

# Getting high on impact: The challenge of evaluating drug policy

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## Key points

- Impact evaluations in contested policy fields are deeply challenging. They run the risk of adding to unproductive games of contestation between proponents and critics of contested public policies. A case in point are the strategies to control and, ultimately, eliminate the supply of, and demand for, plant-based and synthetic psychoactive substances, commonly referred to as ‘illicit drugs’, such as cocaine, heroin, cannabis and methamphetamines.
- The official drug control community – the International Narcotics Control Board (INCB), the UN Commission on Narcotic Drugs (CND), the UN Office on Drugs and Crime (UNODC) and – at a national state level – the US government – and a growing number of drug policy reform groups are at loggerheads over how drug policies should best be evaluated. In the run-up to the UN General Assembly Special Session (UNGASS) on Drugs in 2016 both should make efforts to face the big challenge of devising scientifically sound approaches to evaluating the impact of drug policies.
- We highlight the importance of reflecting carefully on (a) whether and, if so, how the definitions of, and perceptions on, ultimate policy goals differ or (b) whether any common ground exists between the proponents and critics of the drug policies. If commonalities can be identified in this regard, the next step is to make explicit the competing theories of change that underpin the existing and proposed policy interventions to achieve the ‘agreed’ ultimate goals.
- Our analysis suggests that both sides are interested in protecting the health and welfare of individuals and societies and – using the language of reform advocates – in preventing and reducing the harm that drugs cause or might cause; and they are both interested – with significant differences in emphasis – in safeguarding the political stability and security of states and citizens. However, the perspectives on what form drug control should take, who should be involved in the control effort, and how control could be achieved, that is to say which policies are most effective and least harmful in terms of protecting the health and welfare of citizens and societies and mitigating threats to stability and security, differ markedly.
- It is important to make explicit the assumptions underlying the theories of change on both sides as this helps direct the efforts of evaluators to the relevant literatures that might contribute to solve disputes and adjudicate between different views on the basis of the best-warranted claim. This allows for testing both theories of change against the most robust scientific evidence available, providing a platform for the design of improved and – hopefully – less contentious policies.

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## INTRODUCTION

Public policies to control and, ultimately, eliminate the non-licensed supply of, and demand for, plant-based and synthetic psychoactive substances, commonly referred to as ‘illicit drugs’ (henceforth ‘drugs’), such as cocaine, heroin, cannabis and methamphetamines, are heavily contested - and so is the evaluation of their impact. National and international strategies to tackle the production, trade and use of drugs stem from a prohibition-oriented UN-sanctioned and administered international drug control regime established in the early post-World War II years. The great majority of the world’s states are signatories to the regime’s three core conventions of 1961, 1971 and 1988. Yet both the regime and drug control policies have consistently been met with criticism from an increasing number of reform advocates.<sup>1</sup> Today the critics not only include drug policy reform campaigners, academics and health, educational and social care professionals but also heads of state (both former and in office), business tycoons and other personalities from across the globe who believe that the ‘war on drugs’ is a lost cause that results in more harm than it does good.

Since the late 1990s, international drug policies have been subjected to a number of UN assessments. A UN General Assembly Special Session (UNGASS) on Drugs was held in 1998. This was followed by a review at a High Level Segment of the Commission on Narcotic Drugs in 2009. Another UNGASS on Drugs is now scheduled to take place in 2016. Following what many in the drug policy reform community saw as the disappointing continuation of a ‘business-as-usual’ paradigm in 1998 and 2009, the voices calling for the strengthening of the evidence base of drug policies and conducting rigorous assessments of their impact have multiplied and become louder. However, so far both the official drug control community and reform advocates have arguably not explored fully the big challenges involved in assessing policy

impact and doing so in a way that could actually help improve policies.

Whereas in other policy fields (e.g. poverty reduction, governance, security and public health) much work has been done in recent years with respect to developing sound and useful monitoring and evaluation approaches, the impact evaluation community seems not to have engaged in any major way with drug policy. This could be related to a perception that due to its contested nature drug policy is a terrain too difficult to navigate for evaluators and/or the (mistaken) view that it is rather marginal to mainstream development and other public policy concerns. Whatever the reasons, it is high time that we face this challenge in order to improve the evaluation of drug policies and establish with more certainty which types of indicators and evaluation methods can help us determine success or failure. Speaking to drug policy as well as impact experts, this brief seeks to contribute to (a) addressing the challenge of how the impact of deeply contested public policies can be determined; and (b) providing the debate about drug policy in the run-up to the UNGASS 2016 with insights on how the important issue of assessing drug policy impact could be tackled in a productive way.

We start with an analysis at a more general level of whether there are irreconcilable differences between the official drug control community and the drug policy reform advocates regarding the ultimate goals of the international drug control regime; or whether the problem is rather one of competing theories of change underlying specific drug control interventions. This is followed by a section that examines how the drug control and drug policy reform communities have dealt with the challenge of evaluating the outcomes and impact of drug policies; and how evaluation has been used by both sides to buttress official accounts, on the one hand, that policy dysfunction is due to

implementation problems rather than regime failure; and drug policy reform arguments that the operation of the regime itself is ineffective and has significant unintended negative consequences on the other. Building on the first two sections, a third looks at alternative development policies in countries where plant-based drugs are produced, using interventions in Colombia (Plan Colombia) and Peru (San Martín programme) as cases to exemplify how the lack of consensus on the goals of policy has hindered rigorous evaluation of the impact of alternative development interventions, thereby stifling the chances for improving them. A concluding section draws together the main findings of the paper and offers insights into the challenges impact evaluation faces in a contested policy field, such as drug policy, as well as some ideas on how this impasse could be addressed.

### **TACKLING ILLICIT DRUGS: IRRECONCILABLE DIFFERENCES OVER POLICY GOALS OR COMPETING THEORIES OF CHANGE?**

The international drug control regime as it exists today dates back to the early post-World War II years. Its foundational international treaty is the Single Convention on Narcotic Drugs, which was adopted in 1954 and entered into effect in 1964. Two other international conventions – the 1971 Convention on Psychotropic Substances and the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances – were subsequently adopted. The Single Convention, as amended by the 1972 Protocol, presently has 184 state parties, including close to all member states of the United Nations (with the notable exception of the world's single largest opiates producing country, Afghanistan). The key UN bodies and actors within the regime – the International Narcotics Control Board (INCB), the UN Commission on Narcotic Drugs (CND), the UN Office on Drugs and Crime (UNODC) and, at the nation state level, the US government and their allies in the 'war on drugs'<sup>2</sup> – cite this high accession

rate among the world's states as an indicator for its legitimacy. It is also seen as reflecting the success of international cooperation in the effort to control the production, trade and use of a number of 'scheduled' plant-based and synthetic psychoactive substances for any other than medical and scientific purposes.<sup>3</sup>

Such official control, which practically amounts to drug prohibition, is held to be necessary to (a) protect the health and welfare of citizens and human society; and (b) mitigate threats to the stability, security and sovereignty of states that are associated with illicit drug trafficking and its links to organized crime and terrorism.<sup>4</sup> Achieving these goals is confronted with a reality in which 'scheduled' substances, including plant parts like the Andean coca leaf, are produced, traded and used for many different purposes by large numbers of people, enterprises and organisations around the world that have a tenuous relationship to the state only or are not at all under state control, such as drug trafficking networks. Since the international drug control regime prohibits the non-licensed production, trade and use of drugs, those who engage in these activities without state sanction are doing so illegally. Thus the regime provides a normative and legal framework for policy that is geared toward responding to drug issues through the enforcement of the prohibition of the non-licensed production, trade and use of drugs, which the regime itself criminalizes.

The regime incorporates the principle of 'shared responsibility', that is, both countries in which illicit drugs are produced and consumed have a responsibility to control their supply and demand, respectively. Yet in practice policy has on the whole been geared heavily toward tackling the 'world drug problem' on the supply end, especially in countries that produce plant-based drugs, such as cocaine and heroin. Synthetic drugs, many of which are manufactured in Europe and North America, have received less attention in supply control strategies.

International cooperation and national counter-drug strategies display a bias toward law enforcement, judicial cooperation between states, the interdiction of drug shipments, chemical precursor control, anti-money laundering measures, and drug crop control, including crop eradication and alternative development or livelihood programmes aimed at supporting farmers in plant-based drug producer countries to switch to licit crops.<sup>5</sup> With respect to illicit drug demand control, the regime provides space for the adoption of a multi-sectoral approach, including the application of criminal justice but also action in the fields of public health, social care and education.<sup>6</sup> However, particularly in the US but also in a number of other countries demand-reduction strategies have involved a strong criminal justice element resulting in the incarceration of large numbers of ‘drug offenders’.

For decades, drug policy reform groups - primarily representing non-governmental and civil society sectors, though more recently also including some official sectors and even a few heads of state - have taken strong issue with the prohibition-oriented regime and the drug control policies that stem from it.<sup>7</sup> In no way opposed to the goal of protecting the health and welfare of citizens and societies and certainly concerned about the stability of democratic states committed to upholding human rights and the security of citizens, they have objected to the criminalization of coca and opium poppy farmers and drug users, the securitization and militarization of drug control by linking it to issues of national security and counter-terrorism, and the focus of policy on drug supply reduction.<sup>8</sup> Zeroing in on what are perceived to be the significant negative effects - both intended and unintended - of the operation of the regime, reform advocates have promoted an array of reforms ranging widely from investing more in rural development in source countries of plant-based drugs; ceasing the forced eradication of drug crops; directing law enforcement energies

toward dismantling the large and powerful transnational drug trafficking groups and not going after vulnerable drug crop farmers and drug users; assigning priority to reducing the harm caused by drug use; decriminalizing the possession and use of small quantities of (some) drugs; and - at the extreme end of the reform spectrum - legalising the drug trade.

With respect to the *intended* effects, reformers object to the view that the key issue is reducing and, ultimately, eliminating the production, trade and use of drugs other than under licence from a government authority for medical and scientific purposes, as stipulated in the 1961 Single Convention. This goal is seen as unattainable and unrealistic because ‘the desire to alter one’s state of consciousness, and to use psychoactive drugs to do so, is nearly universal [...]. There’s virtually never been a drug-free society, and more drugs are discovered and devised every year’.<sup>9</sup> Furthermore, reform advocates charge that conventional supply and demand reduction strategies have, overall, had no lasting effects on progressing toward reducing drug production and use; and they take strong issue with the regime’s bias of putting the onus on drug supply reduction in often poor, fragile and conflict-affected source and transit countries.

Furthermore, drug policy reformers have serious quarrels with the *unintended* consequences or ‘collateral damage’ of drug control policies, which they see as by far outweighing any of their presumed benefits. The effects and side effects, as it were, of the ‘treatment’ (drug prohibition and prohibition enforcement) are perceived to be worse than the actual ‘illness’ (drug use and addiction). Violence, human rights violations, damage to democratic institutions and governance, the geographic dislocation of drug production (balloon effect), black markets, organized criminality, high incarceration rates of drug offenders, and serious public health problems (especially in relation to the spread of HIV/AIDS

among people who inject heroin intravenously) are all associated with the ‘war on drugs’. While some of these negative effects have more recently been acknowledged by sectors within the official drug control community, such as by UNODC (2008), official responses to mitigating them are usually conceived along the lines of strengthening the operation of the drug control regime and improving the implementation of existing policies; and not – as drug policy reformers would like to see it – their reform or even abandonment.

In sum, there is arguably some agreement between the two camps on the two core goals of the drug control regime – protecting the health and welfare of citizens and human society and mitigating threats to stability and security associated with illicit drug trafficking and its links to organized crime. However, contrary to the official stance reform advocates perceive public health problems related to drug use, citizen insecurity, political instability, bad governance, human rights violations and violent conflict to be enhanced, not mitigated, by the prohibitionist drug control regime itself. Seen from this vantage point, the regime and the policies that stem from it contribute, for instance, to the creation of large illegal markets, the strengthening of transnational criminal networks and the criminalization of drug crop farmers and drug users. Thus, while there appears to be some agreement on the overarching goals of drug policy, they are framed in different ways by the official drug control community and reform advocates. Whereas the former prioritizes drug prohibition as a means to achieve public health goals and safeguard the stability and security of states, the latter emphasize more liberal ways of drug regulation to achieve public health gains and protect the welfare and security of citizens and states from threats, such as organized crime, that are seen to be enhanced by the operation of the control regime itself.

These differences in framing what arguably are shared drug policy goals is mirrored in the theories of change underpinning the existing or proposed policy interventions. While these theories of change are usually not made explicit, it may be argued that the official drug control community believes that enforcing the prohibition of the non-licensed production, trade and use of listed psychoactive substances will result in the reduction or even elimination of the harm they cause to the health and welfare of citizens and societies and mitigate threats to the stability, security and sovereignty of states that stem from the illegal, non-licensed production, trade and use of drugs. The theory of change of the reform advocates, in turn, does not start with prohibition and end with a ‘drug-free world’. Instead it is based on the view that there will always be demand for, and supply of, psychoactive substances. The key challenge for public policy therefore is to manage the effects of the production, trade and use of such substances on individuals and societies in ways that make them least harmful, not to prohibit them and enforce a prohibition regime, which carries the risk of leading to serious unintended negative consequences, including with respect to destabilizing democratic governments, leading to human rights violations and undermining the security of citizens.

## **EVALUATING DRUG CONTROL POLICY: A GAME OF CONTESTATION**

It is unsurprising that the stand-off between the official drug control community and the reform advocates has resulted in disappointment on both sides and, as one prominent author calls it, ‘stasis on drug policy’.<sup>10</sup> The two reviews of the progress toward the regime’s goals that were conducted in 1998 and 2009 in the framework of the UN General Assembly Special Session (UNGASS) on drugs failed to provide international drug policy new momentum – and less so a more broadly shared consensus. As the business-as-usual paradigm prevailed,

the calls for rigorous evidence-based impact assessments of drug policies multiplied. While this had been demanded by reform advocates for some time, following the 2009 review a number of governments of drug source and transit countries, mostly in Latin America, openly joined the ranks of those who were requesting putting the effects of drug control policies to the test.<sup>11</sup>

The official take on assessing the impact of drug control strategies is that the ‘right’ policy framework already exists but that state Parties have to improve the implementation of the international treaties and national laws and the drug control interventions that stem from them, both on the supply and demand side.<sup>12</sup> This can be supported, it is held, by more reliable data collection on policy outcomes and impacts; and by addressing the acknowledged unintended effects of policy, such as the emergence of criminal black markets, policy displacement from public health to law enforcement, the geographical displacement of the drug problem and the marginalization and stigmatization of drug users.<sup>13</sup> In other words, the principal aim of evaluating drug policies is seen as part of the response to ‘implementation failure’, not to employ impact evaluation to prepare the ground for policy change.

Determining the outcomes and impact of drug control policies is usually done by measuring them against levels of compliance by state Parties with the international conventions.<sup>14</sup> As the conventions are drug prohibition-oriented the ‘success’ of national drug policies is assessed by examining their effectiveness to reduce the non-licensed production, trade and use of illicit drugs. On the supply side, this implies counting the (inevitably estimated) quantity of drugs that are produced and seized by the authorities, the number of hectares of illicit crops that have been destroyed, and the areas of licit crops that, it is presumed, have been planted as a result of alternative development

interventions in source countries.<sup>15</sup> In this endeavour the official drug control community is relying heavily on satellite-based and other high-tech monitoring methods and tools, which have been the subject of much critical debate, however.<sup>16</sup> On the demand side, while it is acknowledged that there is a need to establish agreed-upon relevant indicators that measure the impact of the complex demand reduction policies and are supported by scientifically-sound assessments, the monitoring of the numbers of drug users and addicts and the amount of resources channelled into demand reduction programmes in a country remains the predominant approach.<sup>17</sup>

This is not lost on drug policy reform advocates. Mirroring the attempts by the official drug control community to buttress arguments that the existing policies ought to be continued, reform advocates have spent considerable energy on producing their own assessments and evaluations of drug control policies with the aim of pushing for policy change. Working, often from the ground up, with networks connecting a broad array of civil society and non-governmental organisations, farmers’ associations, human rights groups and academics, they have mustered a battery of arguments in support of a different way of going about determining policy outcomes and impact that, ultimately, could help inform drug policy change. This has included interrogating official outcome indicators and narratives of policy impact with a focus on both the intended and unintended consequences of drug control strategies.

In this vein, one author underlines that prevalence of drug use (a major indicator used in many countries to measure the effectiveness of drug demand control) is ‘insensitive to policy’.<sup>18</sup> Interrogating the theory of change underpinning official drug demand control policies, he highlights that ‘the most fundamental point about drug policy is that once a drug has been prohibited

there is little evidence that the government can influence the number of drug users or the share of users who become dependent. There is no research showing that tougher enforcement, more prevention or even increased treatment has reduced substantially the number of users or addicts in a nation'.<sup>19</sup> Thus the indicator of prevalence may well be valid to measure what the policy is ostensibly trying to achieve, but it is found not to be useful because there is no evidence showing (a) that under the given circumstances policy can influence levels of drug use; and (b) that conventional demand reduction policies, even if reinforced and implemented 'better', can help make a difference. Hence, this critique rebukes the theory of change underlying conventional demand reduction policies, though not necessarily the overarching goal of reducing drug use in the interest of individual and public health and welfare.

Other critics charge that 'human rights discourse challenges the drug control system to justify current approaches with reference to concrete impacts upon individuals and communities, rather than measuring success in terms of indicators such as kilograms seized, hectares eradicated, prosecutions secured and numbers of people having used drugs, which presume such impact rather than actually demonstrating it';<sup>20</sup> and that the unintended effects of conventional drug control policies, which as mentioned earlier are at the heart of the reform advocates' critique, have to be taken into account - in real terms and not only by way of a token gesture. What is required is a 'frank assessment of the collateral damage caused by [official drug control policies], and whether such damage outweighs any as yet unproven positive impact of current programs' (Youngers and Rosin 2004:4). Again, in the language of evaluation these critiques are directed at what are perceived to be flaws in the theory of change underlying conventional policies. Reform advocates are pushing the official drug control community to not only

assess whether intermediate outcomes are achieved but - more importantly - to test whether and how these intermediate outcomes are linked to the ultimate goals of protecting the health and welfare of citizens and societies and safeguarding the stability of democratic states and the human rights and security of citizens.

#### **'ALTERNATIVE DEVELOPMENT': NO MEETING OF MINDS**

Efforts to provide drug crop farmers in source countries with alternative, licit sources of income have been part of drug control policies for several decades. Originally framed in the rather limited way of 'crop substitution', over the years the concept of alternative development evolved to include a broader focus on rural development in drug crop producing areas and the generation and protection of alternative livelihoods for rural communities.<sup>21</sup> In the terminology of the official drug control community, alternative development is a lawful, viable and sustainable alternative to illicit cultivation of drug crops.<sup>22</sup> Interventions are considered sustainable when they are economically viable, with practical business plans, ecologically sound, socially just, culturally and anthropologically appropriate, and based on a scientific approach that incorporates the farmers in a people-centred approach.<sup>23</sup> While intuitively appealing and representing what could be termed the 'soft' and 'developmental' side of drug supply control strategies, policies designed to support alternative development and livelihoods have not escaped the wider controversy over the ultimate goals of drug policy and the theories of change that underpin interventions discussed earlier.

A key bone of contention is whether alternative development interventions should be made contingent on the prior eradication (forced or voluntary) of illicit crops in the areas where support is provided; or whether it should be

seen as part of broader rural development and livelihoods strategies that are not conditioned on the eradication of illicit crops but may result in their gradual reduction as farmers transition to licit rural economies. Interestingly, major donors that otherwise are quite united in their stance on supply reduction (though not necessarily on how they deal with drug demand in their own countries) have taken different positions on the issue of alternative development and/or supporting rural livelihoods in drug source countries. For instance, dating back many years Germany's position has consistently been not to condition alternative and rural development/livelihood support in drug crop producing regions on the prior eradication of illicit crops. This stance has been echoed strongly by non-governmental drug policy reform advocates. As will be discussed below in relation to Plan Colombia and the San Martín programme in Peru, USAID and UNODC, in turn, have been adamant in holding fast to the notion that illicit crop eradication is a prerequisite for creating the 'right' conditions for alternative development.

This has implications for how the outcomes and impacts of alternative development and/or rural livelihood interventions are evaluated: either against the goal of drug supply reduction or against the goal of strengthening rural development and livelihoods. The 'eradication first, alternative development second' approach focuses on measuring how many hectares of licit crops have been planted (presumably instead of illicit crops, though this is not quite so clear, as is discussed below), how many farmer families received financial and technical support to plant licit crops, how many roads connecting the rural hinterland with market towns were built to facilitate the marketing of licit agricultural produce, and so on. The 'rural development first, illicit crop reduction second or in parallel' approach, in turn, is more holistic in the sense of evaluating the outcomes and impact of interventions against broader rural development indicators,

such as the development of the rural economy and agriculture, the sustainable management of natural resources, the provision of social services and technical infrastructure, and rural governance, including decentralization, land water rights and gender equality.<sup>24</sup>

As will be discussed below in relation to Plan Colombia and the San Martín programme, the 'eradication first, alternative development second' approach faces a Catch-22 situation. Its own logic rules out that it can be applied in areas where illicit crops are grown and it is hence relegated to areas that are adjacent to the illicit crop cultivation zones. This means that, if anything, interventions can prevent the expansion of illicit crops and contribute to consolidating licit rural economies in areas where illicit plantations were previously eradicated. But in and of themselves they cannot reduce illicit crops. This paradox has been highlighted many times by drug policy reform advocates who have also pointed out that alternative development devised as a set of activities that are complimentary and, ultimately, subordinate to drug supply reduction efforts is doomed to failure - and contributes to the overall negative effects of drug policies, both intended and unintended.

#### *Plan Colombia*

A joint U.S.-Colombian strategy, the multi-year and multi-billion-dollar Plan Colombia was devised under Presidents Bill Clinton and Andrés Pastrana in the late 1990s. It originally included a broad spectrum of measures to remedy the weaknesses of the Colombian state and fight poverty and drug trafficking, but soon after it was launched in 2000 the plan became focused heavily on anti-drug, military and counter-insurgency measures.<sup>25</sup> The counter-drug efforts funded under Plan Colombia have been centred on reducing the supply of cocaine through a massive campaign of spraying coca fields from the air with herbicides. This coca eradication strategy was later complemented by the



manual uprooting of illicit crops, which gained increasing importance from the mid-2000s onwards. Alternative development projects, which Colombia began implementing already in the 1980s, formed part of this major drug supply reduction effort but received much less funding than the crop eradication campaign.<sup>26</sup> During the first years of Plan Colombia, the focus of alternative development projects was on crop substitution, i.e. supporting farmers to abandon coca crops and grow illicit crops instead. This was followed by a re-orientation of the policy toward strengthening governance and broader licit economic and income-generating activities at the rural community level.<sup>27</sup>

Standard indicators used to measure the effectiveness of the projects notably included determining how many hectares of coca crops had been destroyed and how many still remained to be eradicated, how many coca farming families had received assistance to grow licit crops, and what amounts of assistance were still needed to consolidate so-called 'illicit-free zones'.<sup>28</sup> In this vein USAID, the US government agency tasked with implementing alternative development projects under Plan Colombia, reported that the interventions successfully supported the cultivation of up to 200,000 hectares of licit crops, prevented the emergence of illicit crops in areas larger than 1 million hectares, created hundreds of thousands of new jobs, and improved governance and infrastructure the targeted communities.<sup>29</sup> These initiatives enhanced, so it is argued, the political, economic and social landscape that offered viable alternatives to coca production and thus reduced the amount of coca produced.<sup>30</sup>

However, the relationship between investments in alternative development and the reduction of coca crops in Colombia is far from clear. In 2008, 'USAID collected data on a variety of indicators that measured progress on alternative development; however, none of these indicators measured progress toward

USAID's goal of reducing illicit narcotics production through the creation of sustainable economic projects'.<sup>31</sup> This may not be as surprising as it appears at first sight because US-Colombian 'zero illicit' policy effectively prohibits alternative development assistance in communities where any illicit crops are being cultivated. Therefore, USAID has been forced to operate where the majority of the coca plants are not being cultivated.<sup>32</sup> This situation reflects one of the paradoxes and problems of alternative development in Colombia where the interventions have either been designed in parallel to the eradication strategies (without being integrated into broader rural development strategies) or as directly subordinate to them.<sup>33</sup> Under these conditions strengthening licit rural economies and improving the livelihoods of farmers is impossible to achieve.<sup>34</sup>

#### *The San Martín programme*

In the 1990s, the department of San Martín was a key region for illicit coca production in Peru.<sup>35</sup> In the wake of significant (manual) coca crop eradication - both voluntary and forced - and the implementation of alternative development programmes since 2002 the region has witnessed what is hailed by the Peruvian and US governments and UNODC as 'spectacular development'.<sup>36</sup> The combination of illicit crop eradication and alternative development projects focused on crop substitution, improving physical infrastructure, building plants for palm oil extraction and strengthening rural governance are seen as crucial factors contributing to San Martín remaining immune to a second coca boom in the 2000s which engulfed other Peruvian regions.<sup>37</sup>

The official account is that the implementation of an integrated strategy involving the Peruvian authorities at the local and central government levels and international donors led to significant positive development outcomes. The cited indicators of success are that San

Martín is the region with the highest reduction of poverty in Peru, which decreased by 40 per cent in the period 2001–2010, while regional GDP per capita grew by 59 per cent<sup>38</sup> and the ‘revenue of cacao farmers rose from US\$3 million in 2003 to US\$20 million in 2008’.<sup>39</sup> Whereas in 1992 coca represented 46 per cent of the gross value of agricultural production in San Martín, by 2008 this had fallen to 0.5 per cent. Furthermore, in 2008 there were 260,000 hectares of licit crops such as rice, coffee, cacao, palm oil, corn, cotton, and others, and only 370 hectares of coca in the department.<sup>40</sup> This ‘success’ is attributed to the combination of coca eradication campaigns and sustained and relatively significant financial commitment by the Peruvian government to illicit crop eradication and alternative development incorporating the establishment of legal product value chains, economic and social infrastructure (roads, bridges, schools and health centres), economic and social cooperatives and associations, and projects to preserve the environment.<sup>41</sup>

The critics of the ‘miracle of San Martín’ do not deny that there have been gains in terms of reducing poverty and illicit coca crops in the region. They also acknowledge that the “San Martín model”, unlike Plan Colombia, is not a police-military model, it does not prioritise forced manual eradication, although it does not reject it, it does not promote [the] spraying of crops [...] and it is not part of an anti-subversion strategy’.<sup>42</sup> But they take issue with the official line of attributing coca crop reductions to the alternative development projects,<sup>43</sup> and with what is perceived as an essentially harmful and unsustainable effort to achieve crop substitution in which only a smaller fraction of the farmers in the region participate (less than 25 per cent).

According to these accounts the (unintended) negative effects - like promoting monocultures of between ‘one and five main products for exportation’ (coffee, cacao, palm hearts, palm oil and sugar cane) in a fragile bio-diverse region of the Andean-Amazon, which potentially can lead to ‘severe environmental impact’<sup>44</sup> - far outweigh any presumed benefits of the alternative development projects in the region. Furthermore, coca crop reductions are seen as not sustainable because ‘the alternative [agricultural] export products didn’t offer any economic viability compared to coca cultivation. [...] Coca offers a secure income [...] in cash dollars [...]. These kinds of earnings are impossible based on cultivation of coffee and cocoa’ and most of the land in San Martín is not ‘fit to cultivate these products organically in large enough quantities due to soil exhaustion/low soil productivity’.<sup>45</sup>

While the official account acknowledges that there has been replanting of coca crops in some areas of San Martín, this is attributed to as yet insufficient investment in alternative crops, value chains and the marketing of licit agricultural produce and not to the failure of the interventions writ large.<sup>46</sup> However, the critics insist that this is what San Martín is faced with - alternative development failure. ‘The main difficulty in promoting a “crop substitution” strategy’, writes Hugo Cabieses, ‘is the “war on drugs” itself as it encourages the eradication or decrease of coca crops and provokes the “balloon” (transfer), “mercury” (dispersion) and “membrane” (“fronterization”) effects [...]. Added to this, stands a biased, anti-rural, anti-peasant and anti-indigenous government policy which destroys traditional food crops and primary forests, spews out CO<sub>2</sub>, increases global warming and causes social chaos and endemic violence’.<sup>47</sup>

## LESSONS FOR IMPACT EVALUATION IN CONTESTED POLICY FIELDS: FINDING (SOME) COMMON GROUND

This brief suggests that finding a way to conduct rigorous, scientifically-sound and useful impact evaluations of drug policies presents big challenges but is much needed. The current state of affairs is clearly unsatisfactory. The tug-of-war between official drug control community and reform advocates stops evaluation from playing a constructive role in helping policy-makers to devise more effective and legitimate interventions to tackle problems associated with the production, trade and use of drugs, as well as with the policies that are commonly pursued to tackle them. In the run-up to the UNGASS on drugs in 2016, the reform advocates' call for assessing policy impact should be heeded. But this requires both the official drug control community and the reform advocates to distance themselves from what here has been analyzed as a 'game of contestation' between the two sides over drug policy evaluation. Their challenge is to find some common ground on which they can build a better approach to policy evaluation.

A starting point here could be to go back to the principal goals of the international drug control regime and ask whether it is really the case that the official drug control community and reform advocates share no common ground at all. The discussion presented in this paper suggests that both sides are interested in protecting the health and welfare of individuals and societies and - using the language of reform advocates

- in preventing and reducing the harm that drugs cause or might cause; and they are both interested - with significant differences in emphasis - in safeguarding the political stability and security of states and citizens and protect them from threats associated with drug trafficking. At the most fundamental level, therefore, both camps appear to agree that there needs to be 'some kind' of control over, on the one hand, drug demand or the effects of this demand, and drug supply on the other (see Table 1 below).

However, the perspectives on what form such control should take, who should be involved in the control effort, and how control could be achieved, i.e. which policies are most effective and least harmful in terms of protecting the health and welfare of citizens and societies and mitigating threats to stability and security, differ markedly. This means that there is arguably some common ground with respect to the principal goal of regulating drug demand and supply, but there is no consensus on how this could be achieved. There are fundamental differences between the official drug control community and the reform advocates regarding the theories of change that underpin their distinct perspectives on how drug supply and demand affect the health and welfare of citizens and societies and the stability and security of states and citizens, and on how to tackle such demand and supply. The table below provides select illustrations of the contrasts between the two different theories of change:

**Table 1: Illustration of elements of contrasting theories of change of drug policies\***

	Official drug control community	Reform advocates
<b>How drug demand affects health &amp; welfare of citizens and societies</b>	All listed drugs are harmful except those that are produced, traded and used under official licence for medical and scientific purposes; drug use promotes procurement crime	Some drugs and non-licensed forms of drug use are not necessarily harmful if used in small quantities; procurement crime is promoted by the criminalization of drugs and drug use
<b>How drug supply affects stability of states &amp; security of states and citizens</b>	Drug trafficking provides income for organised criminal and terrorist groups and threatens state security in producer, transit and consumer countries; it undermines stability in producer and transit countries	Drug trafficking provides income for organised criminal groups but this is so because the international control regime has created a huge criminal market; the negative impact on stability and security of supply control is felt above all in producer and transit countries
<b>How to tackle drug demand</b>	Criminal justice; 'drug courts'; medical treatment of some users	Drug demand cannot be reduced significantly, but harm associated with drug use can be reduced; decriminalization of use of small quantities of some drugs; medical treatment of problematic drug users, including substitution treatment (e.g. methadone)
<b>How to tackle drug supply</b>	Crop eradication; drug shipment interdiction; combating money laundering; chemical precursor control; (militarized) law enforcement and breaking up of trafficking organisations and networks; alternative development and livelihoods interventions in illicit crop producing countries conditioned on the previous eradication of illicit crops	Broader rural development and governance interventions in illicit crop producing countries not conditioned on previous eradication; protection of human rights of illicit crop farmers; law enforcement against trafficking organisations and networks, not illicit crop farmers

\*N.B.: This table only represents an illustration of some key elements of the theories of change underpinning some drug policy interventions promoted by the official drug control and drug policy reform communities. Of course, it is not meant to be exhaustive and reflect the full range of existing and proposed drug policies and their underlying theories of change.

This brief is not the place to offer any 'definitive' formulation of theories of change for policies that are more effective for achieving the goals of protecting the health and welfare of citizens and societies and the political stability and security of states and citizens in relation to the production, trade and use of drugs. Rather the presented analysis points to the importance of reflecting on the differences and commonalities between the theories of change that underpin the existing and proposed drug policy interventions, and

the need for rigorous testing and collection of data that supports one or the other theory. For instance, what evidence does the official drug control community use in support of its claims that all drugs are harmful, except when they are used for medical or scientific purposes under official licence? How robust and warranted are these claims, according to the latest scientific findings? Is there sufficient scientific evidence to sustain such claims? What evidence is there that conditioning development interventions on crop eradication works better than not

conditioning? On what economic, social, psychological and behavioural basis is one type of intervention presumed to be more effective than another?

Making assumptions explicit helps direct the efforts of evaluators to the relevant literatures that might contribute to solve disputes and adjudicate between different views on the basis of the best-warranted claim. Unpacking the logic behind these interventions is a basic activity of evaluation and helps guide the subsequent evaluation steps into checking the strength of the evidence on which the intervention theory is based.<sup>48</sup> Currently, it seems as if the prohibitionists and supporters of the extant drug control regime are taking for granted that their theory of change is correct, and impute any policy failure to implementation problems. This means that they take for granted that a more effective implementation of the drug control regime will automatically result in better health, welfare and security outcomes for individuals and the broader society and state.<sup>49</sup> As a consequence, when evaluating their policy, they do not measure success on the basis of changes in health, welfare, political stability and security but instead on the basis of “implementation indicators” or success in “intermediate outcomes”, such as:

- Reduction of numbers of drug users and addicts
- Amount of resources channelled into demand reduction programmes
- Quantity of drugs that are produced / seized by the authorities
- Number of hectares of illicit crops that have been destroyed
- Number of hectares of licit crops that, it is presumed, have been planted as a result of alternative development interventions in source countries
- Number of drug traffickers that are prosecuted

Observing good results in terms of the above indicators does not mean that the policy is successful, but simply that the policy is successfully implemented and affects the intermediate outcomes. In order to assess the impact of the policy on ultimate outcomes, it is necessary to either warrant the linkages between the intermediate and the ultimate outcomes with strong scientific evidence, or directly measure the changes in the latter, e.g. the reduction of harm caused by drugs, and the reduction of resources available to organised crime and terrorism. This is why the reform advocates propose strategies that directly reduce the harm of drugs use: these strategies tackle the ultimate outcomes directly.

Finally, it is important to keep in mind that interventions do not work in the same way in all countries, regions and contexts, as has been illustrated in respect to alternative development strategies pursued in Colombia and Peru. Evidence that supports the different theories of change will most likely be context-specific. A careful assessment of the contextual characteristics of the areas where the policy is implemented will yield explanations as to why the policy works or does not work; and provide indications for what strategies presumably work best in different contexts.<sup>50</sup>

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## ENDNOTES

- 1 What in this paper is called the ‘drug policy reform community’ comprises a broad array of members of non-governmental, civil society, philanthropic and research organisations as well as some government officials in a few countries, such as Colombia, Guatemala and Uruguay. These individuals and groups do not adhere, however, to one identifiable single goal and there are numerous different agendas and objectives. If united by anything, it is a critical stance vis-à-vis the existing prohibition-oriented international drug control regime and the policies that stem from it, which are seen to be doing more harm than good. It is also important to be clear that the state Parties to the international drug control conventions do not have a common view on all or most aspects of drug policy. There are significant differences between, for instance, the US government, on the one hand, and several European and Latin American governments on the other on drug supply and demand reduction policies like the (forced) eradication of illicit crops and the criminal prosecution of drug users. Hence, readers should be aware that the distinction that is made between the ‘official drug control community’, which is committed to upholding the status quo, and ‘drug policy reform advocates’ is deliberately stylized and used principally as a diagnostic tool designed to support the analysis of how impact evaluation can be conducted in such a way that it actually helps improve policy-making in a contested policy field like drug policy.
- 2 We acknowledge here that while long the dominant state within the regime, US influence is arguably in decline with the Russian Federation becoming more active as a defender of the existing treaty system. As alluded to in the above note, we also appreciate that the CND should not be regarded as a unitary body. States within the Commission hold a range of views and these are normally diluted to an agreed position through consensus-based negotiation.
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