

THE GOLDEN TRIANGLE
REGRESSION THEN REFORM?

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Mainland Southeast Asia is famous worldwide as the site of the so-called Golden Triangle, one of the two main areas of illegal opium production in Asia and one of the largest in the world, with Myanmar (also known as Burma) ranking second in the world after Afghanistan (670 tons of opium produced on 57,600 hectares in Myanmar in 2014 and 92 tons on 6,200 hectares in Laos).¹ While poppy cultivation and opium production had greatly abated in the Golden Triangle between the late 1990s and the mid-2000s, with a decline superior to 80 per cent, Burmese and Lao outputs respectively tripled and quadrupled between 2006 and 2014. This was in spite of multiple opium bans, numerous forced eradication campaigns and, to a lesser extent, various economic development efforts.² As Yury Fedotov, the former United Nations Office on Drugs and Crime (UNODC) Executive Director, emphasized, his agency's 2014 Southeast Asia Opium Survey 'shows that despite continued eradication efforts, opium production remains

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a significant challenge to sustainable development in the region;³ as if forced eradication had not been widely proven to be inefficient and even counterproductive, and as if economic development could only result from—rather than be a means to—drug supply reduction.

As Marina Mahathir stresses, ‘More than thirty years ago when drug use and drug trafficking became an issue of great concern in Southeast Asia, governments responded by setting up the most punitive laws possible to control it.’ Yet despite such laws, including the death penalty even for small-scale trafficking, ‘the drug issue—production, trafficking, and consumption—in Southeast Asia has not gone away and indeed has only increased.’⁴ If mainland Southeast Asia is infamous the world over for its large illegal opium and methamphetamine production, it is also known, despite few reliable estimates, for its very important consumption market of both opiates—especially in Malaysia, Burma, and Vietnam—and amphetamine-type stimulants, especially in Cambodia, Laos, and Thailand. The region and its constituent countries have implemented some of the world’s most repressive and harmful policies and actions against not only illegal drug production and trafficking but also against illegal drug consumption.

The Association of Southeast Asian Nations (ASEAN) has long pushed for a zero-tolerance approach towards drugs in the region, something that has considerably affected the promotion of both alternative development (AD) programs and harm reduction and health-based addiction treatment services for drug users, especially opioid substitution therapies (OST) and needle and syringe exchange programs. As denounced by the International Drug Policy Consortium, ‘the ASEAN drug-free target by 2015 has led to the intensification of ineffective law enforcement approaches with severe consequences on economic, health, and social issues, as well as jeopardizing the safeguarding of human rights.’⁵ The failure of drug control in Southeast Asia is troublesome not only because illegal drug production and consumption have proven extremely resilient, but also because the inadequacy and the counterproductivity of most drug control policies and actions remains overlooked by large parts of the drug control community. In fact, the resilience—that is, the capacity to withstand perturbation and remain as or even more functional after disruptions

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of anti-drug policies and actions—of the illegal drug industry can be said to proceed from the vast array of unintended consequences of drug control policies and actions, and the ignorance of them.

The Golden Triangle: Nexus of Illegal Drug Production and Trade

The Golden Triangle, where most of the world's illegal opium originated from the early 1950s until 1990, before Afghanistan's opium production surpassed that of Myanmar in 1991, is located in the highlands of the fan-shaped relief of the Indochinese peninsula. The international borders of Myanmar, Laos, and Thailand run here; rugged hills and mountains, heavy monsoon rains, and lack of transport infrastructure have long protected rebel armies and illegal crop cultivation from the writ of central governments and anti-drug agencies. Yet after decades of the expansion of poppy cultivation in the three countries, opium production has progressively and momentarily receded, almost completely disappearing from Thailand in the 1990s, and seriously decreasing in Laos during the early 2000s. Regional poppy cultivation has abated, concentrating in northern and northeastern Myanmar, particularly in the Kachin and Shan states along the borders of China, Laos, and Thailand, where it had originated in the mid-nineteenth century after being imported from China.

Still, although Burmese opium production also decreased considerably between 1998 and 2006, it has—like that of Laos—proven to be geographically and historically resilient. Cultivation has reportedly almost tripled in Myanmar between 2006 and 2014 (from 21,600 hectares in 2006 to 57,600 hectares in 2014), even if it decreased again to 33,100 hectares in 2019. It quadrupled in Laos between 2007 and 2014 (1,500 hectares in 2007 to 6,200 hectares in 2014), then declined to 5,700 hectares in 2015 (latest available figures).⁶

Myanmar's turbulent political history since its independence in 1948 can be held responsible for Asia's longest illegal opium production: the opium economy and the war economy have clearly nurtured one another in a country that has suffered civil war for the past 60 years and where the world's longest armed insurgency is still taking place.⁷ Indeed, as an extremely valuable economic resource, opium has often

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enabled warring factions to fund their respective war efforts. Opium production has also weighed upon strategic negotiations, offering both state and non-state actors opportunities to gain political leverage or create ad hoc strategic alliances.⁸

However, insofar as illegal activities are concerned, contemporary mainland Southeast Asia is known not only as a locus of illegal drug production but also as a drug trafficking hub and a significant drug consumer market; estimates report there are about 300,000 opiate users in Myanmar, a very high 0.80 per cent prevalence, surpassed only by Malaysia with 0.94 per cent.⁹ Heroin and methamphetamine (*yaa baa*), an amphetamine-type stimulant, are produced mainly in Myanmar and trafficked heavily throughout the region. Heroin and methamphetamine are consumed regionally both in mainland and insular Southeast Asia, or exported to China via the province of Yunnan, to India via its northeastern states, or overseas, mostly to Japan, Australia, and North and South America.

Drug Supply Reduction in the Golden Triangle

The global regulation of opium production implies that opium poppy cultivation is forbidden, except for pharmaceutical purposes. However, opium control is not systematically or properly enforced everywhere: some countries lack the means—whether financial, material, or technical—to enforce anti-drug laws on their territory. Others suffer from having their writ challenged by anti-government forces and do not completely control their territory, and again others tolerate illegal crops in some sensitive areas of their territory, often out of (geo-) political realism—for instance, those states often and inaccurately called ‘narco-states.’¹⁰ Nonetheless, when these authorities that are confronted with illegal opium production become able and willing, for one reason or another, to enforce laws in all or part of their territory, they do it first and foremost by banning opium production.¹¹

Opium bans differ from eradication, for they amount to interdiction of cultivation, not to forced destruction of standing crops. Successful interdiction results from the use of authority and power while forced eradication is achieved by force, although threat of force obviously makes bans more easily and widely respected. Therefore, a

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degree of political legitimacy is needed for opium bans to be issued, implemented, and respected.

Sixty years of Asian opium bans have demonstrated that drug supply reduction is very rarely effective—in fact, it is most often counterproductive. The Chinese ‘success story’ is unique because it took a full decade (the 1950s) to ban opium production, and because it was made possible by the very specific nationalistic and ideological context of the Chinese communist revolution. All other Asian opium bans were carried out hastily and with no or not enough economic alternatives. In Iran and in Turkey, the first opium bans failed, leading to renewed productions authorized by both governments (see Chapter 8 by Philip Robins). It took a theocracy to suppress opium production in Iran, at high human cost, and Turkey eventually opted for legal opium poppy cultivation; it is still a producer of concentrate of poppy straw for the pharmaceutical industry. In Afghanistan, the opium ban issued by the Taliban in 2000 basically failed out of success: the economic shock that it caused to the country and to the poorest of its farmers made the ban clearly counterproductive, as opium poppy cultivation expanded from 82,000 hectares in 2000 to 193,000 hectares in 2007, when the country’s 8,200 tons of opium amounted to 93 per cent of global illegal opium production (see Chapter 8 by Philip Robins). Though Afghanistan’s poppy areas fell by almost a fifth, from 224,000 hectares in 2013 to 183,000 hectares in 2014, ‘the reasons for the dramatic reduction in cultivation do not lie with the actions of the Afghan government, or other external agencies, but with the repeated crop failure that has plagued the former desert areas of southern and southwestern Afghanistan.’¹²

According to the UNODC, in the late 2000s, Southeast Asia’s Golden Triangle was near disappearing: Thailand had all but suppressed cultivation (and annual eradication campaigns are still conducted there), while Myanmar and Laos had significantly diminished their respective production. Yet many—including the UNODC—questioned the sustainability of these ‘successful’ opium bans, as AD was either absent or at least insufficient to make up for the loss of income of some the poorest of Asian farmers.

When opium bans are issued and implemented before alternative livelihoods have been promoted, developed, and made viable and

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sustainable, as it is too often the case, the very survival of most poor farming people is threatened: in the Wa region in Myanmar, for example, the UNODC explained that the opium reduction had resulted in a ‘serious lack of cash, lack of food, and increased debt for many households’ who ended being ‘unable to purchase not only rice but also basic household necessities such as cooking oil, salt and clothing.’¹³

Most often, opium bans not only fail, prove counterproductive, and put countless lives at risk, they also go against the basic human rights and democratic values that the proponents of the global prohibitionist regime and the War on Drugs claim to be among their foremost objectives. Increasing poverty and threatening livelihoods is contrary to basic human rights. According to the Office of the United Nations High Commissioner for Human Rights, economic deprivation, understood as a lack of income, is a ‘standard feature of poverty,’ although ‘poverty is not only deprivation of economic material resources but a violation of human dignity too.’¹⁴ Most Asian opium bans have been and continue to be issued by authoritarian regimes in countries where human rights and democratic values are far from respected: this is the case in Myanmar, in Laos, in Thailand, and in Vietnam, to name only Southeast Asian countries. As opium bans are rarely efficient, even when imposed by authoritarian regimes, illegally cultivated crops are also often eradicated—that is, physically and forcefully destroyed before harvest.

Eradication is the forced destruction of a standing crop, whether manually (through the thrashing of poppy fields by hand), mechanically (through use of tractors, helicopters, planes), chemically (through use of herbicides such as glyphosate, paraquat, or Agent Orange), or even biologically (through use of fungi or mycoherbicides, also known as ‘Agent Green,’ such as *Pleospora papaveracea* against opium poppies or *Fusarium oxysporum* against coca bushes). Unlike opium bans, eradication relies on force and power, not on authority, and therefore easily leads to violence since—as has been the case in Thailand’s Chiang Mai Province in 1967, in Pakistan’s Swat Valley in the late 1980s, and in Afghanistan’s Uruzgan Province in 2007—forceful destruction of standing crops is likely to be opposed by armed resistance.

Eradication also proves different from opium bans in that its consequences for opium farmers and their livelihoods are often worse.

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Farmers who obey opium bans most often lose revenues, but not an entire crop; farmers who choose—out of conviction, fear, or relative economic ability—not to plant opium poppies in their fields can grow other crops; but farmers whose fields are eradicated lose an entire crop and often find themselves with no revenues at all. Worse, farmers whose fields are eradicated at a late stage, not long before harvest time, lose not only the various inputs—labor, seeds, water, fertilizers—invested in poppy cultivation, but cannot repay their debts when they have sold their crops in advance or have borrowed against takings, as is often the case for the poorest opium farmers in Afghanistan, Myanmar, and Laos. Eradication is therefore even more destructive than it first appears, as it basically targets the crops and the livelihoods of the most vulnerable segment of the drug industry: the farmers themselves and especially the resource-poor farmers among them (see Chapter 13 by Javier Sagredo).

Since opium production is a coping mechanism and a livelihood strategy that clearly proceeds from poverty and food insecurity, whether that poverty is war-related or not, eradication is likely to be counterproductive as it threatens highly precarious livelihoods, increases poverty, and raises opium prices. Yet, authorities often resort to and encourage eradication on the basis that opium farmers are breaking the law and expose themselves to legitimate repression. In this case, as with opium bans, a socioeconomic issue is addressed from a legal point of view: opium production is targeted as a cause of further problems (illegality, corruption, addiction, etc.) rather than as a consequence of other problems (poverty and low availability of physical, financial, and human assets). The causes of opium poppy cultivation are therefore ignored and even made more acute. Eradication is also promoted on the grounds that many opium farmers, whether in Afghanistan, Myanmar, or Laos, resort to opium production by choice (some say greed), and not by need. For example, in January 2007, the First Secretary for Counternarcotics at the British Embassy in Afghanistan stated in an interview about opium production in Helmand province:

My feeling is that a lot of the poppy is grown here by people who are greedy, not needy, not by people who have to grow poppy. They're

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growing it for a profit. They're not being forced to grow it, they choose to grow it, and they do it because they can get away with it.¹⁵

While some deny that opium production is linked to poverty, others contend that it is a cause rather than a consequence of poverty. There are those who argue that farmers, whether opium farmers or not, 'are rational economic actors with free choice over what crops they cultivate and who derive considerable riches from that choice.' According to such views, opium poppy is therefore 'a legitimate target for eradication—in fact, it is the only action that will deter farmers from the blind pursuit of profit.' To the proponents of eradication, 'the underlying assumption is that there are sufficient livelihoods available to farmers or that development agencies can "create" them quickly, providing "the carrot" to make "the stick" of eradication more politically acceptable.'¹⁶

Opium bans and forced eradication have long preceded economic development in drug control policies. In the early 1950s, China suppressed its massive opium production almost exclusively through an imposed ban that implied tens of thousands of arrests, thousands of capital executions, hundreds of thousands of propaganda and 'education' meetings, and a few eradication campaigns.¹⁷ Yet, in the Yi areas of southwestern China, where opium poppies once covered up to 40 per cent of some counties' arable lands and where 50 to 80 per cent of local households (both Yi and Han) engaged in poppy cultivation, the authorities managed to reduce part of the cultivated areas by convincing Yi farmers to switch from opium to food crops.

Yet it was only years later, in 1972, that the world's first international crop substitution programs took place, in Turkey and, more significantly, in Thailand. Although the Single Convention on Narcotics Drugs was adopted in 1961 (ratified by Thailand in 1961 and by Turkey in 1967), the world's first development projects that aimed at reducing illegal drug crops were initiated in the early 1970s as a consequence of the strong anti-drug stance and focus of the Nixon administration. 1971 saw the official launch of the so-called War on Drugs by the Nixon administration and the coining of the 'Golden Triangle' expression by the US Assistant Secretary of State for East Asian and Pacific Affairs, Marshall Green (see Chapter 1 by Annette Idler).

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The first international development project that was designed and implemented in order to reduce or suppress illegal agricultural production of drugs started in 1972 in Thailand (see Chapter 13 by Javier Sagredo). Until then, crop substitution had only been tried after opium bans were imposed, either in order to make forced eradication possible—as in the Yi and Tibetan areas of China—or as a way to make up for a brutal loss of income, as in Turkey. The fact that the first real crop substitution project took place in Thailand is easily understandable. Opium production had considerably increased in Southeast Asia following its suppression in China, spurring the emergence of the Golden Triangle. Production had hardly started in Pakistan, where prohibition was enforced only in 1980, or in Afghanistan, as Iran had just reversed its 1955 ban. Thailand, one of the very rare southern countries never to have been colonized, was a privileged partner in the US anti-Communist efforts.¹⁸

Thailand also experimented extensively with crop substitution and AD because of the very early personal involvement of its monarch, King Bhumibol Adulyadej (crowned in 1950), who initiated a crop replacement project as early as 1969 in an opium-producing village next to which he had recently built his new Phuping Palace. ‘Among the most influential was his guideline that opium poppies not be destroyed until viable alternatives existed. The king realized that the radical removal of the hill people’s source of income would imperil them.’¹⁹ As a consequence, forced eradication would only be resorted to briefly in the early 1970s and would not resume before 1984, 12 years after the start of the first crop substitution project.

This was the first time that ‘strategies were introduced to use development as an instrument of drug control.’ Thailand would keep experimenting with development-based approaches to drug supply reduction for another 30 years and with resources never matched by any other country since. Crop substitution meant replacing opium poppies with crops that were legal, at least as lucrative as opium, not already overproduced in the lowlands, easily transportable to the lowlands, and easily marketable. Various crops were introduced in the highlands of Thailand in the 1970s, more or less successfully, and with unintended consequences—market gluts and decreasing prices, soil and stream pollution due to excess of chemical pesticides and

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fertilizers, etc.—including peaches, red kidney beans, cabbage, coffee, and cut flowers.²⁰

Despite its initial promise, crop substitution quickly revealed its limits. Crop substitution indeed proved too simple—some would say simplistic—as development programs became focused less on the causes of poppy cultivation than on poppy cultivation itself: the main focus was on finding which legal crops could replace opium poppies, rather than addressing the causes of opium production in specific areas by specific communities. In Thailand and in the rest of the world—USAID started the first development project in South America's coca-growing areas in 1981, in Peru's Alto Huallaga Valley—the crop substitution approach was replaced in the 1980s by integrated rural development. From then on, 'the issue was less to find substitute crops than to introduce alternative sources of income and improve living conditions.'²¹ Though it proved extremely useful, 'IRD (integrated rural development) as a development approach collapsed under its own weight.'²² As a report on worldwide development practices stated: 'The projects were so complex that they were management nightmares, impossible to evaluate. Their long-term impacts were uneven, with some interventions being more effective than others in particular circumstances.'²³

Therefore, the development approach to drug supply reduction was modified again in the 1990s and AD programs replaced 'integrated rural development' programs. AD programs differed from rural integrated development programs in their broader perspective, since 'the overall framework conditions for development' in a given country or area had to be taken into account and because AD had to be linked to 'other development issues and activities.'²⁴ At first altogether neglected in southern producing countries, then addressed as 'a medical problem in isolation from other development or community issues,' demand reduction was eventually added as a component of AD. In fact, both in Thailand and in Pakistan, the reduction of opium consumption had sparked an increase in heroin consumption and needed to be addressed in a socioeconomic way as well as medically.²⁵

AD has been carried out in many unique ways, at different levels and times, through varying means in a range of countries and through an array of organizations and agencies. For example, the importance and

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timing of enforcement and repression (including forced eradication) has varied greatly from country to country.²⁶ Also, AD had come to ‘mean different things to different people’ in part because there was and still is ‘no universally accepted definition of Alternative Development operating around the world across agencies and writers, despite the UNGASS definition of 1998.’²⁷ The Action Plan on International Cooperation on Eradication of Illicit Drug Crops and on Alternative Development, approved by UNGASS in 1998, defines AD as:

a process to prevent and eliminate the illicit cultivation of plants containing narcotic drugs and psychotropic substances through specifically designed rural development measures in the context of sustained national economic growth and sustainable development efforts in countries taking action against drugs, recognizing the particular socio-cultural characteristics of the target communities and groups, within the framework of a comprehensive and permanent solution to the problem of illicit drugs.

The Action Plan further defines AD as ‘a comprehensive approach of economic and social policy in view of generating and promoting lawful and sustainable socioeconomic options for these communities and population groups that have resorted to illicit cultivation as their only viable means of obtaining a livelihood, contributing in an integrated way to the eradication of poverty.’²⁸

Yet in the early 2000s, 30 years after the UN and Thailand started the first international crop substitution project—and despite the lack of international consensus on what AD is—the surge of opium production in Afghanistan and the inefficiency of existing AD projects in Myanmar and Laos brought a new development concept to the fore.

After the crop substitution projects of the 1970s, the integrated rural development of the 1980s, and the AD of the 1990s, the record-high opium production in Afghanistan and the growing understanding that opium bans and forced eradication did not solve the causes of opium production—and often proved counterproductive—led to the emergence of the new ‘alternative livelihoods’ approach. Faced with renewed and unheeded opium bans, and with increasing but ineffective eradication campaigns, the ‘emergence of an “alternative livelihoods” approach, which seeks to mainstream counternarcotics objectives

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into national development strategies and programs, is an attempt to respond to the causes of opium poppy cultivation and to create links with the wider state-building agenda.²⁹

This new approach is yet to be properly and successfully implemented in any country. It is true that the results of the economic approach to drug control have been rather disappointing, but AD cannot be dismissed altogether for having failed to address the illegal production of plant-based drugs. In fact, AD as a strategy has not failed because it was the wrong approach to drug supply reduction, but because it has barely been tried, and because drug supply reduction has constantly been considered distinctly from poverty reduction. While the links between poverty and agricultural drug production have been widely and convincingly demonstrated worldwide, drug supply reduction has mainly focused on interdiction and repressive measures such as crop bans and forced eradication. The vast majority of the funds, the material means, and human efforts that have been invested during almost 40 years of a global war on certain drugs have been used to design, implement, and reinforce repressive measures, which led to an increase in poverty—the main cause of illegal agricultural drug production—instead of alleviating it.³⁰

Law Enforcement Against Drug Use

If drug supply reduction in Southeast Asia and elsewhere has suffered from its separation from poverty reduction, the same can be said of the difficulties faced by drug control policies and actions aimed at consumption. Indeed, drug consumption has long been and to some extent still is addressed not as a public health or a social issue, but as a matter of criminal justice: ‘State responses to the phenomenon in the SEA region have been historically and still are largely dominated by penal considerations: arrest, fines, and varying periods of detention, criminal or administrative (whether in jail or under the guise of ‘compulsory rehabilitation’).³¹ Here, again, repressive measures can explain the failure and even the counterproductivity of drug control policies and actions.³²

In Southeast Asia and China, the consumption of opiates particularly of amphetamine-type stimulants has always been

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addressed through the abstinence-based model, whether in jail or in compulsory detoxification centers. Repressive law enforcement measures and the large-scale incarceration of drug users have long been favored over harm reduction measures and other public health actions. In fact, drug users have been criminalized in the same way that opium farmers have been criminalized. Real drug wars have been waged at this level, such as when Thaksin Shinawatra, Thailand's prime minister (2001–6), launched the country's deadly War on Drugs in 2003. In a June 2004 report, Human Rights Watch explained that 'the government crackdown' in Thailand had resulted in the 'unexplained killing of more than 2,000 persons, the arbitrary arrest or blacklisting of several thousand more, and the endorsement of extreme violence by government officials at the highest levels.'³³ Yet most drug users interviewed by Human Rights Watch reported continuing to use heroin or methamphetamines during the drug war, 'albeit at a higher cost and less frequently.' The Thai War on Drugs largely failed, and as methamphetamine seizures kept increasing in Thailand, Thaksin had to call for a second War on Drugs in October 2004, this time with much less violence and publicity. Nevertheless, methamphetamine has still been widely produced in Myanmar and the rest of mainland Southeast Asia throughout the 2010s. Consumption and trafficking have risen so much that the *junta* [board] that seized power in Thailand in May 2014 perpetuated the previous harsh punitive measures aimed at drug peddlers, drug traffickers, and drug users—or at those even suspected of drug involvement. The *junta* declared a war on corruption and vice,³⁴ but not a new War on Drugs. Its anti-drug measures led to the arrest of close to 300,000 people (including about 140 officials) and sent over 200,000 suspected drug users in compulsory drug detention centers (CDDCs)—less than in 2013.³⁵ In the meantime, the *junta* seems to have acknowledged that waging Wars on Drugs was an ill-conceived, failed policy: in July 2015, Justice Minister General Paiboon Khumchaya declared at a public seminar that Thailand's long-lasting War on Drugs had failed, and that the suppression of certain drugs was a counterproductive policy goal that should be abandoned.³⁶

In Thailand as in the rest of Southeast Asia, the War on Drugs is still largely a war on drug users and their criminalization has proved inefficient, if not counterproductive. As Fifi Rahman explains:

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Criminal punishment of drug users has resulted in an undeniable social and public health cost. In recent times, however, there has been increased governmental and lawmaker understanding that a unilateral law and order approach to drug use simply does not make economic, social, and medical sense, and instead has resulted in increased crime, the spread of HIV, hepatitis C, and other blood-borne diseases, systemic human rights abuses, preventable overdose deaths, and numerous other social and economic costs to entire nations.³⁷

Since the mid-1990s, ASEAN member states have increasingly relied on CDDCs—created in 1993 in Vietnam and as late as 2002 in Thailand—where confirmed (and even suspected) drug users are forcibly detained for rehabilitation.³⁸ Compulsory drug rehabilitation—or at least detention, since rehabilitation in such centers is very basic, if it exists at all—takes place in Cambodia, China, Laos, Malaysia, Thailand, and Vietnam,³⁹ where (according to the UNODC’s latest data)⁴⁰ over 236,000 people were detained in over 1,000 CDDCs. Such detention is most often imposed ‘without due process, legal safeguards, or judicial review.’⁴¹ With very high relapse rates—70 per cent in Thailand and more than 95 per cent in Cambodia—due to treatments that are not evidence-based, and often administered by non-medical military or law enforcement personnel, CDDCs are known for being not only ineffective, but also hotbeds for violent treatment, human rights abuses, and high contamination rates of blood-borne diseases such as HIV and hepatitis C.⁴²

Things are changing. A small decline in the number of CDDCs has been observed since 2011, and twelve UN agencies have issued a joint statement against such centers, calling on states to ‘close compulsory drug detention and rehabilitation centers and implement voluntary, evidence-informed and rights-based health and social services in the community.’⁴³ Progress is clearly underway in the region; in Cambodia, the health ministry equipped approximately 100 health centers that implement ‘community-based treatment’ in 2017.⁴⁴ Vietnam wants to reduce its drug users held in CDDCs from 63 per cent in 2013 to 6 per cent by 2020, and Malaysia had converted eighteen of its twenty-eight CDDCs into Voluntary Cure and Care Centers by 2013.⁴⁵

Yet progress is slow, and though most Southeast Asian countries have recently introduced and disseminated health care-based or

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medical approaches such as buprenorphine or methadone-based substitution therapies, most keep resorting to punitive drug control methods, notably in Vietnam where drug users remain subject to administrative detention for up to 2 years.⁴⁶ ‘Because of important social, cultural, legal, or religious concerns, in all of these countries, the newly introduced health care or medical approaches did not replace but were allowed to coexist simultaneously with the traditional public security measures.’⁴⁷ This is in part because ‘a significant barrier to progress is the difficulty in convincing policymakers of the need for the immediate closure of the CDDCs in the absence of adequate resources and facilities providing evidence-based treatment in the community,’ and also because of the ‘ongoing tensions’ that exist between ‘the public health imperative and public security concerns.’⁴⁸ In Thailand, progress is also on its way in the form of new legislation, which was being drafted in 2015 for submission to parliament. Thailand’s law enforcement agencies now seem to agree that drug law reform is necessary and in his July 2015 speech, Justice Minister General Paiboon Khumchaya spoke of increasing voluntary rehabilitation services for drug users after acknowledging the failure of Thailand’s compulsory rehabilitation system.⁴⁹ On 16 January 2017, the first amendments to Thailand’s drug policy were adopted and implemented. The changes reduced penalties for possession, import and export, and production for sale.⁵⁰

The situation in Southeast Asia is incredibly serious, whether on public health issues—most notably the propagation of the HIV and hepatitis epidemics among injecting drug users—or human rights violations, from compulsory detentions centers, to extrajudicial killings, to the death penalty. In October 2015, Jeremy Douglas, the UNODC Regional Representative for Southeast Asia and the Pacific, called for a shift from a ‘sanction-oriented to a health-oriented approach to drug use and dependence’ in an opening speech to the Regional Dialogue on Drug Policy and HIV in Southeast Asia. He stressed that

it is clear that addressing the legal and policy barriers to accessing essential health services needed by people who use drugs is critical [because] these barriers result in people who use drugs facing stigma

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and discrimination as well as criminalization and punitive policies being an entrenched part of the drug rehabilitation landscape in the region.⁵¹

The UNODC continues to call for a shift towards holistic and health-oriented approaches in national drug policies. In 2018, the Government of Myanmar and the UNODC collaborated on a new national drug policy that aims to contribute towards ‘safe, secure and healthy communities.’⁵²

Such calls for reform are all the more necessary when countries like Singapore, where ‘the constitution does not contain any express prohibition against inhuman punishment’ (torture is deemed inhuman but not the death penalty, even for drug offenses),⁵³ continues to praise ASEAN’s zero-tolerance approach to drugs, stands firm against any legalization policies, and calls for the pursuit of the War on Drugs despite its obvious failure and likely counterproductivity.⁵⁴ This is what the second Minister for Home Affairs and Foreign Affairs of Singapore declared during the opening speech of the thirty-sixth ASEAN Senior Officials Meeting on Drug Matters (ASOD) in Singapore, when he renewed the vows for a drug-free ASEAN by 2015 despite the fact that the international and regional drug situation continued, in his own words, ‘to be challenging, with higher production, higher trafficking, and higher consumption of heroin and methamphetamine.’⁵⁵ The Singaporean minister also stressed that the ASEAN is ‘the only regional bloc that has maintained a drug-free focus’ by strengthening its fight against the ‘scourge of drugs.’ He eventually warned other ASEAN member states against the reforms towards more liberal drug policies that are taking place in other regions of the world, and especially the ‘de-criminalization of drug consumption.’⁵⁶ Such a statement shows how much drug control policies and actions still need to be reformed in Southeast Asia where most of the drug control bodies keep focusing on repression and criminalization of opium farmers and drug users.

The Build-up of Drug Control in Mainland Southeast Asia

In 1993, in an early step towards stricter drug control policies in mainland Southeast Asia, a number of countries, including China,

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Myanmar, Laos, Thailand, and the United Nations International Drug Control Programme (precursor to the UNODC), signed a Memorandum of Understanding for Drug Control, to which Cambodia and Vietnam became parties in 1995. In December 1997, the ASEAN issued its Declaration on Transnational Crime and, in 1998, its foreign ministers signed a joint declaration committing association members to achieving a drug-free ASEAN by 2015. As a result, a regional framework called ASEAN and China Cooperative Operations in Response to Dangerous Drugs—or ACCORD—was launched. The commitment towards a drug-free ASEAN by 2015 gave the region a clear objective, while the ACCORD Plan of Action outlined a road map towards that objective, without specifying expected outcomes or providing an ad hoc menu of quantitative benchmarks.

This is in part because ACCORD has never been more than an attempt to create a framework of multilateral cooperation. It is merely a declaration of intent, aiming far beyond what is politically possible amongst member states that favor predominantly repressive drug control policies and actions. The operational arms of the ACCORD Plan of Action are four task forces, one for each pillar of action: the promotion of civic awareness ('advocating on the dangers of drugs'), the reduction of consumption ('by building consensus and sharing best practices in demand reduction'), the strengthening of the rule of law ('improved law enforcement cooperation'), and the elimination or significant reduction of production ('by boosting alternative development projects'). The ACCORD Task Forces meet annually to foster operational coordination through the creation of annual work plans involving the various national level drug control agencies: the Burmese Central Committee for Drug Abuse Control (CCDAC, established in 1975), the Cambodian National Authority for Combating Drugs (NACD, established in 1995), the Lao National Commission for Drug Control and Supervision (LCDC, established in 2001), the Malaysian National Anti-Drugs Agency (NADA, established in 1996), the Singaporean Central Narcotics Bureau (CNB, established in 1971), the Thai Office of the Narcotics Control Board (ONCB, established in 1976), the Vietnamese Standing Office for Drug Control (SODC, established in 2000), and their other regional counterparts.

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The fact that the UN had failed to achieve a drug-free world by 2008 (as planned in 1998) did not deter the Southeast Asian nations from setting their own unrealistic goal of obtaining a drug-free region. In fact, as the 2008 mid-term progress report produced by the UNODC and the ASEAN made clear, the drug-free ASEAN goal was set without actually defining what drug-free meant and therefore making any progress toward such a goal impossible to identify.⁵⁷ While the same report acknowledged this, it also stated that ‘the commitment of achieving a Drug-Free ASEAN by 2015’ was ‘still valid.’⁵⁸ The ASEAN was of course very far from being free of drugs at the end of 2015, but rather than acknowledging how unrealistic its goal was, the ASEAN chose to push back the deadline. On the other hand, the implementation date of the ASEAN Economic Community was brought forward from 2020 to December 31, 2015, which means that past and especially future advances in regional integration will further challenge the region’s national law enforcement agencies. As a result, they will ease on trafficking and smuggling activities, making a drug-free ASEAN an even more distant goal.

To fight against transnational organized crime and especially against drug trafficking in an increasingly integrated regional economic market, the ASEAN created various communication and monitoring bodies, most notably the ASEAN Ministerial Meeting on Transnational Crime, the ASEAN Chiefs of National Police, the ASOD, and the ASEAN Airport Interdiction Task Force. In September 2015, these were joined by the ASEAN Narcotics Cooperation Center (ASEAN-NARCO) which is meant—oddly considering its late birth date and the fact that the 2015 deadline was pushed back to 2020 in 2013⁵⁹—‘to further drive regional efforts in pursuing ASEAN Drug Free 2015.’⁶⁰ Such bodies were meant to make a drug-free ASEAN by 2015 an achievable goal, and also to monitor progress (or lack thereof). New bodies and projects keep being created to strengthen the drug control capacity and efficiency of ASEAN member states. Such initiatives include the Safe Mekong Project, which made cross-border cooperation a reality through joint operations from four participating states from January 2015 to March 2015 along the Mekong River. Myanmar, China, Laos, and Thailand, who have since launched the Safe Mekong Project Phase II, together arrested 3,398 people and seized

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25,884,580 methamphetamine tablets, 52.54 kilograms of crystal methamphetamine, 1,556.9 kilograms of heroin, 48.9 kilograms of morphine, and 179.05 kilograms of opium in 2 months.⁶¹ In 2019, the Safe Mekong Project was extended to 2023 for a third phase, which includes six countries, adding China and Vietnam to the original members.⁶² More recent regional efforts include the ASEAN Work Plan on Securing Communities Against Illicit Drugs 2016–2025 and ASEAN Political-Security Community Blueprint 2025.⁶³ Such actions are obviously reminiscent of the failed War on Drugs which Thailand launched in 2003, and one wonders how disruptive and efficient such spectacular actions are expected to be when drug production, trafficking, and consumption have proven again and again to be extremely resilient.

The need for such ad hoc cooperative actions questions the efficiency and pertinence of the above-mentioned communication and monitoring bodies, as well as the effectiveness of the large-scale Border Liaison Offices (BLOs) mechanism that the UNODC has helped facilitate in the region. As explained in the 2008 ASEAN–UNODC mid-term report, ‘BLOs bring together law enforcement units from both sides of a land or water border and put in place protocols for joint operations.’⁶⁴ At least seventy BLOs have been established along the borders of Myanmar (eight), Cambodia (eleven), Lao People’s Democratic Republic (eighteen), Thailand (eighteen), Vietnam (eight), and China (seven).⁶⁵ One wonders why projects such as the Safe Mekong Project are needed when the BLO Program is officially presented as the premier method to enhance regional cooperation and integration, and achieve effective border management against drug trafficking and other trafficking and smuggling activities.

Conclusion

Neither the many and costly drug control efforts made by national governments, the ASEAN and the UNODC, nor the heavy costs paid by opium farmers, drug users and broader civil societies, have produced the expected results. The Golden Triangle is still a major area of illegal opium production, methamphetamines are still produced in bulk in various Southeast Asian countries, illegal drug use in the region has far

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from abated, and the ASEAN was no closer to being free of drugs in 2018 than it was in the late 1990s, when the utopian call for a drug-free region was first made. In fact in 2018, drug cases experienced an increase in the region, where over 90 per cent of drug offenses were conducted by ASEAN nationals despite measures taken by member states.⁶⁶ Neither the strengthening of repressive drug control policies nor the multiplication of drug control agencies, programs, and ad hoc projects have proven effective in reducing illegal drug production, trafficking, and consumption.

Despite the post-1971—that is, after the launch of the US-led global War on Drugs—surge in illegal production of opium, coca, and possibly cannabis,⁶⁷ some (the partisans of the containment theory) suggest that an ‘increase in the size and scope of the illicit drug industry would have been far greater in the absence of law enforcement.’⁶⁸ Others adopt a more balanced approach:

The consolidation and expansion of the control regime in the 1960s, 1970s, and 1980s, to include prohibition against consumption, did not prevent renewed expansion of opiate consumption or the tendency toward mass markets and widespread distribution networks—nor does the adoption of the more stringent policies appear to have caused them.⁶⁹

Nonetheless, nobody can deny the many unintended consequences that drug control policies and interventions have generated, and the fact that most of these unintended consequences can be held responsible for the overall failure of the prohibitionist regime. The regime can also be blamed for generating seriously disruptive unintended consequences, evidenced by the resilience of the illegal drug industry, but also for uncountable collateral damage in the social, economic, political, environmental, and human rights areas. Allegedly unintended consequences of drug control policies and interventions that sustain the resilience of the illegal drug industry at various scales and levels—both over space and time—include crop displacement (one aspect of the so-called balloon effect), increased prices and production, worsened corruption, heightened armed violence (especially in the context of armed conflicts), and weakened counterinsurgency. In addition, social unrest, ethnic insurgency, environmental degradation,

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increased deforestation, destruction of legal crops, increased poverty and debt, school dropouts, prostitution, human smuggling and trafficking, needle sharing and spread of blood-borne diseases, health issues from poor quality of drugs, substance switch, increased street crime and violence, and deteriorations in human rights, all result from these approaches.⁷⁰

Part of the difficulty in estimating and understanding the efficiency and the consequences, positive or negative, of drug control policies lies in their inadequate—or sometimes altogether non-existent—monitoring and evaluation. For example, while the UNODC rightly explains that its surveys are meant to ‘assess the extent of opium poppy cultivation’ and to gauge ‘the effectiveness of opium bans and their implications,’ it nevertheless fails to provide the information or, rather, the analysis, that is ‘essential for developing effective strategies for sustaining the transition from an illicit economy to a licit economy.’⁷¹ The UNODC never specifically explains why cultivation decreases or increases in a given country, state, province, or district. Worse, as stressed by David Mansfield in relation to Afghanistan, ‘it is not unusual for the drug control community to attribute reductions in cultivation to its own actions even where there is insufficient evidence to support such a claim.’⁷² As a result, the real drivers of rises and falls in cultivation are too often misunderstood and ignored, as is the inefficiency and sometimes the counterproductivity of some of the drug control actions designed and implemented by the drug control community.⁷³

Apart from all the above-mentioned factors which help explain why the prohibition of certain drugs and the War on Drugs have failed both regionally and globally, corruption is a key issue that is too often ignored, including by the ASEAN and by the UNODC in their mid-term report on a drug-free ASEAN.⁷⁴ Myanmar ranks among the world’s most corrupt countries, as Transparency International has found in its yearly reports over the last decade. In 2009, only Afghanistan and Somalia were found to be more corrupt than Myanmar, making it the 178th most corrupt country out of 180. Laos ranked 158th along with Cambodia, while Vietnam ranked 120th, and Thailand 84th (along with India). China fared a bit better as the world’s 79th most corrupt country. On the other end, in 2019, Singapore was ranked the world’s

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4th least corrupt country, well ahead of the United Kingdom (12th), or France (23rd).⁷⁵ It is obvious that corruption hinders drug control efforts at various levels and especially at the trafficking stage.⁷⁶ The proceeds of the illegal drug economy feed corruption, as Willem van Schendel and Itty Abraham suggest when they describe how ‘the act of enforcing a selected flow of people and objects across a border, from border patrols to customs, immediately allows for the possibility of rents to be charged for circumventing these rules and by the same token provides opportunities for smuggling of people and objects across these borders.’⁷⁷ The difficulty of coping with drug trafficking, therefore, results not only from poverty—which makes drug production and trafficking even more attractive economically—but also corruption. Indeed, a lack of resources and fragile domestic institutions also undermine the efforts against both drug production and drug trafficking.

Drug trafficking is only one aspect of the drug economy, and while the goals of a drug-free world or a drug-free ASEAN will never be reached, efforts can and should be made to minimize the harms caused by illegal drug production, trafficking, and consumption. Alongside demand reduction, harm reduction policies are of course a crucial tool against the spread of blood-borne diseases, notably along drug trafficking routes. On the other end, economic development is needed in order to provide alternative livelihoods for opium poppy cultivators: poverty, and more precisely food insecurity, is the main driver of opium production in mainland Southeast Asia. Nevertheless, economic development is not achievable without good governance; that is, without peace, political stability, the rule of law, and control of corruption.

The future of the international drug control regime (IDCR) in Southeast Asia, and more precisely in and around the Golden Triangle, depends first on the future of prohibitionist drug policies and actions. Whether the failure and the counterproductivity of the global prohibitionist drug policies and the accompanying War on Drugs will be acknowledged or not, internationally and officially, and whether it will be followed by reinforcing harm reduction policies both at the drug supply and drug consumption levels, or by more repressive strategies, will largely determine the anti-drug stance adopted by

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the ASEAN and its member states. Considering how repressive the anti-drug policies of the ASEAN and its member states have been for decades, regarding drug production and drug consumption, there is little hope that the regional or national policies will change drastically outside of global reforms; the upcoming reform of Thailand's drug legislation will most likely improve what are still very repressive drug laws, but is unlikely to grant the most progressive demands made by drug policy advocates.⁷⁸

Despite the recurrent aggressive declaration of Southeast Asian officials, drug supply reduction policies and actions have been limited in scope, means, and efficiency during the past decades in Myanmar and Laos (Thailand being largely out of consideration due to its small historical importance as an opium producer and exporter). Forced eradication and AD projects are more costly and practically difficult to implement than actions aimed at drug trafficking groups and routes, as shown by the importance of counter-trafficking efforts versus the paucity of drug production control measures. The areal dimensions of illegal agricultural production often proves more difficult, both tactically and financially, to target than the reticulate dimensions of drug trafficking networks and routes. The old status quo—limited policies and actions unable to alleviate either drug production or drug consumption, and tacit acceptance of it by concerned authorities—is highly likely to endure as long as the same failed policies and actions remain the sole tools to address illegal drug production, trade and consumption, regardless of the ups and downs of illegal opium production in Myanmar and Laos, and despite a thriving regional drug consumption market for both opiates and ATS.

Therefore, there are two scenarios for the future of the IDCR in the region. The first scenario is that of a protracted status quo, according to which repressive drug control policies and actions will continue to be implemented, or even revamped and reinforced at various economic, human, and societal costs, despite their well-documented failure and counterproductivity, which will then only increase. This scenario is the most likely one in the short term, as global, regional, and national policies will take time to evolve toward more progressive and less counterproductive solutions. The second scenario, that of a revision and reform of repressive drug control policies and actions, is

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no less likely than the first one but can only occur in the longer term. Indeed, over time the existing status quo cannot prove viable, whether politically, economically, or socially. Innovative, efficient policies and actions will be necessary to address the various issues, both direct and indirect, inherent to the illegal drug industry. However, in order to see the second scenario take place in Southeast Asia, the IDCR will first have to evolve, something that has already started to happen with the reforms that have taken place in various South American countries or even in the United States. In the end, it is less the future scenario that is to be questioned than the timeline of its implementation.