug markets are highly adaptive. Repress the business in one country and it springs up elsewhere.

Consider Colombia. When its law enforcement agencies made progress cracking down on the country’s cocaine trade, much of the criminal business and the violence that goes with it moved to Mexico. The LSE report estimates that after 2007, Colombia’s interdiction policies accounted for more than 20 per cent of the rise in Mexico’s murder rate.

Bogotá had a lot of mayhem to export. The explosion of the illegal drug market between 1994 and 2008 “explains roughly 25 per cent of the current homicide rate in Colombia. That translate into about 3,800 more homicides per year on average that are associated with illegal drug markets and the war on drugs”, according to the report. This type of violence takes a massive economic toll; corporations relocate, foreign investment dries up, industries decline and citizens flee in search of a better life.

The costs are not limited to producer countries; consumer nations suffer as well.

This is especially so in the US, which has less than 5 per cent of the world’s people but almost 25 per cent of the planet’s incarcerated population. Most are drug and other non-violent offenders for whom drug treatment and other alternatives to incarceration would probably prove cheaper and more effective in reducing recidivism and protecting society. Worldwide, 40 per cent of the 9m people who are incarcerated are behind bars for drug-related offences – and that figure is only likely to rise, as arrests of drug offenders in Asia, Latin America and west Africa are increasing steadily.

Despite the epic scale of human wreckage, services that could save lives and cut down on the costs to society go underfunded, or not funded at all.

For years, my Open Society Foundations have supported harm-reduction programmes such as needle exchanges – a proved, cost-effective way to prevent HIV transmission. One country found that for every $1 invested in needle exchange, $27 is returned in cost savings. That is no small matter, considering the billions of dollars spent treating HIV. We have seen similar returns on investment with supervised drug injection rooms and medication-assisted treatment of opiate addiction. Yet despite these benefits, the US Congress continues to block federal funding for needle exchanges. Several governments around the globe fight to prevent any mention of harm reduction in international forums, lest it clash with the predominant drug war ideology.

Yet change is still possible. In 2016 the UN General Assembly will review the current state of the drug-control system. For too long the UN has worked to enforce a “one-size-fits-all” model around the world, based on a belief that prohibitionist policies alone would solve the global drug problem.

The LSE report, to be released on Wednesday, recommends that governments give top priority to proved public health policies, moving to minimise harm in illicit markets, and mandating “rigorously monitored policy and regulatory experimentation”. I heartily concur.
Governments the world over need to weigh the costs and benefits of their current policies, and be willing to redirect resources towards programmes that work. This will save lives – and save money along the way. We have a once-in-a-generation opportunity to fix a broken global framework for coping with the drug crisis. The costs of doing nothing are too great to bear.

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