

## Cocaine's Malleable Past

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### Abstract

Cocaine has been with us as a drug for more than 150 years now, although its status as a conflictive global social problem goes back 40 years to the beginnings of the 'war on drugs' after 1970. Providing the background to assess emerging policy possibilities for cocaine today, this synthetic chapter also aims to show – from a global perspective – just how malleable cocaine's profile has been across a long set of stages in the drug's history. Such changes registered in distinctive legal regimes around the drug, as well as cocaine's rising and falling prestige and legitimacy, its forms and paths of illicit use, the severity of cocaine's social harm, and the impacts of the drug's prohibition on consuming, producing and trafficking areas and people. Cocaine is far more than a chemical, a cardiovascular constrictor, a dopamine inhibitor, a powerful stimulant, a habit or a pleasure. The broader history of a drug can rarely provide a clear scientific policy 'lesson'; however, cocaine's variable past at least suggests distinctive and flexible ways of thinking about and dealing with the drug.

**Keywords:** Bolivia, cartels, PBC, coca leaf, coca growers / *cocaleros*, Colombia, crack, drug war, drug trafficking, Peru

### Cocaine's discovery and development as a legal medicinal commodity (1850-1900)

Cocaine is one of the key alkaloids found in coca, the leaf of several varieties of the *Erythroxylum* shrub, a cultivated plant with more than 8,000 years of known indigenous use in the Andean and, in distinct forms, Amazon region. As seen elsewhere in this report, mastication of dried coca leaf is a benign – even hygienic and medicinal – tradition for millions of South American Indians. The typical leaf contains up to 1% cocaine, among other compounds, which provides its light stimulant properties. Coca has acquired a variety of positive cultural and social meanings for highland Indians, today primarily in Peru and Bolivia, despite centuries of attempts by outsiders to regulate and restrict the leaf, starting

with the Incas themselves. The Spanish conquest of the Incas (1532) slowly changed coca into a lowly marker of 'Indian' caste status. After heated initial debates among Catholic and colonial officials, coca commerce across the Andes became tolerated rather than prohibited, primarily because it was profitable and deemed vital to crown interests as a spur to the forced labour of Indians at high-altitude silver mines like Potosí. Coca thus played some role in the expansion of the early modern world economy based upon Peruvian silver.

However, during the colonial era, coca itself was not turned into an international commodity, in contrast to American tobacco or Mexican cacao (chocolate), both of which became major Europeanised global goods. The chewing of coca was culturally off-putting to Spaniards, as were its subversive or pagan

affinities with the deposed but revered Incas. The rare samples of coca leaf which reached European naturalists were invariably inert, after a long sea voyage and deteriorating fungal rot. In fact, by the 18<sup>th</sup> century, European scientists largely considered the energising properties of coca leaf a primitive myth.

During the 19<sup>th</sup> century, after the fall of Spain's empire in the Andes, there was a wave of fresh interest in coca which led, almost inevitably, to the modern isolation of cocaine in 1860 by German science. Fascination with exotic South American plants, peoples and commerce, new first-hand **travellers'** accounts, the early strides of alkaloid sciences, the industrial **age's** search for energy-enhancing drugs, and better coca supplies all **converged in the 1860 'discovery'** of cocaine at Göttingen University by the German PhD student chemist Albert Niemann. At first, from 1860 to 1885, cocaine remained a rare medical novelty, produced in minute batches by the pioneering drug firm E. Merck of Darmstadt. During its initial quarter century, positive scientific and general interest in this iconic **'modern'** laboratory drug spread. It was studied for possible uses by dozens of chemists and medical scientists across the globe, including – famously – the young Dr Sigmund Freud.

One paradox of this experimental phase is the prestige boost that cocaine lent to Andean coca leaf: to most medical experts, here finally was proof of its stimulant essence (Kennedy 1985). This quickly translated into commercial applications. In an age of wide concern with nervous disorders (such as neurasthenia and hysteria), neurologists like George Beard in the United States came to see coca as therapeutic. The most spectacular coca product was Vin Mariani, a red-wine coca syrup beverage concocted by Paris-based pharmacist Angelo Mariani, who tirelessly promoted it – **and coca's** medicinal properties – among cultural elites in Europe and then across the Atlantic. In the United

States, grassroots enthusiasm for coca tinctures and similar products spread rapidly, soon promoted by herbalist firms like **Detroit's** Parke, Davis, and by the 1890s coca was being used as an ingredient in the vast patent medicine industry. One legacy of this era is Coca-Cola, invented in 1886 by Atlanta pharmacist John Pemberton as a non-alcoholic soft drink imitation of Vin Mariani. It quickly became one of the most recognisable commodities of the 20<sup>th</sup> century. Although the cocaine alkaloid was removed in 1903, it still used a Peruvian coca extract, and this became a hidden element in the Andean coca trade. This benign age of coca products is relevant to policy-makers today, for example in Bolivia, who are hoping to restore a legitimate global market for coca as a commercial alternative to illicit cocaine.

**Cocaine's** role changed in 1884, when Viennese ophthalmology researcher Karl Köller discovered **cocaine's** first genuine medical application: in local anaesthesia, soon extended to forms of general nerve anaesthesia. News spread rapidly in trans-Atlantic medical circles and over the next decade cocaine revolutionised the practice and possibilities of modern surgery, honed by some of the leading figures of the age, such as Johns Hopkins surgeon William S. Halstead. The scientific prestige of cocaine peaked in the late 1880s. Dozens of other medical researchers jumped into the field, looking **for new applications for this 'miracle' drug**, including treatments for respiratory illnesses like asthma and hay fever, low-dose sore and hoarse throat and cough cures, toothache, haemorrhoid and burn remedies, and psychological afflictions such as addiction and melancholy. Often seen as an irresponsible search for panaceas, a major study of late 19<sup>th</sup> century cocaine medicine shows that most was eminently modern and researchers quickly **became aware of cocaine's limits, and dangers**, in medical practice (Spillane 2000).

The rocketing medical demand for cocaine after 1884 spurred the development of a modern

international commodity circuit for the drug. **Germany's Merck led the way, producing 300 kilos by 1888 and up to a 5,000-kilo peak in 1905.** Indeed, cocaine profits literally fuelled Merck's transformation into a diversified international pharmaceutical giant. By the 1890s, legal cocaine was being made by about a dozen other German firms plus a handful of US firms, including the expanding Parke, Davis and a New Jersey branch of Merck. One vital but forgotten part of this story was an Andean entrepreneurial initiative: a Lima-based pharmacist, Alfredo Bignon, invented an efficient and economical way of making shippable cocaine sulphide paste out of fresh coca leaf. This product, **essentially today's *Pasta Básica de Cocaína* (Cocaine Base Paste, or PBC),** transformed the global industry, which was soon based on twenty or so workshops linked to coca plantations in Peru (Gootenberg 2008). The industry, regarded as a modernising success story in Peru, centred by 1900 on the old coca region of Huánuco, above the tropical Huallaga valley. It exported at its peak some 10 tonnes of the drug. Bolivia, on the other hand, though an initial exporter for Vin Mariani, **never 'industrialised' the leaf,** likely due to transport costs, and by 1910 focused on its ample traditional domestic usage.

Legal cocaine was by no means an unmitigated success story. Doubts also quickly surfaced about the drug. By 1887, Freud himself noted a deeply ambivalent "Craving for and Fear of Cocaine", a lasting scientific-cultural characteristic of the drug (Byck 1974). **Cocaine's prestige plunged.** First, medical practitioners became acutely aware of **cocaine's perilous side-effects,** including various forms of toxicity, delirium, habituation, and in some cases instant heart failure. The profession mainly regulated itself and progressively restricted cocaine's indications. Second, wholesale pharmaceutical firms worried about the reputational harm of cocaine being peddled as a stimulant by unscrupulous retailers of patent and mail-order

medicines. Third, recreational use (by injection, then mainly snorting) began to emerge by the 1890s, and in some areas soon became associated with gangs, marginal groups like prostitutes and pimps, and despised racial minorities like African-Americans in the US south. With such growing concerns in mind, in the United States, for example, many local states and municipalities began to restrict cocaine more than a decade before federal law in 1914 (Spillane 2000). A grey recreation market formed, fed by leakage or theft of pharmaceutical-grade cocaine hydrochloride from pharmacies. Similar 'coke' scenes erupted in turn-of-century Europe and even in Brazil and India. Whatever the obvious flaws of legal cocaine, however, it did not yet lead to a globalised illicit cocaine industry or to the massive social disruptions caused by the drug in the late 20<sup>th</sup> century.

### **Cocaine's restriction, global spread and decline, 1910-1945**

The drive to restrict cocaine shared roots with the international anti-opiates and anti-inebriant movements, and was strongest in the United States, where it was racialised against blacks in the Jim Crow era. Historians offer many explanations for prohibition: the professionalisation of medicine in institutions like the American Medical Association, the clear – and imagined – public health dangers of cocaine, the Progressive-era policies to regulate the pharmaceutical industry, the frightful public sight of cocaine 'fiends' (an entirely novel social type), and diffuse modern anxieties about race, gender, and urban boundaries (Kohn 1999). In the United States, cocaine content became labelled under the 1906 Food and Drugs Act; the drug was subsumed in the 1914 Federal Harrison Tax Act, and imports fully prohibited by 1922. In Britain, war panic brought cocaine sales under DORA (the Defence of the Realm Act). In the United States, one paradox was the ban on benign herbal coca additive products (special de-

cocainised Coca-Cola syrup a legal exception), whereas some cocaine-laced tonics, duly labelled, circulated until the 1920s.

Until after World War II, however, the international anti-cocaine legal regime that emerged remained fairly weak and fragmented (see Bewley-Taylor's chapter). This was by no means a working prohibitions system. In backroom and big-power politics, the cocaine issue became tacked onto the international opium conventions of 1912-14, and signatories of the Versailles Treaty and League of Nations member states pledged to restrict cocaine and provide annual statistics on the drug's production. Even this reporting was largely illusory. The League's anti-drug bodies, like the Permanent Central Opium Board (PCOB), focused overwhelmingly on controlling opiates like morphine. Mid-1920s debates in Geneva to curtail coca went nowhere, and in fact elicited a spirited defence of the leaf from Bolivian delegations. Negotiations in the 1930s about manufacturing quotas and 'trafficking' of dangerous drugs similarly failed. Many producer countries, like Peru, simply ignored the emerging restrictions on the drug.

However, in other ways, the new global anti-cocaine discourse, together with other market and political interventions, had the effect of significantly reigning in the scale of global cocaine. Cocaine production peaked at around 15 tonnes during World War I, but by the end of World War II its legitimate global medicinal quotas had slipped to under 500 kilos. Medical demands for cocaine fell precipitously. In dentistry, for example, it was replaced by the 1910s with safe substitutes like novocaine. Markets for cocaine became saturated and prices plunged, leading to non-market controls. By 1906, the dominant German pharmaceutical industry had formed a series of cartel-like cocaine pricing arrangements among national firms, an idea that by 1911 and throughout the 1920s expanded to a

broader European scale (Friman 1999). The Dutch, who rose swiftly to become major cocaine producers with the modern state-sponsored NCF factory, linked to colonial coca plantations in the Dutch West Indies, opted by the 1930s to decommission most of their circuit (De Kort 1999). In the United States by the late 1920s, narcotics law favoured the concentration of highly-regulated production from Peruvian leaf in just two firms, both in New Jersey, one related to Coca-Cola's needs. For reasons still unstudied by historians, urban panic in the 1910s about cocaine led to a street drought of the drug by the 1930s – analogous perhaps to the current retreat of cocaine in the USA.

The shape of global coca and cocaine production separated into regional blocs. In the late 19<sup>th</sup> century, Peru proudly held a 'natural' monopoly on exports of the leaf and 'crude cocaine', but by 1920 belated but intensive colonial agricultural projects by the Dutch in Java and the Japanese in Taiwan depressed the Peruvian cocaine business (Britain halted coca projects in India). Perhaps surprisingly to non-specialists who think of coca as intrinsically 'Andean', by 1914 the Dutch were marketing over 1,500 kilos of cocaine and even coca leaf throughout Europe; by the 1920s, Japanese drug firms, also guided by the state, were making 2,000-3,000 kilos a year, mostly for Asian consumption. Peruvian cocaine sales, now to a handful of German firms, became erratic, stagnating at a fifth of the 1905 volume and a fraction of the revenue. Peruvian owners and officials saw their whole industry in crisis and by the 1930s debated state monopolies to salvage their earlier global shares and to regulate drugs. Taking their cue from Western ideas, *indigenista* reformers in Peru also began to regard Indian coca use, until then a tolerated vice, as a drug 'addiction'.

Amid this global dispersal and decline, and a fragile international system of restrictions, it is notable that a highly diverse regime generated no global illicit

market or chain in cocaine, and only modest social disruptions from the drug. Legal cocaine, now lower in status and scale, was being produced in Peru, Germany, Japan, Holland, the USA and a number of other sites. Although smuggling, or colourful cocaine use, has been reported in places as far apart as Rotterdam, Paris, Berlin, Moscow, Egypt, the Straits of Malaysia, Valparaíso, Panama and Buenos Aires, mostly in ports, none sparked ongoing cocaine scenes or markets with wider social consequences. All depended on the opportunistic theft or individual smuggling of pharmaceutical drugs. Rumours of thriving illicit trades in early 1930s India or accusations of Japanese cocaine 'trafficking' in Asia are still unfounded, though coca's successful transplant to Asia might be a warning to drug warriors today. Despite the PBC technique and know-how, no illicit production of cocaine came out of its Andean homeland until after 1945. A weak and pluralised drug regime likely sparked the lowest incentives for illicit trades.

### Global prohibitions and illicit cocaine (1945-1975)

Between 1945 and 1961, post-war geopolitics favoured the final formation of a full prohibitions regime against cocaine, led by the United States, the nation with the most active anti-cocaine politics. US forces occupied, dismantled and regulated former bastions of cocaine production in Germany, Japan and Java; US ideas reined in the new and far stronger UN-centred institutions of global drug control, such as the Commission on Narcotic Drugs; US power, magnified in the Cold War, was now acutely felt in Andean nations, including Peru's last site of world cocaine supply. US propaganda aside, even Communist rivals supported strict supply-based international drug controls. A working prohibitions regime required the criminalisation of supply zones by cooperative states – Peru by 1949; Bolivia, delayed by its revolution, in 1961. Dedicated UN

campaigns, notably the Commission of Enquiry on the Coca Leaf which visited the Andes in 1948-50, guided these processes. The capstone of the system was the special attention devoted to cocaine in the long-negotiated 1961 UN Single Convention on Narcotic Drugs – still the basis for the global drug regime – which mandated, in an unprecedented move, the actual eradication of coca leaf in the Andes over 25 years.

The outcome of the first quarter-century of full cocaine prohibition was its exact opposite: the creation, by 1970, of working networks of illicit cocaine, perfected by ever more professionalised and enterprising long-distance traffickers, linking thousands of new coca-growing peasants in Amazonian Peru and Bolivia to burgeoning northern markets for recreational coke. Fields of illicit coca shrub were spreading across remote colonisation zones in the Andes – the Huallaga in Peru, the Chapare in Bolivia – sending a few tonnes of coke, via mainly Cuban and Chilean smuggling rings, to upscale users in New York and Hollywood. Cocaine's renewed cultural allure then propelled the drug out of control in American society during the 1970s.

The formation of this new illicit cocaine network is not well known, unlike the inter-war and post-war heroin connection. The US-led criminalisation of source areas, such as the ageing eastern Huánuco cocaine district, swiftly translated into illicit flows as former factory owners passed on their lore and techniques, including the making of PBC (a vestige of their original cocaine paste for German export), to new-fangled 'chemists' and *cocalero* peasants downstream in the tropical Huallaga. The new 'war'-like mentality fostered by US drug agents overwhelmed former Peruvian ideas of national health controls. US Federal Bureau of Narcotics and Peruvian military crackdowns against these 'subversive' small enterprises led to their rapid spillover to Bolivia. There, the breakdown of authority in the 1952 Revolution, followed by a flood

of land-hungry peasants into jungle colonisation zones, became fertile ground for the incubation of dozens of small **active cocaine 'labs'** by the early 1960s. Two main groups of long-distance traffickers quickly arose to handle the flow: trading clans from northern Chile and Havana mafiosos, the latter also feeding in the 1950s an exotic pan-American and **'Latin'** tourist taste for the drug. Continuous US and INTERPOL efforts to chase them down, in a spiralling but secret hemispheric anti-cocaine war of the 1950s and 1960s, only made its smugglers stronger and more dispersed (Gootenberg 2008). So did the 1959 Cuban Revolution, which expelled now seasoned cocaine traffickers to all parts of the Americas, including Mexico and Miami. In the mid-1960s, US and UN authorities convened a series of emergency hemispheric policing summits on the drug, to no avail. The final cold-war twist in this story came in late 1973: the newly created Drug Enforcement Agency's **green light to Chile's newly-installed General Pinochet to smash the nation's traffickers.** As they would discover, this was the final step in the **diversion of cocaine's commodity chains** north through highly entrepreneurial groups just emerging in Colombian cities like Medellín. By 1975, the new Colombian connection was not only going strong but turning the cocaine industry into a wholesale enterprise, organised in **regional 'cartels'** which by 1980 funnelled at least 100 tonnes of coke north, mostly through Colombians and Cubans in south Florida.

**Cocaine's** resurgence, still almost entirely along this Andean-US axis, has been attributed to cultural amnesia about the drug and a glamorous moneyed-class tolerance of its use during the 1970s (Courtwright 1995). I argue differently: full-fledged governmental prohibition of the drug starting in 1949, and systematic efforts at cocaine repression abroad, mobilised for the first time an actual international illicit chain of the drug, which found eager consumers abroad in a variety of post-1960s

political and cultural movements. It was not even violent, just illicit, finding more users by the early 1970s as an unintended boon of Nixon's newly declared **'war'** on drugs like pot, speed and smack. Cocaine may have emerged in any case, but the way it actually did was a constricting effect of global prohibition and related US power politics of the Cold War era.

### The age of (and war on) cocaine: 1980-2005

The 1980s and 1990s can be aptly termed the **'age of cocaine'**, marked by a destructive drug relationship between the United States and the Andean region, driven by an ever-escalating yet backfiring American drug war against cocaine abroad and user minorities at home. By the mid-1970s, the culture of cocaine had been rediscovered and reinvented in the United States, emanating from hedonistic movie and rock stars, Wall Streeters, and disco clubs. It was a harbinger of a new **'yuppie'** culture. By 1977, the drug had 4.1 million **'regular'** users and had been tried by a tenth of all US youth. By the early 1980s it had widened into a white middle-class party phenomenon, too. By 1986, 22 million Americans and a third of all youth had tried cocaine. Cocaine accounted, on average, for two-thirds of US outlays on illegal drugs. But by the late 1980s, declining prices and easy availability – a kilo fell from US\$60,000 in Florida to US\$15,000 by the decade's end – pushed coke frighteningly down the class and racial ladder as **'crack'**, moving it quickly from soft to hard drug status amid the violent aura of urban gang wars. By the mid-1990s, **the drug's market** stabilised with approximately 14 million regular users worldwide, half of them still American. The capacity for illicit production from the Andes to feed this frenzy also grew phenomenally. If the nascent post-war Andean chain fielded at best 10 tonnes of the drug by the mid-1970s (equal to its 1905 legal peak), by 1980 enterprising Colombians had raised it to over 100 tonnes, and by the 1990s total illicit

cocaine capacity topped and stayed at around 1,000 tonnes, from all Peruvian, Bolivian and Colombian sources. Whole regions became dedicated to its production process: Peru's tropical Huallaga valley alone, which fed the booming business of processors and traffickers in Colombia, had 33,000 hectares planted with coca by 1979, an area that doubled in the mid-1980s and reached 120,000 hectares in the early 1990s, worked by about 60,000 coca-growing peasants (Gootenberg 2008). This was far from the 1961 UN declaration's stated goal of eradicating the coca shrub and cocaine by 1986 – a year marked instead by a notorious Bolivian 'narco-state' and the Reagan era-inspired 'crack epidemic' in the United States.

The 'age of cocaine' both brought out and was intensified by long-latent principles in the US drug war. On the overseas front, this meant the militarisation of interdiction and aggressive moves to eliminate the drug at its rural source in the Andes. A DEA and military-style build-up occurred in the mid-1980s, as both DEA and military budgets for fighting cocaine rocketed from under US\$100 million a year to over US\$1 billion each in the 1980s. Militarisation consolidated with the early 1980s Operation Swordfish against smuggling routes into South Florida; became official policy under Reagan's 1986 NSD-221 declaration of drugs as a 'National Security Threat'; and registered in major George H.W. Bush operations like 1988's Blast Furnace in Bolivia, the 1989 invasion of Panama and the Santa Marta Huallaga firebase. It underlay the SOUTHCOM and Special Forces training strategies behind the 1990 Andean Initiative with Andean states. By the 1990s, this war was absorbing almost US\$10 billion annually.

However, the main effect of this militant policy was to dramatically push up supplies of cocaine. It did this by inducing traffickers, already profiting from prohibition prices, to seed ever more coca to outwit risks of interdiction, find safe havens for cultivation

and transit (the 'balloon' effect), and evolve – Darwinian fashion – into smarter, better structured, high-tech smugglers (Kenney 2007). US policies also likely intensified the competitive business, political and guerrilla violence that enveloped the trade by the mid-1980s. As cocaine flooded the USA, street prices plummeted, contrary to DEA aims of driving up user prices, a goal not met once until 2007. What did change a lot under such pressures was the shape and location of the larger illicit commodity chain (Gootenberg 2012). Operations against Caribbean routes forced the misnamed Colombian cartels to quickly reroute their trade through Central America and northern Mexico by 1990, enriching, empowering and emboldening Mexican drug lords. Extradition pressures against Colombian 'kingpins' aggravated bloody civil wars and built sleeker businesses. The slow compliance of Peruvian and Bolivian authoritarians in taking action against their coca growers in the 1990s only led to the rapid transfer of coca cultivation – fostered by Cali interests – to southeast Colombia, a country with little coca before then. By 2000 Colombia, with 163,000 hectares under coca, dominated cocaine.

On the domestic front, the 1980s war on cocaine was matched by the highly racialised punitive criminalisation of drugs – as if harking back to the primal coke scares of the early 1900s. Punitive drug laws date from the 1920s and 1950s, but nothing matched the fury Reagan unleashed against drug dealers and users in the 1986 Senate Anti-Drug Abuse Act, with substantial mandatory minimum sentences for even first-time offenders. These were expanded in Bill Clinton's signature US\$30 billion crime bill of 1994 (Andreas 2013). This era saw the institution of sharp racial disparities in federal sentences (far harsher for crack offences than for powder cocaine), arbitrary asset confiscation, heavy arsenal swat teams for drug raids (armed by the Byrne Grants), and a massive and sustained round-up of American drug users, mainly black and brown.

US federal prison populations swelled from 300,000 to 2 million in 2000, mostly driven by drugs (cocaine, but also marijuana), 90% of convicted drug offences, making the United States **by far the world's** most incarcerating state, without any corresponding higher crime rates (Alexander 2010). This tragedy might have been averted without the hysterical **politics of 'crack'**, which itself reflected the hostile neglect of cities, civil rights, minorities, the poor and the jobless of the Reagan years and beyond. Most of what was broadcast about crack in 1985-90 was patently untrue. It was chemically indistinguishable from powder cocaine, though a cheaper (US\$5-10 a shot) prepared smokable form of the drug. It reflected (all conspiracy ideas aside) the immense slide in the price of cocaine since the 1970s, a perverse impact of US policies abroad, and thus the opening of **the drug's** final retail frontier. Crack itself – if not the degraded inner-city neighbourhoods it visibly haunted – was no more intrinsically violent, addicting or epidemic than other drugs (Reinarman and Levine 2004). No **'crack babies'** came in its wake, and crack fell off the news by the late 1990s. But the **era's** wildly punitive drug laws left lasting racial scars on the American landscape.

### **Cocaine's historical present, 2005–**

Cocaine is currently undergoing more dramatic transformations: first, in terms of its globalising consumption; second, the boomerang of illicit production from Colombia back to its historic birthplace in Peru; third, in its global politics. The striking new trend which experts are trying to fathom is a sudden drop in cocaine use in the United States, akin perhaps to the drug's **withering** in the 1920s-30s. The peak of US cocaine consumption, as crack retreated, was the early 1990s, and the drug slowly ebbed as traffickers diversified to new sites in Latin America and Europe. But from 2006-10 this drop accelerated as US consumption fell from some 300 tonnes to 145 tonnes and the core number of

'chronic users' halved to 2.5 million (Caulkins et al. 2014). Cocaine draws but a quarter of the US\$100 billion Americans now spend on illegal drugs, the lowest in decades, as we transform into a pot-smoking nation (surely a better, if wholly unintended, public health outcome of the exhausted US drug war). The United States, as seen, has long been the catalyst of global anti-cocaine policies, so if this trend continues it will likely have repercussions for the politics of cocaine.

US (and some UN) officials would like us to believe that this fall is a vindication of the long-fought war against Colombian cocaine, especially the US\$8 billion spent on the integrated Plan Colombia since 1999. After a sluggish start, results began to show: depending on **sources**, **Colombia's** coca crop declined between 40-50% from 2006-10 and is now below 50,000 hectares. Colombia made just 300 tonnes of cocaine in 2013, most of it now interdicted there, so shipments to the United States are down by half since 2007. Colombia itself is a more peaceful, governable nation, albeit with millions of displaced and violated people, and its policy elites are now seriously looking about for sustainable instead of violence-prone drug policies.

However, there are some stunning side-effects of **Colombia's** 'success', even if not due to planned policies (coca eradication, especially fumigation, is actually a quite inefficient and unpredictable process). First was the shift of the epicentres of violence – from Colombian cities to the turf and power battles that began in the 1990s along lucrative Mexican cocaine transiting sites to the United States. This shift, after 2007, led to the all-out **'Mexican drug war'**, in which at least 70,000 Mexicans have perished in brutal border violence. This conflict has made coke pricier and harder to find in the USA, but is now taking its destabilising and human toll south, as mobile Mexican and Colombian traffickers set up shop in weaker sites like Honduras and Guatemala, or further away in South America. Second, world

cocaine production did not dry up or even significantly decrease, but mainly returned right back to Peru: indeed, in 2013, the UN officially declared Peru again the global leader in illicit cocaine, following a coca resurgence under way since about 2007. In 2013, Peru produced 340 tonnes of cocaine, mainly in the remote VRAEM region (the Apurímac valley system), where 75,000 peasant households are again working coca. The United States is pushing Peru to adopt militarised coca policies, with US\$100 million slated for risky eradication goals in 2014. Bolivia, which after 2005 opted out of the DEA drug war and replaced it by its national 'social control' of coca production, has not seen this kind of drug resurgence, though traffickers often cross its territory from Peru.

These side-effects – the brutal ballooning of prohibition violence and continuing boomerang of

coca zones – are what stir serious policy doubts, for the first time, about the long-accepted US model of cocaine control, especially among leaders of Latin American producing and transiting nations that pay the underlying social costs of cocaine. Moreover, Peru's renewed cocaine production, with little being nabbed en route, has intriguing new destinations. Instead of flowing north, much of it is crossing directly to Brazil (since the early 2000s, the world's second largest cocaine consumer) or in flights to Argentina, for use there and trans-shipment to Europe, sometimes via West Africa, or even to its future markets across Asia. Cocaine, displaced from the United States, is fast going very global, with pricey user hotspots in the United Kingdom, Spain, Nigeria and Russia. US and Colombian officials may gloat about these changes, but the rest of the world may turn against the old politics of cocaine.

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