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A Profile of Substance Abuse, Gender, Crime, and Drug Policy in the United States and Canada

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A Profile of Substance Abuse, Gender, Crime, and Drug Policy in the United States and Canada

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The climate of domestic drug policy in the United States as it pertains to both women and men at the beginning of the 21st century is the criminalization mode of regulation—a mode that is based on the model of addiction as a crime and one that is used to prohibit the use of illegal drugs. In Canada, drug policy is based mainly on the harm reduction model, a policy or program directed towards decreasing the adverse health, social, and economic consequences of drug abuse without requiring abstinence from such use. Using a comparative perspective, several issues are examined in this article: the prevalence of substance abuse between the two countries, the significance of gender and substance abuse, drug costs relative to both countries, the prevalence of crime and substance abuse, and domestic drug control policies.

KEYWORDS Canada, crime, gender, men, substance abuse, United States, women

INTRODUCTION

Substance abuse continues to afflict both American and Canadian societies to a great extent (Substance Abuse and Mental Health Services Administration [SAMHSA], 2000; Adrian & Kellner, 1996), resulting in serious consequences for those afflicted and for their families (Abbot, 1995) as well as to both societies at large. For example, in the United States over half of federal inmates are in prison due to a drug charge (West & Sabol, 2008). Similarly, since the early 1970s in Canada, drug offenses have accounted for more than

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a third of the growth in the incarcerated population and, since 1980, the incarceration rate for drug arrests has increased 1000% (Riley, 1998). Further, the economic cost of drug abuse in 2002 was estimated at $180.9 billion in the United States (Office of National Drug Control [ONDCP], 2001). In Canada, the total annual cost of substance abuse is $39.8 billion (CAD dollars) (Rehm et al., 2006). Obviously, the cost of substance abuse among both women and men is high in both personal and social terms for both the United States and Canada in the 21st century.

In attempting to reduce the impact of drug offenses, the approach of domestic drug policies in both nations is divergent—in the United States the criminalization model of regulation is the norm—a mode that is based on the model of addiction as a crime and one that is used to prohibit the use of illegal drugs. In Canada, drug policy is based mainly on the harm reduction model, a policy or program directed towards decreasing the adverse health, social, and economic consequences of drug abuse without requiring abstinence from such use.

Using a comparative perspective, several issues are examined in this article: the prevalence of substance abuse between the two countries, the significance of gender and substance abuse, costs relative to both countries, the prevalence of crime and substance abuse, and domestic drug control policies.

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THE PREVALENCE OF SUBSTANCE ABUSE IN THE UNITED STATES AND CANADA: INCARCERATION RATES

In the United States, drug arrests have more than tripled in the last 25 years, reaching a record of some 1.8 million in 2005 (Mauer & King, 2007). In 1980 there were 581,000 drug law arrests, climbing to a total of 1,846,351 in 2005. The upward trend in arrest rates has been accompanied by a greater increase in the number of drug offence related commitments to state and federal prisons. These rose approximately ten-fold between 1980 and 2000 (Boyum & Reuter, 2005; Bewley-Taylor, Hallam, & Allen, 2009).

In Canada, the proportion of drug offenders in prisons is much lower than in the United States, although the number of drug users is high (Bewley-Taylor et al., 2009). Overall, Canada has the highest number of drug arrests per capita of any nation other than the United States (Motiuk & Vuong, 2002). There are currently about 1,200 inmates serving time for drug-related offenses in Canadian federal prisons (offenders who receive more than two years of confinement) and several thousand serving time for drug-related crime in the provincial system (less than two years) (Riley, 1998). In 2006 in Canada, there were 909 federal women offenders, either incarcerated or on conditional release: 44% (401) were incarcerated while 56% (508) were on conditional release (Correctional Service of Canada

[CSC], 2006). As of 2001, the majority of drug offenders were men (94.1%), while there were 342 (5.9%) cases of a woman offender for whom a drug offense was listed (Motiuk & Vuong, 2002).

Incarceration rates are significant indicators in relation to substance abuse. However, one's gender also has an impact on such abuse. The following discussion provides an overview of this issue.

The Significance of Gender and Substance Abuse: United States

According to data from the *2006 National Household Survey on Drug Use and Health* (NSDUH), 112 million Americans age 12 or older (45% of the population) reported illicit drug use at least once in their lifetime, 15% reported use of a drug within the past year, and 8% reported use of a drug within the past month (SAMHSA, 2008). Data from this survey showed that marijuana and cocaine use is the most prevalent among persons age 18 to 25.

Approximately 41.6% of American women ages 12 or older reported using an illicit drug at some point in their lives (SAMHSA, 2006). Among pregnant women aged 15 to 44, 4% reported using illicit drugs while pregnant (SAMHSA, 2004). Approximately 38% of female high school students reported using marijuana (Center for Disease Control and Prevention [CDC], 2004), and of the 22,000 persons who died of drug-induced causes in 2001, 34% were female (CDC, 2004). In terms of alcohol use among American women, 77.6% of women age 12 and older reported ever using alcohol, while 60% reported past year use and 45.1% reported using alcohol in the past month (SAMHSA, 1999).

Similarly, of the 670,000 individuals admitted to emergency departments for drug-related health problems, some 308,000 were women. This represents a 22% increase from 1995 (SAMHSA, 2004). Women also accounted for 30% of the nationwide admissions to all forms of drug treatment during 2002 (SAMHSA, 2004). Additional data show that more than half of treatment admissions for sedatives in 2002 involved women (SAMHSA, 2004). About 30% of the approximately 40,000 new HIV infections occur among women (CDC, 2001). In 1992, women accounted for an estimated 14% of adults and adolescents living with AIDS in the 50 states and the District of Columbia (CDC, 1998). By the end of 2005, this proportion had grown to 23% (CDC, 2005).

In 2007, as in prior years, the rate of current illicit drug use among persons aged 12 or older was higher for males than for females (10.4 vs. 5.8%, respectively). Males were about twice as likely as females to be past-month marijuana users (8.0 vs. 3.8%). However, males and females had similar rates of past-month use of tranquilizers (0.8 and 0.7% for males and females, respectively), stimulants (0.4% for males and 0.5% for females), methamphetamine (0.2% for both males and females), sedatives (0.2% for males and 0.1% for females), and Oxycontin (0.2% for males and 0.1% for females) (SAMHSA, 2008).

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Generally, in studies on men and alcohol in the United States, men report higher levels of consumption of alcohol and report more frequent use of alcohol than women (Olenick & Chalmers, 1991). For example, the Epidemiologic Catchment Area Study, a large survey study conducted in the early 1980s with a representative sample from throughout the United States, showed a number of interesting differences between men and women. For prevalence rates of alcohol-use disorders, men were more than five times as likely to have an alcohol-use disorder (Robins & Regier, 1990).

More recent statistics show that in 2007, 56.6% of males aged 12 or older were current drinkers, higher than the rate for females (46.0%). However, among youths aged 12 to 17, the percentage of males who were current drinkers (15.9%) was similar to the rate for females (16.0%). Among adults aged 18 to 25, an estimated 57.1% of females and 65.3% of males reported current drinking in 2007. These rates are similar to those reported in 2006 (57.9 and 65.9%, respectively) (SAMHSA, 2007, 2008).

In 2007 in the United States, an estimated 22.3 million persons aged 12 or older were classified with substance dependence or abuse in the past year (9.0% of the population aged 12 or older). Of these, 3.2 million were classified with dependence on or abuse of both alcohol and illicit drugs, 3.7 million were dependent on or abused illicit drugs but not alcohol, and 15.5 million were dependent on or abused alcohol but not illicit drugs (SAMHSA, 2008).

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The Significance of Gender and Substance Abuse: Canada

Substance abuse among Canadian women and men continues to be a serious issue as well (Adrian & Kellner, 1996). In the 1994 *Canada's Alcohol and Other Drugs Survey* (Statistics Canada, 1996), 10% of men and 4.9% of women reported using cannabis in the past year while in the 2004 Canadian *Addiction Survey,* this increased to 18.2% of men and 10.2% of women. (Adlaf, Begin, & Sawka, 2005). In a 2002 *Canadian Community Epidemiology Network on Drug Use* (CCENDU) national report, the percentage of female drinkers increased in Canada, most pronouncedly among 20- to 24-year-olds. Since the 1970s, studies have found that Canadian women drinkers consume less alcohol and drink less frequently than men who drink. For example, in 2004 more women (74.2%) than men (53.4%) reported drinking no more than one or two standard drinks on a single occasion in the past year. However, alcohol is the most common substance used by women and its use has been on the rise over the past decade (Adlaf et al., 2005). Among Canadian women who were pregnant, 17–25% report drinking alcohol during pregnancy. A larger proportion of women than men (23% vs. 17%) report using at least one mood-altering prescription drug; although, in the general population, women are half as likely as men to be current users of cannabis or any other illegal drug (Adlaf et al., 2005).

The following discussion centers on the significance of substance abuse as it relates to the United States and Canada. Highlighted in this overview is how the costs of such abuse impacts on these two countries.

The Significance of Substance Abuse and Costs: United States

According to the ONDCP (2001) the economic cost of drug abuse in 2002 was estimated at $180.9 billion in the United States. This value represents both the use of resources to address health and crime consequences as well as the loss of potential productivity from disability, death, and withdrawal from the legitimate workforce. Several trends stand out from this analysis. First, the costs of drug abuse have increased an average of 5.3% per year from 1992 through 2002. This rate is slightly above the 5.1% annual growth in the gross domestic product for the entire economy. The most rapid increases in drug abuse costs have been in criminal justice efforts, particularly increased rates of incarceration for drug offenses and drug-related offenses and increased spending on law enforcement and adjudication. There appear to have been more moderate increases in costs associated with health consequences and treatment and prevention initiatives (ONDCP, 2001).

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The Significance of Substance Abuse and Costs: Canada

A report entitled *The Costs of Substance Abuse in Canada 2002*, funded by the Canadian Centre for Substance Abuse (Rehm et al., 2006) and more than 10 other Canadian institutions, investigated the impact of substance abuse on Canadian society. It estimated the effects of tobacco, alcohol, and illegal drugs in terms of death, illness, and economic costs in 2002. The study revealed that substance abuse places a significant burden on the Canadian economy. It has both a direct impact on health care and criminal justice costs, and an indirect toll on productivity resulting from disability and premature death. Overall, the total annual cost of substance abuse in Canada is $39.8 billion (CAD dollars)—a cost of $1,267 to each Canadian. The study reveals that legal substances (tobacco and alcohol) account for almost 80% of the total cost of substance abuse (79.3%); illegal drugs make up the remaining 20.7%; tobacco leads the way with a cost of $17 billion (42.7%); alcohol accounts for $14.6 billion (36.6%); and illegal drugs account for $8.2 billion (20.7%) (Rehm et al., 2006).

The cost of substance abuse among both women and men is high in both personal and social terms for both the United States and Canada in the 21st century. Obviously such costs are radically different between the two societies despite the disproportion in population (305 million in the United States vs. 33 million in Canada).

What is the prevalence of crime between these two nations as it relates to substance abuse and what does such an interpretation of these differences entail? The following overview highlights these important issues.

The Prevalence of Crime and Substance Abuse: United States

In 2004 in the United States, 17% of state prisoners and 18% of federal inmates said they committed their current offense to obtain money for drugs. These percentages represent a slight increase for federal prisoners (16% in 1997) and a slight decrease for state prisoners (19% in 1997) (Bureau of Justice Statistics [BJS], 2004). Further, in 2002, about a quarter of convicted property and drug offenders in local jails had committed their crimes to get money for drugs, compared to 5% of violent and public order offenders. Among state prisoners in 2004, the pattern was similar with property (30%) and drug offenders (26%) more likely to commit their crimes for drug money than violent (10%) and public-order offenders (7%). In federal prisons, property offenders (11%) were less than half as likely as drug offenders (25%) to report drug money as a motive in their offenses (Harrison, Allen, & Beck, 2005).

The Uniform Crime Reporting Program of the Federal Bureau of Investigation (FBI) reported that in 2006, 5.3% of the 14,990 homicides in which circumstances were known were narcotics related. According to the National Crime Victimization Survey, in 2005, there were 5.2 million violent victimizations of residents age 12 or older. Victims of violence were asked to describe whether they perceived the offender to have been drinking or using drugs. About 27% of the victims of violence reported that the offender was using drugs or alcohol (BJS, 2006).

Of inmates held in jail, only convicted offenders were asked if they had used drugs at the time of the offense. In 2002, 29% of convicted inmates reported they had used illegal drugs at the time of the offense, down from 35% in 1996. Marijuana and cocaine or crack were the most common drugs convicted inmates said they had used at the time of the offense. In 2002, jail inmates convicted of robbery (56%), weapons violations (56%), burglary (55%), or motor vehicle theft (55%) were most likely to have reported to be using drugs at the time of the offense (BJS, 2002). Overall, during 2006, the total Federal, State, and local adult correctional population—incarcerated or in the community—grew by 159,500 persons to over 7.2 million in the United States. The growth of 2.3% during the year was about the same as the average annual increase in the correctional population since 1995 (2.5%). About 3.2% of the United States' adult population, or 1 in every 31 adults, were incarcerated or on probation or parole at yearend 2006 (Glaze & Bonczar, 2007).

In the United States, there are now more than eight times as many women incarcerated in state and federal prisons and local jails as there were in 1980, increasing in number from 12,300 in 1980 to 182,271 by 2002. Between 1986 and 1999, the number of women incarcerated in state facilities for drug-related offenses increased by 888%, surpassing the rate of growth in the number of men imprisoned for similar crimes. When all forms of correctional

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supervision—probation, parole, jail, and state federal prison—are considered, more than one million women are now behind bars or under the control of the criminal justice system (Bloom, 1993), comprising 7% of the United States prison population (Owen, 2006). More than 71% of all female arrests are for drug-related offenses. Moreover, there was a 96% increase in female drug arrests between 1985 and 1996, far exceeding the 55% increase in male arrests during this same period (FBI, 1998).

Although men still outnumber women in prison for drug offenses, the gap seems to be closing. For example, women convicted for drug offenses increased by 40% outpacing those of men. Between 1980 and mid-2003, the number of women in state and federal prisons has risen nearly eightfold—from 12,000 to almost 98,000 (Harrison, Allen & Beck, 2005), showing a rise of 108% compared to male prisoners' 77% (Owen, 2006). In addition, almost one million women are on probation or parole (BJS, 2004). The chance of a woman going to prison in her lifetime in 2001 was 1.8% compared to 0.3% in 1974, a six-fold increase (BJS, 2004).

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The Prevalence of Crime and Substance Abuse: Canada

In Canada, the police-reported drug crime rate has risen an estimated 42% since the early 1990s and now stands at a 20-year high. Three in four drug-related incidents in 2002 involved cannabis offenses, about 72% of which were possession offenses. The overall drug-related crime rate has been on an upward trend since 1993, driven by increases in cannabis possession, as well as production and importation offenses. The cannabis offence rate has risen approximately 80% from 1992 to 2002, largely the result of increased numbers of possession offenses. Trafficking offenses declined over the same period. Police reported almost 93,000 incidents related to the *Controlled Drugs and Substances Act* in 2002. Of these, about two-thirds were for possession, 22% were for trafficking, and the remainder was for offenses involving importation and production. From 1992 to 2002, about one in 10 homicides involved activities such as trafficking or the settling of drug-related accounts. Cocaine was involved in 60% of these drug-related homicides (Statistics Canada, 2004).

Domestic drug control policies are diverse between the United States and Canada. The following discussion highlights the models relevant to each of these nations: criminalization and harm reduction.

DOMESTIC DRUG POLICIES: THE CRIMINALIZATION MODEL AND THE HARM REDUCTION MODEL

In attempting to reduce the impact of drug offenses, the approach of domestic drug policy in both nations is divergent; in the United States the

criminalization model of regulation is the norm and in Canada, drug policy is based mainly on the harm reduction model, a policy or program directed towards decreasing the adverse health, social, and economic consequences of drug abuse without requiring abstinence from such use.

The criminalization model as used in the United States is used to prohibit the use of illegal drugs. Such a mode of regulation entails tough enforcement, and is the centerpiece of American drug policy in terms of rhetoric, budget, and substance (Boyum & Reuter, 2005). Such a model refers to the fact that all existing laws prohibiting illegal drugs are enforced. Individuals caught possessing or trafficking drugs are charged, given criminal records, fined, and/or incarcerated (Haden, 2002). The current trend is reminiscent of the 1950s when drug addiction was considered a crime. Addicts could not seek and obtain treatment, and were subjected to police harassment, arrest, and incarceration.

These punitive attitudes toward drug use and abuse have intensified over the last half-century, leading to the drastic increase in the number of individuals caught in the net of the war on drugs (Mauer & King, 2007). Mauer and King (2007, p. 2) argue that,

> No issue has had more impact on the criminal justice system in the past three decades than national drug policy. The "war on drugs", officially declared in the early 1980s, has been a primary contributor to the enormous growth of the prison system in the United States during the last quarter-century and has affected all aspects of the criminal justice system and, consequently, American society.

In 1987, the Canadian government adopted harm reduction as the framework for *Canada's National Drug Strategy* (Riley & O'Hare, 2000). The framework of the harm reduction model incorporates four pillars as it tries to balance public order and public health: prevention, treatment, enforcement, and harm reduction (MacPherson, 2001). The approach responds to those who need treatment for addiction, while clearly stressing that public disorder, including the open drug scene, must be stopped.

Harm reduction as used in Canada is defined as: "A policy or program directed towards decreasing the adverse health, social, and economic consequences of drug use without requiring abstinence from drug use" (Riley & O'Hare, 2000, p. 1). Further, harm reduction is defined as a nonjudgmental response that meets users "where they are" with regard to their substance use rather than imposing a moralistic judgment on their behaviors. As such, the approach includes a broad continuum of responses, from those that promote safer substance use, to those that promote abstinence. Harm reduction programs operate with the assumption that some people who engage in high-risk behaviors are unwilling or unable to abstain (Thomas, 2005).

The main objective of harm reduction is to mitigate the potential dangers and health risks associated with the behaviors themselves. Another

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objective of harm reduction is to reduce harm associated with, or caused by the legal circumstances under which the behaviors are carried out (such as the prohibition of a substance or act, which causes people to take certain behaviors "underground" into an environment where the risk of harm or exploitation is increased).

Harm reductionists contend that no one should be denied services, such as healthcare and social security, merely because they take certain risks or exhibit certain behaviors that are generally disapproved of by society as a whole, or its laws. Further, harm reduction seeks to take a social justice stance in response to behaviors such as the use of illicit drugs, as opposed to criminalizing and prosecuting these behaviors. Often, harm reduction advocates view the prohibition of drugs as discriminatory, ineffective and counter-productive. Among other arguments, they point out that the burden placed on the public health system and society as a whole from cannabis use and other illegal drugs are relatively low (MacPherson, 2001).

The foregoing discussion has highlighted two disparate models within the United States and Canada. I now turn to an overview of some of the arguments regarding drug policies in these two countries and suggestions for change.

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ARGUMENTS FOR CHANGE

Many policies have been argued in relation to substance abuse, and substance abuse and crime in the United States in the past few decades. Lyman and Potter (1998, p. 438) argue that "Modern drug control policy is earmarked by a number of policy strategies, each designed to address a specific aspect of the nation's drug problem." Further, such strategies include demand reduction, supply reduction, eradication, education, and treatment. None of such policies has proven to be successful in reducing drug abuse to what could be termed an acceptable level (Lyman & Potter, 1998). Overall, the public's belief in an ever-growing drug problem has fuelled the prohibitionist reaction to drug use and the user in the United States. Such a view assumes that illicit drug use is a morally corrupt behavior; therefore the control of such immoral behavior is necessary, requiring a strong law-enforcement apparatus and a drug policy that declares war on drugs and heavily punishes drug users (Cheung, 2000).

Boyum and Reuter (2005) claim that the number of drug offenders in the United States under incarceration has grown tenfold since 1980, but there is strikingly little evidence that increased punishment has significantly reduced drug use. The war on drugs is now used to describe laws, policies, and practices that prohibit and harshly punish the use, possession, and/or sale of drugs deemed illegal or controlled. This drug war costs a great deal to fight—over $12 billion in 2004 alone—and has led to no measurable decline in illegal drug use (Boyum & Reuter, 2005).

The war on drugs that was declared in the early 1980s has been a primary contributor to the enormous growth of the prison system in the United States, and since that time has affected all aspects of the criminal justice system. As a response to the problem of drug abuse, national drug policies have emphasized punishment over treatment and have had a disproportionate impact on low-income communities and minorities.

Canada's drug enforcement policy, without mandatory minimum sentences or a national war on drugs, means that Canada has a lower incarceration rate for offenders than the United States. Without as many drug arrests, Canada's crime rate is much lower than America's. And, obviously, with less crime comes less cost to the government charged with arresting, housing, and feeding inmates, plus fewer exconvicts in the general population. However, despite this, some attempts for balance during the time of Canada's Drug Strategy in 2003, the dominant policy regarding illicit drugs has basically remained one of criminal prohibition. With the introduction of a new drug law in the 1990s, there was an opportunity to address some of the problems of past law and to benefit from what had been learned from the experience of other countries. Riley (1998) argues that the new law, the *Controlled Drugs and Substances Act* (CDSA, 1997), however, is soundly prohibitionist and rather than retreating from the drug war rhetoric of the past it expands the net of prohibition further still. The problems related to criminalizing drug users, the social and economic costs of this approach, and its failure to reduce drug availability, have still not been addressed. As a result, the costs, both financial and human, of licit drug use remain unnecessarily high while the costs of criminalizing illicit drug use continue to rise, steadily, predictably, and avoidably.

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Riley (1998) further argues that harms related to illicit drugs are, in most cases, the result of ineffective and inappropriate drug policy, suggesting that the CDSA (1997) was a missed opportunity for debate and drug policy reform. Further, Canada's drug legislation is irrational and often confusing. CDSA promises only to exacerbate the problems of old legislation and to add to the confusion rather than clarify (Riley, 1998).

So, despite the unraveling of drug policies and the continuing war on drugs, what recommendations can be made that might make a difference in both nations in relation to their drug policies and drug wars? How might changes occur? Many critics have weighed in on the argument.

For example, critics argue that the failures of the war on drugs should lead the United States to adopt more humanistic approaches such as harm reduction efforts that involve treatment and education (DuPont & Voth, 1995; McShane & Williams, 2006), perhaps similar to what Canada provides. Riley and O'Hare (2000) argue that the objective standpoint offered by the harm reduction model is helpful in getting beyond the rhetoric of the war on drugs, since harm reduction focuses on objective (and nonjudgmental) information about drugs and their effects. The harm reduction model also helps to reduce

the conflict between the drug user and the community, as it tries to erase the boundaries between these two groups by providing the drug user the opportunity to be more a part of the community. The emphasis on getting many different members of the community involved helps to give drug users the feeling that they are helping to solve a serious problem, which benefits them and the community. The argument can be made that problems caused by drug abuse cannot be separated from the physical, social, and policy environment in which they occur. Policies that are intended to reduce drug-related harms are most effective in supportive environments. Without adequate education and treatment, it is not possible to decrease the cost of the war on drugs.

Europe is a good working example of the revised approach to drug policy in which the user is treated as a responsible citizen. A major part of the European model of drug policy is to treat drug use not as a criminal activity, but rather a part of human nature that should best be handled in a manner that minimizes adverse effects to both the individual and society as a whole. Efforts are spent examining the factors that lead people to experiment with drugs, including an individual's social setting, family support, and educational level. European countries largely believe that the way to approach drug use is to emphasize truthful education over propaganda and to promote self-development over repressive law enforcement. Most of Europe has recognized that the criminal justice system only exacerbates problems associated with drug use by causing social stigma and an increased sense of failure and low self-esteem for the user. Instead, a more proactive and holistic approach is utilized in deterring drug use instead of a reactionary one that has proved historically to be a failure (Gatto, 2002).

Most European countries firmly believe that there can be no legal basis for prohibiting freedom of action in respect to one's own body. This European mentality of freedom to conduct one's personal affairs while respecting the rights of others stands as an example to the United States and other countries. When a tolerant and compassionate view toward drug use and drug users is realized, inevitably, nations begin to see a noticeable improvement in the quality of life for its citizens (Gatto, 2002).

Riley (1998) argues that the global war on drugs is now causing more harm than does drug use itself. Persisting in our current policies will only result in more drug use, more empowerment of drug markets and criminals, and more disease and suffering. Surely it is time for an open debate on national and global drug control policies in which we seek to find solutions that will reduce the harms of drug policy as well as of drug use itself. Such a debate would allow us to address the underlying factors that give rise to drug-related problems to begin with and so allow us to move on from simple "Band-Aid" solutions. Drug laws must be re-examined and alternative means of reducing the harms associated with drugs in society must be honestly and openly considered. Drugs should be treated as a health, social, and political issue rather than a criminal one (Riley, 1998).

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A more recent forum in Vienna, Austria, entitled *Beyond 2008*, was organized by the Vienna Nongovernmental Organization (NGO) Committee. More than 300 NGOs were invited to this *Beyond 2008* forum from all regions of the world in order to discuss three objectives (NGO achievments, NGO involvment, and drug policy principles) over three days (July 7–9, 2008). It was a remarkable event bringing together AIDS organizations, public health groups, human rights advocates, treatment specialists, police officers, substance abuse researchers, academics, drug policy reformers, and other experts from around the world to critique the United Nations' (UN) drug policy and make recommendations. All NGOs from around the world concerned with drug policy gathered at the UN's Vienna location. The goal was to produce a consensus statement on behalf of the global civil society to the high level governmental meeting of the Commission on Narcotic Drugs, to be held in Vienna in March 2009. This high-level segment could not change a word in the current drug control conventions framing global drug policies, but they managed to adopt a new political declaration about the future directons of the global drug control regime. The *Beyond 2008* process is the only formally accepted channel for civil society to influence the wording of this declaration.

Is there a possible conclusion to punitive drug laws and the ever increasing war on drugs? Probably not. Critics from both nations have argued that changes need to be made in each country's drug policies and dialogues will hopefully and undoubtedly continue. The claim can be made that overall there are no ideal drug policies, just more humane and less harmful ones. How to achieve such a goal would be a major challenge that would perhaps enable each nation to move beyond punitive drug policies and the war on drugs. Perhaps the NGO meeting in Vienna is a new beginning.

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