Introduction

The announcement of a "Prohibition" seminar in 2015 came as a surprise when it opened at EHESS: the students or researchers in the social sciences and humanities who work on this issue make up only a few individuals, scattered in different fields such as anthropology, sociology, history, economics, political science and even philosophy. Even specialized lawyers, who are largely confronted with drug law, can be counted on the fingers of one hand. There are indeed some sociologists at the OFDT (*Observatoire français des drogues et toxicomanies*), but they are constrained by institutional control – and drug prohibition is not one of the research subjects. Students who may be interested in the topic are strongly discouraged from working on their theses: few professors accepted to supervise them because it would not lead to an academic career due to the lack of an institutional research field. Even after four years of a seminar on drugs (2015–2019), EHESS continues to refuse to include the word "drugs" among the keywords of the institution's seminars; addictions, yes, epidemics of course, but the term drugs still appears as a non-object of research, if not a bad one. Beyond the issue of prohibition, research on drugs, whether legal or illegal, is essentially a matter of public health and neuroscience, but in the case of research in the humanities and social sciences, everything works well, as if the few studies conducted were of a very personal interest or passion.

This has not always been the case. During the 1990s, science researchers were called upon, and research then underwent a major development that needed to be continued to reflect developments. At the end of the decade, Nicole Maestracci, president of the MILDT (*Mission interministérielle de lutte contre la drogue et la toxicomanie*), wanted to perpetuate the commitment of researchers by creating a CNRS laboratory specialized in this field. This was not what happened. This call to research has been erased from memory. It is not that studies and research have been

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neglected: since the creation of the OFDT in 1993, a permanent system has been in place to collect and gather "useful information to understand the phenomena of drug and psychoactive substance use", with systematic epidemiological surveys which also meet the requirements of the European Monitoring Center for Drugs and Drug Addiction. Calls for research tenders complete the system, but essentially these calls for tenders solicit neuroscience, since the social sciences are in fact marginalized.

However, there is no doubt that "the phenomenon" is closely linked to the social context, and by "phenomenon", we mean drug use, their market, the problems they raise and societal and political responses. However, it is precisely the question of drug policy that is marginalized with the preponderance of neuroscience. The OFDT's mission is indeed "to enlighten public authorities by providing information useful for decision-making". This is the role of systematic epidemiological studies, or even evaluations of intervention systems, but in fact, whether in health or in repression, we only measure the activity of the services: the number of patients cared for, the number of acts in terms of health, a clampdown on the number of arrests or sanctions. But what are the results of these services? To what extent do they meet their assigned objectives? And to what extent should these objectives be redefined in terms of results or lack of results? The information collected could be used to guide policy choices, if drug policy were based on rational choices, which in turn are based on situational realities. This is what we could have hoped for when France adopted the harm reduction policy (despite public debates) on the basis of the results obtained, but once again this is not what happened.

Today, drug policy is confronted with a major contradiction. Since the 1990s, there have been decisive advances in the field of health. In France and internationally, harm reduction policy has had to demonstrate that it is necessary to protect health[1], so much so that the WHO and the UN jointly recommend the development of harm reduction[2].

Reducing the harm associated with drug use means acknowledging that, whether you like it or not, we live with drugs. This has forced a rethink of drug health policy. Previously, the exclusive objective of treatment was abstinence, in line with the objective of drug eradication assigned to national and international policy. In health,

1 With regards to France, see INSERM (ed.). *Réduction des risques infectieux chez les usagers de drogues*. Les Editions INSERM, 2011. In terms of international use, see Rhodes, T., and Hendrich, D. (eds). (2010). *Harm Reduction: Evidence, Impacts and Challenges*. European Monitoring Center for Drugs and Drug Addiction, Monograph 10, Lisbon.

2 WHO, UNODC, and UNAIDS (2012). Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users.

illicit drugs have now lost their exceptional character. Whether it is alcohol or cannabis, tobacco or cocaine, the prevention of risky behavior is based on the same principle of reducing negative consequences. Public health, formerly in the service of prohibition, now obeys its own logic, especially since research on the dangerousness of licit and illicit psychotropic drugs has led to the conclusion that the prohibition of illicit drugs is not justified by the greater dangerousness of these drugs[3]. The gap between health and global drug policy is widening, but every effort has been made to mask this contradiction.

The change was limited to the field of health, without changing the overall drug policy. The harm reduction policy did obtain legal status in 2004, but this public policy was adopted behind closed doors. The French population is unaware that the catastrophic consequences of the rising use of heroin and the AIDS epidemic have been overcome thanks to this health policy, and the public debate remains locked in the “lax or repressive” alternative, and so we have seen an increasing escalation of the war on drugs. As heroin disappeared from the public domain, cannabis became the priority to be fought against in terms of drugs. With regard to use, campaigns have followed one after the other on the dangerousness of this drug, onto which all the fears and stigmas previously attached to heroin have shifted: cannabis is addictive, and it can cause serious mental disorders and even deaths (road accidents) – it has been said and repeated, while addictologists are questioned about risk-taking among adolescents. In 2005, a zero-tolerance policy was adopted in France based on the American model in the name of the fight against delinquency and risk factors, and in 2008, it was adapted to the repression of drug use, without provoking any debate. Drug policy refers to two schools of thought: on the one hand, addiction, where use is thought of in terms of risks and dependence, and on the other hand, “drugs”, a social scourge with its traffickers, delinquents and violent offenders who rule the “working-class neighborhoods”. Whether left-wing or right-wing, the political classes are in consensus: it is necessary to fight against traffickers and restore public order.

This is the context in which the project for the seminar “Drug Prohibition” is being developed. In the course of the past decade, the associations that had instigated the public debate had become increasingly inaudible, the threat of AIDS was no longer frightening, and budget cuts had limited action on the ground. The feeling that prevailed in France at the time was that there was nothing new under the drug sun, and yet, at the same time, the American continents, both North and South, were in turmoil – and it was not a question of health: the failure of the war on drugs is starting to become evident. The more the armies intervene, the more violence

3 Roques, B. (1998). La dangerosité des drogues. Report to the State Secretariat for Health. Editions Odile Jacob, Paris.

escalates. The war on drugs kills more people in Central America than the war in the Middle East. Mexico and Colombia have therefore requested and obtained the holding of a special UN assembly: they want international treaties to be renegotiated[4]. This is a first break in the consensus on international drug policy. The French have not heard of it, and they are not interested in it. The only recurrent issue is the sale of cannabis in the suburbs. On several occasions in previous years, a few voices were heard, demanding the legalization of cannabis, but their arguments had little influence on the French political class: the fight against drug dealers formed a consensus, and the enemy was now clearly identified: "everyone knows that drug dealers are black or Arab", said the journalist Zémour in 2011, following the new doctrine of "saying what everyone else is thinking".

In 2015, however, there was surprising information circulating: two American states decided to legalize cannabis. After the succession of campaigns on the dangerousness of this drug, journalists wondered: would commercial logic have prevailed? Were these Americans sacrificing the health of young people in the name of free trade? But suddenly public opinion shifted: the legalization of cannabis is no longer a utopia and the majority of French people are now in favor of it.

The question of drugs needs to be reconsidered, and this is the task that the EHESS seminar has tackled by calling upon expertise. In terms of both its objectives and its method, this seminar revives a tradition of research that has been mobilized several times in the recent history of drugs. It is no coincidence that researchers are coming together in terms of understanding a new phenomenon and seeking appropriate responses, and it is no coincidence either that the three years of this seminar have led to the conclusion that we must "live with drugs". This is the observation of all the researchers who have succeeded one another to understand the relationship that societies have with drugs. "With the exception of food alone, there are no substances on earth that have been so closely associated with the lives of peoples in all countries and at all times", wrote a pioneer in this field of research, Louis Lewin, in his introduction to the masterful inquiry to which he devoted his life. Louis Lewin was a pharmacologist, and he investigated all products and uses in all societies, soliciting botany, anthropology, history and even consumer testimonies[5]. His scientific classification of psychotropic drugs came into being as drug prohibition was adopted, to the detriment of traditional medical and pharmaceutical control in the West. But at that time, this international prohibition did not aim to eradicate drugs; it only claimed to control the markets.

4 Coppel, A. and Doubre, O. (2012). *Sortir de l'impasse, à la recherche d'alternatives à la prohibition*. La Découverte, Paris.

5 Lewin, L. (1903). *Traité de toxicology*. Éditions Doin, Paris; Lewin, L. (1927). *Phantastica*. Éditions Payot, Paris; Lewin, L. (1931). *Phantastica, Narcotic and Stimulation Drugs: Their Use and Abuse*. E.P. Dutton and Co. Inc.

The shift from market control to repression of users is taking place with the spread of illicit drugs among young people. In the United States, it began in the late 1950s with police repression in ghettos. Research increasingly understands how drug users have been trapped and seen as junky, lawless, delinquents or psychopaths, a production of repressive devices according to the sociology of deviance. At the same time, urban anthropologists describe the daily lives of drug users, whose behavior has its own logic. *Life with Heroin* is a journal of ethnographic research on the daily lives of heroin addicts from the 1960s onwards, and the research shows that their behavior is neither erratic nor suicidal: it meets the requirements of the context marked by prohibition[6]. This is precisely what went against the strengthening of prohibition in the very early 1970s, with the priority now given to the repression of users. Social science research is then marginalized precisely because its conclusions run counter to international policy. In English-speaking countries, however, some researchers are continuing their work, but the only research disseminated internationally is that which confirms the choice of prohibition.

In France, where research is traditionally a clinical responsibility, the decision to call upon the social sciences has no antecedent. But the continuous strengthening of repression since 1986 opened a debate within the French Socialist Party government: "Insecurity, delinquency, drugs, what is the reality of these threats?," politicians wondered. The politicians concerned at that time were few and far between. President Mitterrand understood that public opinion had to be reassured by showing the State's commitment to "the fight against drugs and drug addiction", but at the same time, Alain Ehrenberg, a sociologist, was officially asked to "understand the phenomenon". The seminar he led brought together a first generation of French researchers who were open to international research[7]. Several books were published as part of this seminar, which led to the same conclusions as previous research: we need to "live with drugs"[8]. In the meantime, public authorities became aware of the "social and health disasters caused by the refusal to do anything that could make life easier for drug addicts", to quote the diagnosis of the Henrion Commission in 1994,

6 Hanson, B., Beschner, G., Walters, J., and Bovelle, E. (1985). *Life with Heroin. Voices from the Inner City*. Lexington Book, Lexington, Toronto.
7 Ehrenberg, A. and Mignon, P. (eds) (1992). *Drogues, Politique et Société. Etats-Unis, Europe, Japon*. Le Monde Editions and Editions Descartes, Paris. See also Ogien, A. (1992). "Situation de la recherche en toxicomanie en Europe et aux Etats-Unis". In *Penser la drogue/penser les drogues*, Ehrenberg, A. (ed.). Vol 1. Editions Descartes, Paris.
8 Ehrenberg, A. (2002). Comment vivre avec les drogues ? Question de recherche et enjeux politiques. Preface to *Vivre avec les drogues, régulations, politiques, marchés, usages. Communications*, Vol. 62, 1996/Le Seuil. See also Faugeron, C. and Kokoreff, M. (eds) (2002). *Société avec drogues, enjeux et limites*. Trajets Eres.

which warned the public authorities about the health emergency[9]. However, there was a contradiction between prohibiting the use and distributing syringes, but in view of the risk of infection, Simone Veil agreed to give an experimental status to the policy of reducing infectious risks. The very first actions had already been tested by actors who joined forces on the ground: drug users, AIDS or humanitarian activists or carers, particularly general practitioners. The role of drug users was crucial. This was firstly so, because drug users are the first to be affected and the first to react. In 1987, syringes were made available over-the-counter, and the following year, two studies showed that nearly half of injectors had spontaneously given up sharing their syringes[10]. To ensure that all users were able to protect their health, all users had to have access to information, sterile syringes and health services. It was also necessary to identify the obstacles they faced and propose tools adapted to their uses and risk taking. Drug users then played a major role: they were able to connect with those who had "escaped" from institutional care, i.e. the largest number, to seek with them the possible choices according to the uses and constraints they faced, and to use the information in a credible way[11]. By gathering together in self-help groups, drug users acquired collective expertise by comparing individual experiences of use. Beyond the threat of AIDS, they took ownership of the harm reduction approach, and in the festive environment, new generations of users began to look for information on products and risks according to their uses. In the experimental phase of harm reduction, all expertise was compared, whether based on experience of use, social science research or medical research. This confrontation of expertise was essential to regulate drugs, because to act, it was necessary to enable understanding, and qualitative research was essential in this phase[12]. This research then underwent exceptional international development. However, it was the expertise resulting from experience as it was the expertise of the social sciences that played a role: all this expertise was marginalized when prohibitionist logic prevailed. In the public debate, people were needed, and epidemiological studies prevailed in the field of research. But a truth came to the forefront: for the proponents of all kinds of suppression, no matter what the results, the war on drugs had to be waged at all costs, and there could be no alternative.

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9 Professor Robert Henrion President (1995). Rapport de la commission de réflexion sur la drogue et la toxicomanie. La Documentation française, Paris.

10 Ingold, R. and Ingold, S. (1989). Les effets de la vente des seringues sur le comportement des usagers de drogues. *Bulletin des Stupéfiants*, XLI(1 and 2), pp. 81–96. Facy, F. (2011). Evaluation des résultats, rôle de l'épidémiologie, Exemple d'une mesure réglementaire. INSERM U-302, psydoc-fr.broca.inserm.fr.

11 See Coppel, A. and Stella, A. (2018). "L'auto-support des usagers de drogues, entre mobilisations spontanées et héritages de l'histoire". In *Itinérances*, Rafanell i Orra, J. (ed.). Éditions Divergences and Les laboratoires d'Aubervilliers, Paris, pp. 132–138.

12 Fountain, J. (2000). *Understanding and Responding to Drug Use: The Role of Qualitative Research*. EMCDDA Scientific Monograph Series, no. 4, Lisbon.

Yet, today and every day, there are more and more alternatives. The legalization of cannabis is connected to ongoing experiments in the health field, from consumption rooms to heroin prescriptions. Therapeutic cannabis, now adopted by an increasing number of countries, is contributing to a reconsideration of the classification of psychotropic drugs on which prohibition is based.

By taking prohibition as its research subject, the EHESS seminar is part of a long tradition of research, regularly suffocated by the advances of prohibition, but which is constantly rising from its ashes. While the debate on drug prohibition is strangely repetitive, the choice of a drug regulation policy requires an account of the changing realities of the situation. This also means that research in the social sciences and humanities is called upon for continuous development, because with the advances of globalization, developments are numerous, rapid and multifactorial. In addition to the increase in the number of psychotropic drugs, driven by a particularly dynamic market, it is also necessary to take into account the social, economic and political logics that interact with the issues specific to the drug field. The three years of the "Prohibition" seminar have opened, or reopened, this field of research, they testify to its relevance, because whatever the obstacles, we can doubt today that a changeover will take place: the current drug policy is increasingly contested. We will be careful not to predict the future, which depends on factors that are beyond the control of the drug issue. At least this seminar will have helped to legitimize this field of research, and hopefully stimulate new vocations.

Living with drugs, being acquainted with them, controlling their use, limiting the risks of their misuse: these are the conclusions we can draw from reading this collective book, which emerged from the seminar held at EHESS in Paris during the years 2015–2017.

The first year of the seminar was entitled *Prohibitions des drogues: approche transversale* (Drug prohibitions: a multidisciplinary approach). In the second and subsequent years, the title was extended to *Consommations et prohibitions des drogues: approche transversale* (Drug consumption and prohibition: a multidisciplinary approach"[13]. By multidisciplinary, this means not only a crossing over of scientific disciplines but also a crossing over of knowledge and knowledge carriers in this field. Thus, among the speakers at the seminar and the audience present at the various sessions, there were anthropologists, sociologists, historians, philosophers, economists, lawyers, doctors, psychiatrists, health center workers, community activists, drug users and former drug users. In fact, this seminar proved to be a crossroads where, via different paths, flows of mature knowledge about books, medical practices and consumer experiences converged.

13 All of the seminar sessions, nine per year, were filmed and are available on the Canal U, ASUD and YouTube websites (in French).

This collective research serves to improve understanding of the phenomenon and thereby change the way we look at drugs and contribute to changing public policies in this area. We are talking about drugs for a specific reason, trivializing this term, which has become synonymous with social poison, in order to break down barriers between legal and illegal drugs. Over the past 100 years, efforts have been made to develop national and international legislation, classifying certain drugs as suitable for consumption and others as lethal to individuals and society. However, all these laws do not hold water, because they are based on flawed and completely contradictory principles. Therefore, if the term "drugs" is replaced by psychotropic drugs or psychoactive substances, things already start to become clearer.

Hence, this book opens with the topic of wine, this "divine ferment" so appreciated by the inhabitants of the Mediterranean since biblical times. For millennia, Europeans have focused on Bacchus, Christ has been celebrated for transforming water into wine to please guests, and the consumption of wine and alcohol has been perceived as a normal, banal, daily activity. Although drunkenness and the antics that often result have often been discussed by moral and civic authorities, alcohol consumption has never been banned, except in the United States between 1920 and 1933. Until the 20th Century, the Christian West practically lived with only one drug, alcohol, ignoring the drugs of the East and America.

Since ancient times, doctors have warned against the health consequences of alcohol abuse. By the end of the 19th Century, medical health officers had made alcohol one of the three social scourges, along with venereal diseases and tuberculosis, and several of them were even in favor of its prohibition, but in the meantime, the alcohol manufacturers systematically opposed any measure that might limit consumption. It was not until the end of the 19th Century itself that the health consequences of alcohol were systematically studied. It is estimated that at least 50,000 people die each year from alcoholism in France. Globally, the WHO estimates mortality at three million people, with three-quarters of them being male.

However, despite the health statistics that rank alcohol with tobacco as the most dangerous psychotropic substances for health, in both the West and the Far East, the legitimacy of alcohol consumption is not questioned. On the contrary, drinking a beer, a glass of wine, a pastis or a whisky continues to be perceived as a normal, desirable act by a significant part of the population. It is true that, in addition to leading to illness or death, many virtues are attributed to alcohol. Drinking to forget, to fall asleep, to get drunk and to give oneself courage at work: individual motivations are many and diverse, varying from one individual to another, from one moment to another in life. Drinking alcohol is also a social act: drinking together promotes togetherness, good humor and friendliness.

On the contrary, the Arab-Muslim population saw in alcohol the *haram*, the evil, the source of all vices, and prohibited its production, trade and consumption. From Mohammed to the jurists of Islam, alcoholic beverages have been stigmatized and banned, and even in Paradise, good Muslims will only be allowed rivers of unfermented grape juice. Today, in the 21st Century, three dozen countries ban all fermented beverages, even in low doses of alcohol. These are mainly Muslim countries in the Middle East and Africa, but alcohol prohibition is also shared by some Hindu and Buddhist countries, such as the Indian states of Bihar, Gujarat, Kerala, Nagaland and Mizoram. In these countries, alcohol consumers face prison and whipping, which seems surprising to Westerners, who are used to considering alcohol consumption – at least in moderate quantities – as legitimate.

In one of the countries where alcohol is banned, Yemen, the mass of the population makes daily use of khat, a shrub from which the fresh leaves are chewed. Its consumption is ancestral and increasingly shared with the populations of the Horn of Africa where, from Ethiopia to Djibouti, from Kenya to Somalia, production, trade and consumption are now expanding rapidly. Paradoxically, some effects induced by khat are comparable to those produced by alcohol: euphoria, disinhibition and a search for human exchanges. Khat thus fulfills functions of sociability: the users invite friends to their homes, “graze” on khat while talking about business, discussing the world together while comfortably seated or lying down. Thus, khat conforms to the population’s daily life and determines the pace of it, between the purchase of bunches of fresh leaves on the market and the long grazing sessions. So much so that even the civil war that has been raging in Yemen for years stops in the afternoon to allow fighters to indulge in khat consumption. In addition, khat production and trade represent an important part of the Yemeni economy and are increasingly affecting the economies of Somalia and Ethiopia. In the latter country, where the consumption of khat was traditionally restricted to Muslim populations because of its prohibition by Christian authorities, “the leaf of Allah” is also beginning to break through in Christian regions.

In the geography of traditional psychotropic drug use, non-medical opium use has been central in the Middle East, India and Asia. While Westerners had known and used opium since ancient times, its use was limited to certain medical cases. In contrast, among populations in the East, opium has been consumed not only for therapeutic purposes for many diseases and pains, but also for comfort and pleasure. The case of Iran is emblematic: opium consumption has been entrenched among Iranians for several centuries, a habit shared from the top to the bottom of the social ladder, among workers as well as in the spheres of power, among men and, partially,

among women[14]. Consumption is so widespread in society that despite its prohibition in the 20th Century, despite one of the most repressive laws in the world (recently, several hundred death sentences per year for heroin trafficking) and despite the harsh regime established by the mullahs, Iran still has millions of opiate users today (three million according to the authorities or rather a dozen according to NGOs).

Like in Iran, throughout Central and East Asia, opium consumption has been established on a long-term basis for several centuries[15]. In both the Golden Crescent and the Golden Triangle, via India, the production, trade and consumption of opium have spanned centuries, resisting prohibitionist campaigns for as long as it has been in existence. The case of Vietnam is paradoxical: while France was among the signatories to the first international conventions prohibiting the trade of opium for non-medical purposes, in Indochina, the opium regime continued to collect lucrative taxes throughout the colonial period[16].

Despite its centuries-old roots throughout Asia, and although Greek and Roman physicians knew about and used opium, the additional health-related use of poppy juice in the West took centuries to be adopted by society. Consumed in a limited way by sailors, travelers and soldiers who came into contact with Asian societies, it became fashionable among artists at the very beginning of the 19th Century. It was "The beautiful era of opium"[17], a fascination that extended to all "the poisons of the mind": morphine, heroin, cocaine and drugs produced by the German and Swiss pharmaceutical industry[18]. Despite the first prohibition law passed in 1916, the popularity of these drugs increased in the aftermath of the war; morphine, heroin and cocaine were part of the celebration and became part of the daily lives of French men and women who wanted to live "the Roaring Twenties"[19] to the fullest. This raised questions about the closure of the European population to drugs from

14 See Matthee, R. (2005). *The Pursuit of Pleasure. Drugs and Stimulants in Iranian History, 1500–1900*. Princeton University Press.

15 Some titles, in an extensive bibliography on opium in Asia: Hubert, A. and Le Failler, P. (eds) (2000). *Opiums. Les plantes du plaisir et de la convivialité en Asie*. L'Harmattan, Paris; Chouvy, P.-A. (2010). *Opium. Uncovering the Politics of the Poppy*. Harvard University Press; Paulès, X. (2011). *L'opium. Une passion chinoise (1750–1950)*. Payot, Paris.

16 See Menard, O. (2005). "Le monopole étatique de la vente de drogue : le cas de la régie de l'opium en Indochine. Un exemple de prophylaxie budgétaire". In *La prohibition des drogues. Regards croisés sur un interdit juridique*, Colson, R. (ed.). PUR, Rennes, pp. 27–31.

17 de Liedekerke, A. (1984). *La belle époque de l'opium*. Editions de la Différence, Paris.

18 See in this book the chapter by Konstantinos Gotsinas (Chapter 6).

19 See Retaillaud-Bajac, E. (2009). *Les paradis perdus. Drogues et usagers de drogues dans la France de l'entre-deux-guerres*. PUR, Rennes.

elsewhere, from an Orient looked upon in a worried way[20]. As the Consultative Committee on Indigenous Affairs in Indochina said in 1913: "It is a universally accepted opinion that opium consumption is an innate vice among the Chinese like alcoholism among Europeans"[21]. And yet, in the aftermath of 1968, a new generation fell in love with drugs from elsewhere: cannabis, hallucinogens, amphetamines, cocaine and finally heroin, which spread more widely from the mid-1970s onwards, in a context marked by the inexperience of users and generally by a lack of knowledge. The purely repressive responses in the midst of the AIDS epidemic would then lead in the 1980s to a real health disaster in France, unlike the case with the British, who were also confronted with the spread of heroin at the same time, and who quickly gave priority to medical responses in line with their public health tradition[22].

In the 21st Century, we are witnessing a turning point in the consumption of psychotropic drugs. Psychoactive plants and their traditional uses are increasingly being replaced by synthetic products and new consumption patterns. In Vietnam, where the majority of opium addicts continued to smoke opium until the 1990s, it is injecting and snorting heroin that has become the dominant practice of users. Iran has undergone the same change. The chemicalization of substances, globalization and the increase in trade are now subverting traditional psychotropic drug consumption. For centuries, the consumption of psychotropic plants was localized; it was necessary to go to a specific place to chew coca or khat leaves. In addition, green plants could not withstand long sea crossings. With the synthesis of active molecules and their concentration in volume, combined with the explosion of exchanges via the Internet, drugs have spread all over the world.

What drugs? Westerners, who had been simply drugged with alcohol for millennia, now consume drugs from the East (cannabis, opiates), drugs from the Americas (coca), and those produced by pharmaceutical companies (opioids, benzodiazepines, amphetamines, etc.). As for Eastern populations, traditional users of soothing drugs such as cannabis and opium, they are also undergoing a metamorphosis: from China to Iran and Indonesia, it is methamphetamines that are increasingly in demand. This change in consumption habits is accompanied by a change in mentalities in these societies which are attracted to performance and productivity.

The emergence of psychotropic drugs from elsewhere has an obvious impact on traditional cultures. An emblematic case is that of alcohol introduced into Vanuatu

20 See Bachmann, C. and Coppel, A. (1989). *Le dragon domestique. Deux siècles de relations étranges entre l'Occident et la drogue*. Albin Michel, Paris.
21 See the quotation in section 7.8, footnote 8 in this book (Chapter 7 by Philippe Le Failler).
22 See Kokoreff, M., Coppel, A. and Peraldi, M. (eds) (2018). *La catastrophe invisible. Histoire sociale de l'héroïne*. Éditions Amsterdam, Paris.

and the Pacific Islands by English and French settlers at the end of the 19th Century, while prohibiting the traditional consumption of kava, a drink derived from a local root and low in alcohol. Following Vanuatu's independence in 1980, the islanders not only restored the lawfulness of kava consumption, but also made it the national drink. This did not prevent them from continuing to taste a drink from elsewhere: alcohol.

Over the long history of the consumption of psychotropic plants and substances, prohibition is a very recent phenomenon. First, this is because the very idea of prohibiting the consumption of a plant that grows naturally seems odd: humans, like animals[23], have learned through direct experimentation, through trial and error, to appreciate or depreciate fruits, herbs, plants and shrubs, transmitting this knowledge around their own populations. Before the 20th Century, the authorities sometimes issued decrees and orders prohibiting or limiting the misuse of psychotropic plants. In China, Vietnam and Thailand, in the 18th and 19th Centuries, some kings and emperors were concerned about the spread of opium consumption among the population and wanted to prohibit its "misuse", i.e. outside the context of therapeutic use. However, in the face of the opium market that the colonial powers imposed with weapons, the decrees had very limited or no success. In China, as in Vietnam, it was not until the international prohibition of the first decades of the 20th Century, and especially the heavy hands of the "red armies", that opium production and consumption was drastically reduced. This was a huge task, considering that, at the beginning of the 20th Century, 10–20% of the population in Southeast Asia was addicted to opium.

Chronologically, the first known and documented prohibition of psychoactive plants was that of the peyote and other "magic herbs" in colonial Mexico. This was in 1620, and the authors of the prohibition edict were the Inquisitors of Mexico City[24]. How did the country come up with the crazy idea of banning the consumption of a small, thornless cactus, which several Amerindian ethnic groups had been consuming for a very long time? The missionaries reported that these Indians, under the guise of ritual gatherings, celebrated, played and sang, while eating peyote, which they worshipped like a god. They also used it to guess the future and unravel mysteries, which scandalized the missionaries of one God. It was indeed a conflict between worlds, of which the prohibition of the peyote was one of the repressive tools of the colonization of the imagination[25]. But between the

23 See Samorini, G. (2013). *Animali che si drogano*. Shake edizioni, Milan.
24 See Stella, A. (2019). *L'herbe du diable ou la chair des dieux ? La prohibition du peyotl par l'Inquisition de Mexico*. Editions Divergences, Paris.
25 See Stella, A. (2016). Un conflit entre mondes magiques. La prohibition du peyotl par l'Inquisition de Mexico, *Mouvements*, 86, 130–137; Boumediene, S. (2016). *La colonisation*

prohibition edict and its application, there was a gap, and apart from a few hundred people prosecuted by the Holy Office courts (especially mixed race, black and mulatto populations, women in particular), the prohibition of the peyote was a failure – like the prohibition in 1691 of *rosamaria*, the first name given to Indian hemp in Mexico, which later became marijuana[26]. In addition, it should be noted that even though the measure was considered by the Inquisitors, neither coca in the Andes nor cannabis and opium in India were prohibited by the Inquisitions of Lima and Goa.

The great global drug prohibition was created during the first two decades of the 20th Century, through successive international conventions signed in Shanghai (1909) and The Hague (1912) involving the major Asian and Western powers. They targeted opium and its derivatives, and repressive measures were put in place in the various signatory countries at the end of World War I, extending it to cocaine, heroin and morphine – the latter, however, retained its status as a drug. Together with China, the United States was the great architect of drug prohibition, which it implemented at the same time as alcohol prohibition at the federal level. What animated both the Chinese State and the United States was a moral and social concern as well as a health concern. Chinese modernizers who wanted to put an end to a society of laziness found a response in the American WASPs (White Anglo-Saxon Protestants) who could no longer stand to see workers tearing themselves apart with alcohol or opium and leaving their jobs and families behind[27].

International and national prohibitionist legislation was then strengthened during the 20th Century, leading in particular to the American and European laws of 1970. More than previous laws, which fundamentally affected the production and trade of “poisonous”, “toxic” and “narcotic” substances, the 1970 law targeted prohibited drug users, seen as offenders and/or chronically ill. Once again, the United States spearheaded the global crusade, launching (under President Nixon and then Reagan) the “war on drugs”.

Fifty years later, the results of the “war on drugs” are now well known. Targeting both supply and demand, this war proved to be deadly, socially unjust and ultimately ineffective. By attacking poppy, coca and cannabis crops, it has further impoverished and destabilized small farmers in poor countries. Waging a merciless war against both large traffickers and small street dealers, it has caused the deaths of hundreds of thousands of people killed by gun warfare, in conflicts with the police and army, in inter-gang warfare or by extrajudicial executions (as in the Philippines,

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du savoir. Une histoire des plantes médicinales du Nouveau Monde (1492–1750). Les éditions des mondes à faire, Vaulx-en-Velin.

26 See Stella, A. (2019). *L'herbe du diable…*, *op. cit.*

27 See Martin, J.-P. (2002). *La vertu par la loi. La prohibition aux Etats Unis, 1920–1933*. EUD, Dijon.

Thailand or Brazil). The “war on drugs” has filled half of the world’s prisons, repressing both large and small traffickers, as well as ordinary consumers and self-producers. Moreover, in many countries that continue to apply the death penalty, such as China, Iran and Saudi Arabia, the charge of drug trafficking is the main cause of death sentences[28].

The “war on drugs” has turned out to be a “war on drug addicts”, with most of the repression focusing on users and not on traffickers, contrary to what politicians claim. The punitive logics at work target groups of individuals who are socially and racially categorized[29]. In France, the criminalization of use was demanded by Raymond Marcellin, then Minister of the Interior, and his objective was clear: to restore order and affirm the authority of the State, after the May 1968 protest. The law therefore targeted hippies, the marginalized and protesters with a counterculture that challenged the values of authority, work and patriarchy. While one could be sentenced to one year’s imprisonment for “simple use”, i.e. without possession of the product, the possession itself was considered as trafficking and punishable under the law by 10 years’ imprisonment regardless of the quantities, and it was always most often for possession that users were punished. In the United States, on the same date, President Nixon targeted not only “pacifists” who opposed the war in Vietnam, but also the black community, which had just won new rights that were unacceptable to a large number of Republicans. The “war on drug addicts” largely turned out to be a “racial war”. In the United States, between 1980 and 2000, 31 million people were arrested for drug offences, and the absolute majority of these prisoners were black and Latino[30]. However, this racialized logic can be seen in most countries of the world, including France. Even, if initially it was a question of punishing marginal protesters, police practice will also target “working-class neighborhoods”, and these practices are justified by the association “*drogue = délinquant = migrant*” (drug = delinquent = migrant) which Le Pen first denounced in the early 1980s, but which is gradually being taken up by a growing proportion of the public opinion, convinced that “traffickers are black and Arab”, as the journalist Zémour stated in 2010[31]. As for the number of prisoners, the proportion of minorities incarcerated in France is approximately the same as in the USA; it can be estimated at 70–80% depending on the territories[32].

28 See here the contribution by Sonny Perseil (Chapter 11).

29 See Becker, H. (1963). *Outsiders: Studies in the Sociology of Deviance*. The Free Press of Glencoe, New York; Becker, H. (ed.) (2001). *Qu’est-ce qu’une drogue ?* Atlantica, Anglet.

30 See Alexander, M. (2017). *La couleur de la justice. Incarcération de masse et nouvelle ségrégation raciale aux Etats Unis*. Syllepse, Paris (New York, 2010).

31 Coppel, A. and Doubre, O. (2012). *Sortir de l’impasse*. La Découverte, Paris.

32 See Fassin, D. (2015). *L’ombre du monde. Une anthropologie de la condition carcérale*. Le Seuil, Paris.

The "war on drugs" and the fantasy it has conveyed has in turn produced monsters: drug addicts, drug dealers and traffickers have become the demons of modern times, identified either as criminals or as the scraps of society, at a loss and diseased. It is certain that Mexican, Colombian, Chinese or Nigerian cartels have criminal and murderous practices that are often appalling, just as the accumulation of life problems, combined with the abusive use of psychotropic drugs, leads people who have been weakened to the brink. However, it is equally certain that these extreme figures, often built on various facts that have been out of proportion, poorly hide a less impressive and more banal landscape of producers, traders and consumers: small farmers, transporters, retail retailers and consumers living their lives normally.

Yet, despite all the suppression, the "war on drugs" has proved to be a bitter failure because, instead of being eradicated, the consumption of psychoactive substances has multiplied and globalized. The demand is there, and in our societies the consubstantial needs of humanity continue – to escape, relax or stimulate – which appear to be rooted and ineliminable. The crisis of overdosing on opioids prescribed by doctors in the United States in the 21st Century tells us that these users are not racialized marginalized people who buy heroin on the black market, but ordinary people treating their depression, pain or troubles with legal opioids.

The current distinction between legal and illegal drugs is increasingly becoming an aberration, from all points of view. Between Opiate Substitution Therapy (OST) and all other morphine substances for patients suffering from cancer and other chronic pain, pharmacies are the most significant points of sale for opiates, far ahead of illegal heroin sales outlets. In addition to public order and morality, population health is the main argument used by public authorities to keep certain psychotropic substances banned and illegal; a prohibition that is increasingly both unjustified and counterproductive in Western societies where tobacco and alcohol are sold over the counter (and taxed). Over the past century, efforts have been made to build a picture of banned psychotropic drugs, starting with opium and cocaine, continuing with cannabis, then psychedelics, and ending today with synthetic molecules (NPS). It is a race to infinity that increasingly resembles a Sisyphean task.

After a century of outright prohibitionism, the 21st Century is beginning to introduce drug policy reforms[33]. While at the end of the last century, harm reduction policies related to drug use finally took hold in the West and elsewhere in the world, more and more countries are now taking the plunge towards the legalization of cannabis. As a result, from the legitimization of the use of therapeutic cannabis to that of recreational cannabis, the status of substances and that of their users is

33 See Coppel, A., Olivet, F., Lebovici, B.L. and Stella, A. (eds) (2017). Changements dans les politiques des drogues? *Chimères*, 91.

radically changing. From delinquents, deviants and drug addicts, we move on to patients curing their illnesses with the help of a medicinal plant and to responsible adults who wish to enjoy themselves a little in life.

These changes in public drug policies have been less the result of enlightened and humanistic governments than of a human and cultural wave that has emerged in society. Moreover, governments have most often only recorded the result of a popular referendum. It is because the idea is now mature that we must stop fighting drugs and learn to live with them.

Today, in France, a few million people consume benzodiazepine and morphine prescribed by doctors on a daily basis, a few million others consume psychoactive substances purchased on the black market, and a large part of the population continue to consume alcohol and tobacco. Everyone is more or less drugged like everyone else is more or less neurotic. Drugs and drug addicts are among us, and we cannot escape them.

Whether for treatment, performance enhancement or pleasure, the demand for psychotropic drugs is not ready to decline. It would therefore be better to seek a new framework for their production, distribution and consumption. This depends on the substance, of course, bearing in mind that all psychotropic drugs, including the mildest on paper, such as cannabis, can have a hard and harmful use. However, it is clear that the hardest drugs in particular must be removed from the black market not only to put an end to the crime caused by prohibition, but also in order to protect consumers' health and safety. The quality of the grams or milligrams of dope purchased on the black market, their composition, cut and overcut, cannot be known by the consumer, and hence this poses an obvious health risk.

At the beginning of the 21st Century, we can see that a certain legalization of drugs is underway. Opiate substitution products, and even medicalized heroin in some countries, have in fact legalized the most emblematic psychotropic drug under medical cover. Psychotropic plants such as coca, khat, peyote, psilocybe mushrooms, ayahuasca and kava are legalized in traditional consumer regions. As for cannabis, there is a real wave of legalization, particularly in the Americas. This is a legalization of production and trade that poses new challenges to the community. Three models face each other: the capitalist model, the state monopoly and the self-management of production and distribution. We know that both legal psychoactive substances produced by pharmaceutical companies and those sold on the black market allow millionaire windfalls for both company shareholders and cartel sponsors.

In the current context, it seems difficult for cannabis and other psychotropic plants to escape the market's grip, which tends to increase the number of users. With

regard to cannabis, it is likely that the number of recreational users will not increase significantly in all countries where the product is already widely available. In addition, the majority of users have acquired an experience that allows them to regulate their use from now on. They will be better able to do so if they are properly informed about the quality of the products (THC levels, cannabinol), but cannabis is an exception. For both alcohol and tobacco, market-based regulation has led to a succession of health disasters all over the world where drugs have been sold. This is also the case with the massive prescription of opiates, which caused 72,000 fatal overdoses in the United States in 2017. It is therefore important to look at how best to regulate the market, on the one hand, and consumption, on the other hand; in other words, it is important to think about the drug issue in terms of policy in a broad sense – which includes all the dimensions that contribute to drug management. In this area, there are no simple or definitive answers, as regulations must evolve according to their results and the evolution of the situation by requesting all the expertise. This justifies the interdisciplinary approach we have adopted, which will make it necessary in the future to continuously develop research.