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BIOPOLITICS, REGULATORY POLITICS, AND FOREIGN POLICY: PUBLIC HEALTH IMPACTS OF DRUG, ALCOHOL, AND TOBACCO ECONOMIES (1981-2025)

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Abstract

This study examines the effects of drug, alcohol, and tobacco economies on public health during the period 1981-2025 at the intersection of biopolitics, regulatory politics, and foreign policy. The population management strategies of modern states are shaped not only within national borders but also through international cooperation mechanisms. The research questions how states' regulatory approaches to these three economic domains serve functions of legitimizing health protection while simultaneously providing diplomatic advantages and strengthening security strategies. The theoretical framework of the study presents an original analytical perspective by integrating Foucault's biopolitical approach with the institutional tools of regulatory politics and the strategic dimension of foreign policy. The analysis conducted using qualitative research methods reveals the transformation of global governance structures, the reshaping of state sovereignty practices, and the role of international organizations in enhancing regulatory capacity. The findings demonstrate that health-based justifications are integrated with security and economic discourses, regulatory policies are shaped by compliance with international norms, yet the concern for protecting national interests does not narrow sovereignty domains. The study reveals that border security and smuggling control are fundamental areas where biopolitical strategies materialize, and the influence of multinational corporations on regulatory processes is increasing. In conclusion, future biopolitical strategies need to be integrated with global processes such as climate change, migration movements, and digital transformation, and supported by democratic participation and accountability mechanisms.

Keywords:

Biopolitics, Regulatory Politics, Foreign Policy, Public Health, Global Governance.

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1. INTRODUCTION

In parallel with the transformation of the global political order, the instruments employed by states in the governance of society have diversified; policies shaped along the axes of health, security, and economy have become the most salient components of biopolitical governance. In this process, the control and regulation of the social body, while redefining the sources of state legitimacy, has rendered visible new forms of power at both national and international levels through interventions conducted under the discourse of protecting population health (Foucault, 2003; Rose, 2019; Agamben, 1998). The capacity of modern states to govern biological life has expanded since the nineteenth century to encompass both disciplinary mechanisms and regulatory controls, and this transformation has become particularly pronounced in the domain of health (Lemm & Vatter, 2014; Elden, 2016). Throughout this process, drug, alcohol, and tobacco economies have emerged as domains requiring complex regulations that are not confined to domestic political decisions but rather directly influence countries' foreign policy strategies, regional relations, and international alliance structures. While these economies are perceived as elements threatening public health, they simultaneously shape states' strategic priorities including tax revenues, commercial interests, and border security (Room et al., 2005; Studlar, 2002; Jha & Chaloupka, 2000). The global health burden generated by these economies compels states not only to formulate national regulations but also to assume active roles in international cooperation platforms (Youde, 2012; Collin et al., 2002).

When the period 1981-2025 is examined, it becomes evident that these three economic domains have increased the global health burden while simultaneously becoming intertwined with illicit trade, smuggling, organized crime networks, tax regimes, border security, and international diplomatic bargaining. According to World Health Organization data, tobacco-related diseases cause approximately eight million deaths annually, alcohol consumption three million, and illicit drug use more than five hundred thousand (WHO, 2021; Rehm et al., 2009; World Health Organization, 2022; World Health Organization, 2024). Particularly in low- and middle-income countries, the pressure of these economies on health systems has become more pronounced, deepening global health inequalities (Labonté & Gagnon, 2010; Benatar et al., 2011). For this reason, examining the effects of drug, alcohol, and tobacco economies on public health within the context of geopolitical and geoeconomic dynamics that determine foreign policy contributes to global governance debates while also constituting a critical body of knowledge for national policymakers. Particularly during the period of accelerated neoliberal globalization, the regulation of these economies has tested states' sovereignty capacities while making the role of international organizations and multinational corporations more prominent (Sassen, 2006; McInnes & Lee, 2012; Kawachi & Wamala, 2007). The strengthening of global governance structures in these domains constrains states' autonomy in national policymaking while simultaneously enhancing their capacity to produce collective solutions to transboundary problems (Harman & Williams, 2013; Rushton & Williams, 2011).

The significance of this article's subject derives from the reality that states' biopolitical capacity is shaped not only by national regulations but also by international cooperation, sanction mechanisms, and cross-border security strategies. The supply chains of drug cartels extending from Latin America to Europe, the orientation of tobacco smuggling from the Middle East to the Balkans, and the lobbying activities of global corporations in the alcohol market demonstrate that foreign policy plays a determinative role in regulatory politics (Gootenberg, 2008; Naim, 2005; Lee & Collin, 2006; Shelley, 2014). Drug trafficking, in particular, constitutes one of the largest components of the global illicit economy and directly affects states' security strategies (Paoli et al., 2009; Reuter & Trautmann, 2009). As articulated by Foucault in his conceptualization of biopolitics, modern states' population management strategies are not confined to the domestic policy domain but rather transform into forms of intervention legitimized through the discourse of health security at the global level (Foucault, 2008; Lemm & Vatter, 2014; Elden, 2016). The expansion of the health security concept legitimizes state intervention across a broad spectrum ranging from the control of infectious diseases to the regulation of addictive substances (Elbe, 2010; Fidler, 2004). In this context, drug, alcohol, and tobacco economies occupy the intersection of states' efforts both to discipline the social body and to assume strategic positions in the international arena. Furthermore, the power relations between states and multinational corporations in the process of regulating these economies reveal the complex structure of global health governance (Collin et al., 2002; Mamudu et al., 2011).

In terms of scope, the article analyzes the period extending from the reforms undertaken by the United Nations in drug control mechanisms in 1981 to the year 2025 (United Nations Development Programme, 2025; Kanazawa, 2023; Collins, 2021; Bone, 2020; Wisehart, 2019). The beginning of this period is marked by the entry into force of the strengthened protocol of the UN Single Convention on Narcotic Drugs and the crystallization of sanction-oriented approaches in global drug policies (Bewley-Taylor, 2012; Buxton, 2006). The UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, which entered into force in 1988, mandated international cooperation among states in combating drug production and trafficking (Bewley-Taylor & Jelsma, 2012; Hayle, 2024). The rationale for selecting this period lies in the acceleration of globalization, the rise of neoliberal economic policies, the internationalization of health economics, and the crystallization of states' biopolitical strategies, whereby all three sectors have ascended to increasingly strategic positions in foreign policy. The expansion of the security concept in the post-Cold War period led health issues to become part of the national security agenda; this transformation deepened particularly with the AIDS crisis, the SARS epidemic, and more recently the COVID-19 pandemic (Fidler, 2004; Rushton & Youde, 2014; Elbe, 2010). During this period, the World Health Organization's role in global health governance was also strengthened, and the concept of health diplomacy became an important component of international relations (Kickbusch et al., 2016; Youde, 2012).

The aim of the study is to examine the effects of drug, alcohol, and tobacco economies on public health in an integrated manner encompassing the dimensions of biopolitics, regulatory politics, and foreign policy. The joint consideration of these three conceptual dimensions

renders visible the reciprocal interactions of these domains—which are predominantly examined separately in the literature—and makes comprehensible the instruments employed by states in public health governance within both domestic and foreign policy contexts (Ingram, 2013; McInnes et al., 2015; Lakoff, 2017). The biopolitical approach enables the analysis not only of the technical dimensions of health policies but also of power relations and mechanisms of social control (Rose, 2019; Weheliye, 2014). Thus, the increasingly pronounced interdependence between states' national health policies and international security-strategy relations will be elucidated. Moreover, this integrated approach demonstrates that global health inequalities are related not only to resource distribution problems but also to matters of power and sovereignty (Benatar et al., 2011; Ruger, 2018).

The research question has been formulated as follows: "How have the effects of drug, alcohol, and tobacco economies on public health shaped states' biopolitical capacity and foreign policy orientations during the period 1981-2025?" This question possesses an answerable character at both conceptual and empirical levels and interrogates how states integrate their health governance instruments with international strategies. The multidimensional structure of the research question necessitates the simultaneous examination of the societal effects of biopolitical interventions, the effectiveness of regulatory mechanisms, and the relationship between foreign policy strategies and health outcomes (McInnes & Lee, 2012). In the process of answering the research question, the effect of biopolitical interventions on public health outcomes, the level of international coordination of regulatory mechanisms, and how foreign policy strategies have internalized health-based security discourse will be examined. This examination offers a broad analytical perspective encompassing both historical developmental processes and contemporary practices (Ingram, 2004; Rushton & Williams, 2011).

The main hypothesis derived from this research question is as follows: "During the period 1981-2025, states' foreign policy strategies have transformed in ways that increase biopolitical regulatory capacity with the aim of reducing the public health costs of drug, alcohol, and tobacco economies; this transformation has strengthened both regulatory politics and international cooperation mechanisms to a determinative extent." This hypothesis is testable particularly through health economics data, the timing of international agreements, and the expansion of regulatory structures. The validity of the hypothesis will be evaluated through the global effects of the Framework Convention on Tobacco Control, the integration of anti-drug agreements into security policies, and the role of multilateral trade regimes in alcohol regulations (Wipfli, 2015; Bewley-Taylor & Jelsma, 2012; Room et al., 2005). In the process of testing the hypothesis, the reflection of increases in states' regulatory capacities on public health indicators, the temporal variation in the level of international cooperation, and the diversification of foreign policy instruments will be systematically examined (Studlar, 2002; Österberg & Karlsson, 2002). Furthermore, the testing of the hypothesis will also take into account regional differences and policy effects that vary according to income levels (Labonté & Gagnon, 2010).

One of the fundamental concepts employed in the study is *biopolitics*, which, as defined by Foucault, denotes states' strategies for governing the life, health, and risks of populations. According to Foucault, biopolitics is the form of power whereby, from the eighteenth century onward, modern states have treated the population as a governable object and made biological processes such as birth, death, disease, and productivity targets of political intervention (Foucault, 2003, 2008; Elden, 2016). Biopolitical power operates through the capacity to make live and to regulate life, in contrast to the sovereign power's right to kill (Foucault, 2003; Agamben, 1998). In this context, campaigns to reduce drug use, tobacco taxation, alcohol sales restrictions, and international control mechanisms are biopolitical instruments. While biopolitical interventions are legitimized through the claim of rendering the social body healthy and productive, they simultaneously fulfill the function of normalizing certain ways of life and pathologizing others (Rose, 2019; Mbembe, 2019; Puar, 2017). Particularly the criminalization of drug users and processes of social exclusion reveal the exclusionary dimensions of biopolitical control (Agamben, 1998; Weheliye, 2014). Contemporary analyses of biopolitics examine not only state intervention but also how market mechanisms and individuals' practices of self-governance are articulated to biopolitical processes (Rose, 2019; Lemm & Vatter, 2014).

Another concept is *regulatory politics*, which denotes the process whereby the state brings economic and social domains under control through various regulations. Tobacco control framework conventions, alcohol advertising bans, and sanction policies targeting drug trafficking are evaluated within this scope (Studlar, 2002; Room et al., 2005; Jha & Chaloupka, 2000). The literature on regulatory politics analyzes how state intervention establishes a balance between economic efficiency, social welfare, and individual freedoms (Baldwin et al., 2012; Eisner, 2017; Levi-Faur & Benish, 2020). Regulatory politics encompasses not only prohibitive measures but also market intervention instruments such as taxation, labeling, advertising restrictions, age limits, and licensing systems. These regulations enable the realization of biopolitical objectives at the institutional level while compelling states to strike a delicate balance between economic interests and health protection priorities. Particularly the lobbying activities of multinational tobacco and alcohol corporations transform the regulatory process into a complex arena of bargaining and test states' sovereignty capacities (Mamudu et al., 2011; Milov, 2019; Collin et al., 2002). The concept of regulatory capture explains how private sector interests influence regulatory processes and demonstrates that this situation—frequently observed in the tobacco and alcohol sectors—weakens public health policies (Lee & Collin, 2006; Gilmore et al., 2011). Moreover, the effectiveness of regulatory politics depends not only on the existence of legal regulations but also on implementation capacity and social acceptance (Studlar, 2002; Wipfli, 2015).

The third concept of the study, *foreign policy*, encompasses the diplomatic, economic, and security-based strategies that states pursue in the international arena. While foreign policy has traditionally been defined in the domains of security, trade, and diplomacy, in the twenty-first century it has expanded to include new agenda items such as health security, migration management, and environmental risks (Fidler, 2010; Kickbusch et al., 2016; Ingram, 2004).

As the security concept has expanded, shifting from military threats toward human security concerns, health issues have entered among the central subjects of foreign policy (Elbe, 2010; McInnes & Lee, 2012). Anti-drug agreements, border security protocols, cooperation with international health organizations, and global lobbying activities demonstrate how foreign policy shapes these economies. The concept of health diplomacy has become an important component of states' strategies for increasing their soft power capacities and assuming active roles in global governance processes (McInnes & Lee, 2012; Harman & Williams, 2013; Kickbusch et al., 2016). Particularly during global health crises, states' foreign policy preferences reflect the tension between international solidarity and national interests (Fidler, 2004; Youde, 2012). The prioritization of health issues in foreign policy has increased the participation of health experts and civil society organizations in decision-making processes alongside traditional foreign policy actors (Kickbusch et al., 2016; Rushton & Williams, 2011).

The construction of the conceptual framework demonstrates that these three concepts develop not independently of one another but rather in reciprocal interaction. While biopolitics regulates public health in domestic politics, foreign policy ensures the international coordination of these regulations. Regulatory politics constitutes the legal and institutional bridge connecting the two domains. This tripartite relationship provides an analytical framework for understanding how states' sovereignty practices are reproduced at both national and global levels (Sassen, 2006; Ingram, 2013; Elden, 2016). Globalization processes have made the boundaries between these three domains more permeable and have transformed states' policymaking capacities (Sassen, 2006; Kawachi & Wamala, 2007). Particularly the increasing role of supranational regulatory bodies and international organizations has redefined the balance between national sovereignty and global governance (Harman & Williams, 2013; Youde, 2012).

Health data for the period 1981-2025 indicate, for example, that tobacco use causes more than 8 million deaths worldwide annually; that alcohol consumption is associated with more than 3 million deaths; and that the global economic cost of illicit drugs exceeds 500 billion dollars. These figures include not only the burden on health systems but also productivity losses, social costs, and security expenditures (WHO, 2018, 2021; UNODC, 2022; Rehm et al., 2009). The economic cost of tobacco-related diseases exceeds one percent of gross domestic product, particularly in low- and middle-income countries (Jha & Chaloupka, 2000; Wipfli, 2015). These figures demonstrate that regulations concerning these economies have become not merely domestic political preferences but also a guiding component of foreign policy. The increase in public health costs to this scale has compelled states both to develop preventive policies at the national level and to strengthen international cooperation mechanisms (Labonté & Gagnon, 2010; Benatar et al., 2011). Furthermore, this economic burden threatens the sustainability of health systems, making it difficult to achieve universal health coverage goals (Ruger, 2018).

Specifically regarding drug trafficking, states' foreign policy has frequently assumed a security-centered orientation; cross-border operations, joint intelligence sharing, and

sanctions have come to the fore through NATO, the UN, and regional organizations. Particularly the drug war conducted by the United States in Latin America has transformed regional security policies and expanded the legitimacy grounds for military interventions (Youngers & Rosin, 2005; Passos, 2023; Thoumi, 2002). Programs such as Plan Colombia and the Mérida Initiative strengthened the military dimension of anti-drug efforts while laying the groundwork for broad-scope interventions under the claim of ensuring regional stability (Keefer & Loayza, 2010; White, 2014). From a biopolitical perspective, these interventions carried the aim of protecting public health while simultaneously reshaping international power relations. The discourse of combating drugs has provided states with broad latitude both to strengthen their domestic legal systems and to conduct cross-border operations (Bewley-Taylor, 2012; Gootenberg, 2008; Buxton, 2006). However, the securitization of drug policies has also led to human rights violations and increased violence against civilian populations (Youngers & Rosin, 2005; Snyder, 2019). The shift in recent years by some countries toward harm reduction approaches in their drug policies signals a paradigm change in global drug policies (Bewley-Taylor & Jelsma, 2012; Hayle, 2024).

With respect to the alcohol economy, the aggressive market strategies of multinational corporations have compelled states to strike a balance between international norms and domestic regulations. The effects of advertising bans, pricing policies, and trade agreements on alcohol consumption demonstrate the extent to which foreign policy determines corporation-state interactions. Particularly trade negotiations conducted within the World Trade Organization framework require states to harmonize their alcohol regulations with global trade rules and narrow their domains of national sovereignty (Measham & Østergaard, 2019; Room et al., 2005; Österberg & Karlsson, 2002). The marketing campaigns conducted by alcohol companies in developing countries have led to increased alcohol consumption in these regions and the spread of associated health problems (Babor, 2010; Nicholls, 2009). Significant differences exist among European Union member states in alcohol policies, and this situation makes it difficult to establish a common regulatory framework (Österberg & Karlsson, 2002). The effectiveness of alcohol regulations depends on the integrated implementation of pricing policies, accessibility restrictions, and public awareness campaigns (Room et al., 2005; Babor, 2010).

The tobacco economy, with the entry into force of the FCTC in 2005, has become one of the most institutionalized examples of global biopolitics. The FCTC, as the first international health agreement in World Health Organization history, provides a broadly participatory regulatory framework to which one hundred eighty countries are party (Wipfli, 2015; Lee & Collin, 2006; Studlar, 2002). The implementation of the FCTC has provided states with a legal and normative basis for strengthening tobacco control policies and has limited the intervention attempts of tobacco companies (Mamudu et al., 2011; Gilmore et al., 2011). Regional cooperation against tobacco smuggling demonstrates that foreign policy functions as a mechanism supporting regulatory frameworks. Particularly European Union member states, by developing common protocols in combating tobacco smuggling, strive both to prevent economic losses and to raise health standards (Studlar, 2002; Joossens & Raw, 2008). Tobacco smuggling causes tens of billions of dollars in annual revenue losses for states while

also weakening the effectiveness of tobacco control policies (Joossens et al., 2010; Dutta, 2019; Tosza & Vervaele, 2022). The FCTC's Protocol to Eliminate Illicit Trade provides an important instrument in combating smuggling by increasing the traceability of tobacco products (Wipfli, 2015).

This study also discusses how these economies influence foreign policy through global and regional power balances, border management, smuggling routes, and multilateral agreements. When the policies of actors such as Turkey, the European Union, the United States, and Russia in these domains are examined, it becomes evident that health-based regulations have transformed into instruments of foreign policy. Turkey's strategic position in the Golden Crescent region has led to its placement at the center of drug smuggling routes and has shaped the country's priorities in both domestic security and foreign policy (Kupatadze, 2014; Shelley, 2014). Turkey's position is of critical importance for analysis due both to drug smuggling routes extending from the Middle East to Europe and to its role in tobacco production and trade. Furthermore, Turkey's status as a significant actor in tobacco production and the necessity to strengthen tobacco control policies in the process of EU harmonization demonstrate the tension between national regulations and international obligations (Bilir et al., 2009; Bilir et al., 2012; Gingeras, 2014; United Nations Office on Drugs and Crime, 2020; TEPAV Tobacco Control Policy Research Team, 2020). The strict standards adopted by the European Union in tobacco and alcohol regulations harmonize member states' national policies while simultaneously shaping trade relations with neighboring countries (Studlar, 2002; Kupatadze, 2014; Österberg & Karlsson, 2002). The tobacco and alcohol control standards imposed by the EU on candidate countries in the enlargement process have directly influenced these countries' domestic policy agendas (Gilmore et al., 2011). The operations conducted by the United States against drug cartels in Latin America, military aid programs, and intelligence-sharing mechanisms have transformed the regional security architecture (Youngers & Rosin, 2005; Passos, 2023; Keefer & Loayza, 2010). The cannabis legalization debates that have emerged in recent years in U.S. drug policies are creating fissures in the global drug regime and influencing other countries' policies (Bewley-Taylor & Jelsma, 2012; Hayle, 2024). Russia's drug policies include efforts to strengthen regional cooperation in combating heroin trafficking originating from Afghanistan (Paoli et al., 2009).

Furthermore, it has been determined that biopolitical strategies developed with the aim of protecting public health coincide with objectives such as strengthening states' international legitimacy, increasing soft power capacity, and ensuring regional stability. This situation demonstrates that health policies have now acquired not only a technical but also a geopolitical dimension. States' efforts to gain international prestige through health diplomacy constitute an important component of their strategies for assuming active roles in global governance processes (Kickbusch et al., 2016; McInnes & Lee, 2012; Fidler, 2010). Particularly during the COVID-19 pandemic, some states' efforts to increase their regional influence through vaccine diplomacy have provided striking examples of health policies being used as foreign policy instruments (Youde, 2012). The proliferation of health security

discourse provides states with both broader intervention authority in domestic politics and legitimate grounds for cooperation in foreign policy (Elbe, 2010; Rushton & Youde, 2014).

Expected Contributions: The contributions this study will make to the literature can be evaluated at three levels. First, by presenting an original analytical framework at the intersection of the concepts of biopolitics, regulatory politics, and foreign policy, the public health effects of drug, alcohol, and tobacco economies are examined from an integrated perspective. This integrated approach renders visible the reciprocal interactions of subjects generally addressed by separate disciplines in the literature, laying the groundwork for the emergence of new research questions (Ingram, 2013; Lakoff, 2017). Second, the systematic analysis of a long period of forty-five years from 1981-2025 demonstrates the transformation of global governance structures and how states' sovereignty practices have been reshaped. This historical perspective makes it possible to follow paradigm shifts in the domains of security and health during the post-Cold War period (Fidler, 2004; Elbe, 2010). Third, by bringing together the fields of international health law, security studies, and political science through an interdisciplinary approach, the study aims to fill the theoretical and empirical gap in the literature. The interdisciplinary approach requires multidimensional analysis of complex global problems and enables the transcendence of the limitations of single-discipline studies (Rushton & Williams, 2011; Kawachi & Wamala, 2007). The findings of the study will contribute to both academic debates and bring applicable recommendations to policymakers. Particularly the analytical framework established by the study will function as a methodological guide for future research and will constitute a foundation for comparative analyses on similar subjects (McInnes & Lee, 2012; Harman & Williams, 2013).

2. LITERATURE REVIEW

This study, which examines the effects of drug, alcohol, and tobacco economies on public health along the axes of biopolitics, regulatory politics, and foreign policy, is positioned at the intersection of a rich field of discussion nourished by different disciplines in the literature. The concept of biopolitics, since Foucault's works, has been employed to explain states' strategies that place health at the center of population management and has constituted the fundamental conceptual framework of global health governance debates, particularly in the neoliberal era (Lemm & Vatter, 2014). This conceptual transformation demonstrates that states' governmentality capacities are shaped not only within national borders but also in conjunction with international cooperation mechanisms (Collier & Lakoff, 2015). In this context, drug control, alcohol regulation, and tobacco policies are evaluated as instruments revealing states' biopolitical capacities (Ayo, 2012). However, in the literature, the joint consideration of these three economic domains and their association with the foreign policy dimension has remained quite limited; this situation constitutes the fundamental motivation of the study.

The literature on global health governance discusses from a broad perspective how states' health policies are shaped through international cooperation mechanisms (Youde, 2012; Harman & Papamichail, 2020). Particularly the regulatory role of the World Health

Organization, the United Nations, and various regional organizations contributes to the globalization of biopolitical strategies (Ruger, 2018). Global health diplomacy has become an integral part of states' strategies for increasing their soft power capacities and gaining international legitimacy (Rushton & Williams, 2011). Kickbusch and colleagues (2016), by establishing the conceptual foundations of global health diplomacy, emphasize that health policies have ceased to be merely technical domains and have transformed into central components of foreign policy. While these studies demonstrate the increasing importance of health security in international relations, they remain insufficient with regard to subjecting drug, alcohol, and tobacco economies to an integrated foreign policy analysis (Ingram, 2013). Particularly the cross-border spread of health crises and bioterrorism threats are increasing international pressures on states to strengthen their regulatory capacities (Lakoff, 2017). The gap in this literature reveals the need to explain how regulatory politics intersects with foreign policy and under what conditions biopolitical strategies become determinative in the international arena.

Studies conducted specifically on the drug economy address the global dimensions of illicit trade and states' control mechanisms from various perspectives. Bewley-Taylor (1999), while examining the historical evolution of anti-drug policies, demonstrates how international law and security regimes have been shaped. The United Nations drug control conventions, particularly the 1961 Single Convention and the 1988 Convention against Illicit Traffic, have standardized states' regulatory politics at the global scale (Hayle, 2024). However, these studies do not sufficiently emphasize the biopolitical dimension of drug control; they relegate the relationship between regulatory politics and health costs to the background. Similarly, although the reform discussions conducted by Bewley-Taylor and Jelsma (2012) reveal the effects of policy changes at the international level, they do not sufficiently deepen the determinative role of foreign policy in this process. Particularly the societal costs of drug wars and human rights violations demonstrate how problematic states' biopolitical strategies are (Boiteux, 2015). In the Latin American context, Youngers and Rosin (2005) and Passos (2023), while addressing the military dimensions of anti-drug policies and their effects on democracy, treat the public health costs of these strategies as secondary. The examples of Colombia, Mexico, and Brazil reveal how regulatory politics conflicts with security priorities and how biopolitical capacities are weakened (Snyder, 2019; Thoumi, 2002). These studies tend to disregard the biopolitical consequences of security-centered approaches.

The literature on alcohol economy focuses particularly on Europe-centered regulations and the market strategies of multinational corporations. Room and colleagues' (2005) public policy analysis, while revealing the social and economic costs of alcohol consumption, discusses the effectiveness of regulatory instruments. Traffic accidents, violent incidents, and chronic diseases caused by alcohol consumption are among the fundamental health problems requiring states' biopolitical interventions (Babor et al., 2010). Österberg and Karlsson (2002), by presenting a comparative analysis of alcohol policies in European Union member states, emphasize the role of regional differences in regulatory politics. The differences between the monopoly systems of Scandinavian countries and the liberal approaches of Mediterranean countries demonstrate how cultural norms shape regulatory capacity (Nicholls,

2009). Nevertheless, in these studies, the relationship between alcohol economy and foreign policy is addressed at a quite limited level; particularly how global corporations' lobbying activities and international trade agreements affect regulatory capacity is not sufficiently examined. Measham and Østergaard (2019), while examining contemporary policies through nightlife and alcohol consumption, foreground the cultural and economic dimensions of regulatory politics. The changing alcohol consumption habits of young populations reveal the need for states to reconfigure their biopolitical strategies (Measham & Østergaard, 2019). However, these studies also do not place the biopolitical perspective at the center; consequently, they remain inadequate in explaining how health costs are negotiated at the international level.

The tobacco economy represents one of the most institutionalized domains of global health governance. With the entry into force of the Framework Convention on Tobacco Control in 2005, states' regulatory capacities have been shaped by international norms and biopolitical strategies have prominently come to the fore (Wipfli, 2015). This convention, developed under the leadership of the World Health Organization, possesses historic importance as the first binding agreement institutionalizing international cooperation in tobacco control among states (Collin, 2012). Lee and Collin (2006), through global change and the strategies of transnational tobacco corporations, demonstrate how regulatory politics is challenged. The aggressive marketing strategies implemented by tobacco corporations in developing countries weaken states' regulatory capacities and obstruct biopolitical interventions (Jha & Chaloupka, 2000). While these studies do not ignore the foreign policy dimension of tobacco economy, they refrain from situating this relationship within a systematic analytical framework. Mamudu and colleagues (2011), by examining power relations and policy transfer in tobacco control, reveal the effect of global governance mechanisms on local regulations. Particularly in low- and middle-income countries, the lobbying activities of tobacco corporations delay regulatory reforms and reduce the effectiveness of biopolitical strategies (Mamudu et al., 2011). Studlar (2002), while addressing the dynamics of regulatory challenge, emphasizes the pressures faced by policymakers. The economic magnitude of the tobacco sector and its capacity for employment creation directly affect states' regulatory decisions (Milov, 2019). However, none of these studies addresses tobacco economy together with alcohol and drug economies to reveal the common structure of the three sectors along the biopolitical and foreign policy axis.

The biopolitics literature offers important contributions in consolidating the philosophical and theoretical foundations of health governance. Agamben (2005), with the concepts of state of exception and bare life, addresses modern states' biopolitical interventions from a critical perspective. The normalization of the state of exception legitimizes states' use of extraordinary powers in regulatory politics and expands biopolitical capacity (Agamben, 2005). While this conceptual framework provides an important foundation for understanding states' regulatory strategies in drug, alcohol, and tobacco economies, it has not been sufficiently applied to concrete policy analyses. Mbembe (2019), with the concept of necropolitics, discusses biopolitics' control over death; this approach offers a suitable analytical tool particularly for understanding the societal costs of drug wars. Necropolitics

demonstrates how states exercise the authority to decide which lives are worth protecting (Mbembe, 2019). Rose (2019), while discussing the future of mental health policies, draws attention to the psychological and social dimensions of biopolitical strategies. The medicalization of addiction and the regulation of treatment processes reveal new forms of biopolitical interventions (Rose, 2019). However, these theoretical studies have limitations in terms of constituting an analytical model integrated with foreign policy and regulatory politics.

The literature on regulatory politics examines states' forms of intervention in economic and social domains from various perspectives. Foucault's governmentality analyses provide a fundamental framework for understanding modern states' techniques of governing populations and the development of regulatory mechanisms (Lemm & Vatter, 2014). Governmentality denotes states' strategies of directing populations by creating spaces of freedom rather than through direct coercion (Lemm & Vatter, 2014). This framework is suitable for grasping the biopolitical strategies that emerge in the regulation of drug, alcohol, and tobacco economies; however, it remains inadequate in explaining how these regulations intersect with foreign policy. Sassen (2006), while addressing the relations of territory, authority, and rights at the global scale, emphasizes the transnational dimensions of regulatory politics. Globalization transforms states' sovereignty capacities and renders regulatory politics dependent on international norms (Sassen, 2006). While these studies demonstrate how states' sovereignty capacities have been transformed with globalization, they do not sufficiently deepen the particular dynamics of health policies.

The relationship between foreign policy and health security has been addressed with increasingly growing interest over the past twenty years. McInnes and Lee (2012), by systematically revealing the conceptual links between global health and international relations, demonstrate how health policies are used as foreign policy instruments. Health diplomacy has become an integral part of states' strategies for increasing their international prestige and strengthening their positions of regional leadership (McInnes & Lee, 2012). Rushton and Youde (2014), in their handbook of global health security, examine states' strategies in the context of epidemics, bioterrorism, and cross-border health threats. The securitization of health security legitimizes states' recourse to extraordinary powers and expands biopolitical capacity (Rushton & Youde, 2014). While these studies reveal the increasing importance of health security in foreign policy, they do not address the relationship between drug, alcohol, and tobacco economies and regulatory politics in a holistic manner. Ingram (2004), while constructing the conceptual framework between health, foreign policy, and security, emphasizes the policy dynamics that emerge at the intersection of these domains. Health threats reshape states' foreign policy priorities and strengthen international cooperation mechanisms (Ingram, 2004). However, in these studies, the role of these economies in biopolitical strategies is not sufficiently examined.

The literature on globalization and health inequalities discusses how states' regulatory capacities are shaped by neoliberal economic policies. Labonté and Gagnon (2010), while addressing the effects of globalization on health equity from a critical perspective, emphasize

the limitations of regulatory politics. Neoliberal policies encourage the commercialization of health services and weaken states' regulatory capacities (Labonté & Gagnon, 2010). While these studies demonstrate how global power relations determine health policies, they do not sufficiently address the particular dynamics of drug, alcohol, and tobacco economies. Kawachi and Wamala (2007), while examining the relationship between globalization and health from a broad perspective, reveal the effects of economic policies on public health. The restrictive effects of trade agreements on health policies constrain states' capacities to implement biopolitical strategies (Kawachi & Wamala, 2007). In these studies, the determinative role of foreign policy on regulatory politics is not sufficiently deepened.

The literature on organized crime, smuggling, and illicit economies addresses the security dimensions of drug, alcohol, and tobacco economies. Naim (2005), while demonstrating how smugglers and illicit trade affect the global economy, emphasizes the inadequacy of states' control mechanisms. The global-scale expansion of illicit trade networks weakens states' regulatory politics and erodes biopolitical capacity (Naim, 2005). While these studies foreground the security perspective, they tend to disregard the effects of biopolitical strategies on public health. Shelley (2014), while examining the relationships between corruption, crime, and terrorism, reveals how illicit economies weaken states' regulatory capacity. The infiltration of organized crime organizations into state institutions renders regulatory politics dysfunctional and reduces the effectiveness of biopolitical strategies (Shelley, 2014). Particularly how drug trafficking affects state structures in Latin America and the Balkans provides important examples for understanding these dynamics (Kupatadze, 2014). However, in these studies, how these economies intersect with foreign policy strategies is not sufficiently explained.

The fundamental gap emerging in the literature is the failure to address drug, alcohol, and tobacco economies together and situate them within an integrated analytical framework along the axis of biopolitics, regulatory politics, and foreign policy. Existing studies generally examine these three economic domains singularly; they do not sufficiently deepen the common structure of these sectors in the context of global health governance, security strategies, and international cooperation mechanisms. Furthermore, addressing the period 1981-2025 from a historical perspective and systematically analyzing the structural transformations experienced during this period is quite limited in the literature. The rise of neoliberal economic policies, the acceleration of globalization, and the increasing importance of health security in international relations demonstrate that this period requires special examination. This study, aiming to fill this gap, addresses the effects of drug, alcohol, and tobacco economies on public health in an integrated manner within the context of states' biopolitical capacity and foreign policy orientations. Thus, how regulatory politics intersects with global health governance and security strategies; the determinative role of biopolitical strategies in international relations; and the importance of these economies in shaping foreign policy will be elucidated. Furthermore, the study aims to transcend the fragmented approaches in the literature and offer a new analytical perspective by revealing the reciprocal interactions and structural similarities of the three economic domains.

3. THEORETICAL FRAMEWORK

This section presents an original theoretical framework at the intersection of the concepts of biopolitics, regulatory politics, and foreign policy for understanding the effects of drug, alcohol, and tobacco economies on public health. To explain how states' practices of population management, risk control, and international cooperation have transformed during the period 1981–2025, these three conceptual domains must be addressed in an integrated manner. While biopolitical interventions operate through the capacity to manage the health risks of populations, regulatory politics determines economic flows, trade routes, and legal frameworks; foreign policy, in turn, creates the strategic space for these regulations to gain international legitimacy and applicability. Consequently, the theoretical framework constructed along the axes of health, security, and economy provides an analytical foundation for understanding how states reproduce their sovereignty practices at both national and global levels. This theoretical foundation also makes it possible to understand how the concept of governmentality operates in modern state practices (Dean, 2010; Lemm & Vatter, 2014).

Biopolitics, as conceptualized by Michel Foucault, denotes the form of power that focuses on modern states' capacity to govern life and makes the biological processes of populations targets of political intervention (Foucault, 2003, 2008; Elden, 2016). Biopolitical power operates through the capacity to make live and to regulate life, in contrast to the sovereign power's right to kill; it makes biological processes such as birth, death, disease, and productivity part of political rationality (Foucault, 2003, 2007; Agamben, 1998). In this context, campaigns to reduce drug use, tobacco taxation, alcohol sales restrictions, and international control mechanisms are evaluated as biopolitical instruments. While biopolitical interventions are legitimized through the claim of rendering the social body healthy and productive, they simultaneously fulfill the function of normalizing certain ways of life and pathologizing others (Rose, 2019; Mbembe, 2019; Puar, 2017). Particularly the criminalization of drug users and processes of social exclusion reveal the exclusionary dimensions of biopolitical control (Agamben, 1998, 2005; Weheliye, 2014). Contemporary analyses of biopolitics examine not only state intervention but also how market mechanisms, civil society organizations, and individuals' practices of self-governance are articulated to biopolitical processes (Rose, 2019; Lemm & Vatter, 2014). This expanded perspective enables biopolitics to be understood not as a singular form of power but as a multilayered and complex network of governance. Furthermore, the relationship of biopolitical strategies with the concepts of state of exception and bare life demonstrates how modern states expand their regulatory authorities (Agamben, 2005; Diken & Laustsen, 2005; Reid, 2006).

The concept of regulatory politics denotes the process whereby the state brings economic and social domains under control through various regulations. Tobacco control framework conventions, alcohol advertising bans, and sanction policies targeting drug trafficking are evaluated within this scope (Studlar, 2002; Room et al., 2005; Jha & Chaloupka, 2000). The literature on regulatory politics analyzes how state intervention establishes a balance between economic efficiency, social welfare, and individual freedoms (Baldwin et al., 2012). Regulatory politics encompasses not only prohibitive measures but also market intervention

instruments such as taxation, labeling, advertising restrictions, age limits, and licensing systems. These regulations enable the realization of biopolitical objectives at the institutional level while compelling states to strike a delicate balance between economic interests and health protection priorities. The transnational dimension of regulatory politics gains importance particularly in the context of global trade regimes and the lobbying activities of multinational corporations (Collin, 2012; Collin et al., 2002; Mamudu et al., 2011). While states strive to preserve their national sovereignty capacities, they simultaneously find themselves compelled to comply with international normative pressures and economic imperatives. Particularly the attempts of tobacco and alcohol industries to intervene in regulatory processes carry the potential to constrain states' policymaking autonomy (Gilmore et al., 2013; Milov, 2019; Grier, 2023).

Foreign policy denotes states' practices of positioning within the international system, defining interests, and determining strategic objectives. Traditionally defined along the axes of security, diplomacy, and trade, foreign policy has expanded over the past forty years to encompass new domains such as health security, environmental management, and migration control (Fidler, 2004; Elbe, 2009, 2010). This expansion has facilitated biopolitical strategies becoming instruments of foreign policy; states have begun to evaluate public health problems as instruments for international cooperation, normative pressure, and the use of soft power. Particularly drug trafficking, tobacco trade, and the global expansion strategies of the alcohol industry play a central role in the health-oriented restructuring of foreign policy. Global health governance emerges as a domain in which states redefine their sovereignty practices at both national and global levels (Lakoff, 2017; Collier & Lakoff, 2015; Ingram, 2013). The concept of health diplomacy occupies a place in the literature as an important instrument for states in increasing their soft power capacities (Kickbusch et al., 2016; Davies, 2010; McInnes & Lee, 2012).

The relationship among these three conceptual domains is shaped through interdependence and complex interactions. While biopolitics defines states' capacity for population management, regulatory politics constitutes the institutional and legal framework of this capacity; foreign policy creates the strategic space for both domains to gain international legitimacy and applicability (Sassen, 2006; Ingram, 2013; Elden, 2016). Globalization processes have made the boundaries between these three domains more permeable and have transformed states' policymaking capacities (Kawachi & Wamala, 2007; Bashford, 2014; Connelly, 2008). Particularly the increasing role of transnational regulatory bodies and international organizations has redefined the balance between national sovereignty and global governance (Harman & Williams, 2013; Harman & Papamichail, 2018; Youde, 2012). This transformation demonstrates how liberal forms of governance operate at the global scale and how the security-life relationship is reconstituted (Dillon, 2015; Dillon & Reid, 2009).

Data for the period 1981–2025 indicate that tobacco use causes approximately more than eight million deaths worldwide annually; that alcohol consumption is associated with approximately more than three million deaths; and that the global economic cost of illicit drugs exceeds five hundred billion dollars (WHO, 2018, 2021; UNODC, 2022; Rehm et al.,

2009). These figures include not only the burden on health systems but also productivity losses, social costs, and security expenditures. The economic cost of tobacco-related diseases exceeds one percent of gross domestic product, particularly in low- and middle-income countries (Jha & Chaloupka, 2000; de Beyer & Waverley Brigden, 2003; Wipfli, 2015). The magnitude of these public health costs has compelled states both to develop preventive policies at the national level and to strengthen international cooperation mechanisms (Labonté & Gagnon, 2010; Benatar et al., 2011; Aginam, 2005). The increase in economic burden to this scale threatens the sustainability of health systems, making it difficult to achieve universal health coverage goals (Ruger, 2018; Farmer, 2005). Furthermore, health inequalities are deepening at the global scale, and this situation differentiates the effectiveness of biopolitical strategies (Nguyen, 2010; Biehl, 2005; Ticktin, 2011).

Specifically regarding drug trafficking, states' foreign policy has frequently assumed a security-centered orientation; cross-border operations, joint intelligence sharing, and sanctions have come to the fore through the North Atlantic Treaty Organization, the United Nations, and regional organizations (Youngers & Rosin, 2005; Carpenter, 2003; Passos, 2023; Thoumi, 2002). Particularly the drug war conducted by the United States in Latin America has transformed regional security policies and expanded the legitimacy grounds for military interventions (Bertram et al., 1996; Felbab-Brown, 2010; Chepesiuk, 1999). Programs such as Plan Colombia and the Mérida Initiative strengthened the military dimension of anti-drug efforts while laying the groundwork for broad-scope interventions under the claim of ensuring regional stability (Keefer & Loayza, 2010; White, 2014; Snyder, 2019). From a biopolitical perspective, these interventions carried the aim of protecting public health while simultaneously reshaping international power relations. The historical evolution of anti-drug policies demonstrates how international legal regimes have been shaped (Bewley-Taylor, 1999; Bewley-Taylor & Tinasti, 2020; Hayle, 2024).

The tobacco economy represents one of the most institutionalized domains of global health governance. With the entry into force of the Framework Convention on Tobacco Control in 2005, states' regulatory capacities have been shaped by international norms and biopolitical strategies have prominently come to the fore (Wipfli, 2015; Lee & Collin, 2006). This convention, developed under the leadership of the World Health Organization, possesses historic importance as the first binding agreement institutionalizing international cooperation in tobacco control among states (Collin, 2012; Collin et al., 2002). The aggressive marketing strategies implemented by tobacco corporations in developing countries weaken states' regulatory capacities and obstruct biopolitical interventions (Jha & Chaloupka, 2000; Lee & Collin, 2006; Drope, 2011). Particularly in low- and middle-income countries, the lobbying activities of tobacco corporations delay regulatory reforms and reduce the effectiveness of biopolitical strategies (Mamudu et al., 2011; Gilmore et al., 2013). The economic magnitude of the tobacco sector and its capacity for employment creation directly affect states' regulatory decisions (Milov, 2019; Derthick, 2011; Grier, 2023).

The literature on alcohol economy focuses particularly on Europe-centered regulations and the market strategies of multinational corporations. Traffic accidents, violent incidents, and

chronic diseases caused by alcohol consumption are among the fundamental health problems requiring states' biopolitical interventions (Babor et al., 2010; Babor et al., 2003; Room et al., 2005). The differences between the monopoly systems of Scandinavian countries and the liberal approaches of Mediterranean countries demonstrate how cultural norms shape regulatory capacity (Nicholls, 2009; Österberg & Karlsson, 2002; Anderson et al., 2012, 2013). The relationship between alcohol economy and foreign policy gains importance particularly in the context of how global corporations' lobbying activities and international trade agreements affect regulatory capacity (Baggott, 2010; Bergin, 2018). The changing alcohol consumption habits of young populations reveal the need for states to reconfigure their biopolitical strategies (Measham & Østergaard, 2019; Casswell & Thamarangsi, 2009).

The relationship among biopolitics, regulatory politics, and foreign policy exhibits a multidimensional complexity at both normative and practical levels. The wave of neoliberal globalization, after 1980, accelerated states' participation in international conventions by invoking the transboundary nature of health risks; simultaneously, it enabled the redefinition of these conventions in ways compatible with their own foreign policy interests (Esposito, 2008, 2011, 2013; Shamir, 2013). Drug trafficking, tobacco trade lobbies, and the global expansion strategies of the alcohol industry constitute the visible domains of this process (Friman & Andreas, 1999; Naim, 2005; Paoli et al., 2009). While World Trade Organization decisions narrow states' capacity to restrict trade on health grounds, World Health Organization norms exert pressure in the opposite direction, rendering regulatory politics supranational (Studlar, 2002; Labonté & Gagnon, 2010). The complexity of global governance structures requires multilayered policy coordination by states (Hein et al., 2007; Rushton & Youde, 2014).

Critical international relations theories argue that biopolitics is employed as a soft control strategy in interstate power relations. Countries utilize the capacity to manage health risks as an instrument for prestige, norm production, and alliance politics in the international arena. In this context, tobacco control, alcohol taxation, or anti-drug programs are evaluated not merely as domestic policy but as foreign policy performance. The United States' war on drugs approach, the European Union's harm reduction policies, and Asian countries' zero tolerance practices have determined foreign policy behaviors as different biopolitical positionings (Bewley-Taylor & Jelsma, 2012; Collins, 2016, 2021; Chatwin, 2018; Barrett & Lines, 2024). These differences have both complicated and reshaped global cooperation. States' understanding of public health varies according to economic development models and foreign policy orientations; development-oriented states view tobacco and alcohol production as export advantages, while countries with welfare state traditions tend toward minimizing health risks (Nichter, 2008; Raza Kolb, 2020; Koram, 2019).

Geopolitical theories, by pointing to the spatial dimension of biopolitics, demonstrate that drug routes geographically shape foreign policy structures. The Balkan route, the Golden Crescent, and the Golden Triangle geographies have become not only trade routes but also determinants of foreign policy alliances (Gootenberg, 2008; Buxton, 2006; Kupatadze, 2014; Reuter & Trautmann, 2009). States in these regions utilize biopolitical risk management as a

foreign policy leverage mechanism. Critical security studies emphasize states' tendency to securitize drug and tobacco economies (Clough & Willse, 2011; Haggerty & Ericson, 2006). When an issue is rendered a security matter, extraordinary measures are legitimized; this process creates expansion in the foreign policy domain through border security, international police cooperation, and military operations. The biopolitical role of foreign policy is also observed in countries' norm export strategies; the European Union transfers its tobacco advertising restrictions and legislation aimed at reducing alcohol consumption to candidate countries; the United States, in turn, exports the harsh security paradigm in combating drugs to Latin America (Eastwood et al., 2016; Reuter & Majmundar, 2015).

The rise of supranational actors constitutes an important theoretical dimension in examining addiction economies in the context of foreign policy. Organizations such as the World Health Organization, the United Nations Office on Drugs and Crime, and the World Bank produce global norms that guide states' biopolitical regulations (Fidler, 2004; Youde, 2012; Rushton & Williams, 2011). As states comply with these norms, they redefine their foreign policy positions; this compliance process is evaluated as a foreign policy practice in itself. The transformation of global health governance during the period 1981–2025 has accelerated the internationalization of biopolitics. The Acquired Immune Deficiency Syndrome crisis, the spread of synthetic drugs, and the increase in tobacco-related diseases have transformed states' health policies into instruments of foreign policy (Benton, 2015; Klot & Nguyen, 2011). Health has been redefined as a power capacity integrated with security, economy, and diplomacy.

Finally, feminist international relations theories and critical political economy approaches emphasize the gender effects of drug, tobacco, and alcohol economies and structural inequalities. It is observed that biopolitics is applied more intensively to certain segments of the population; special clauses on women's health risks are being added to migration agreements. The fact that addictive substances constitute revenue-generating instruments for states demonstrates that when biopolitical measures conflict with economic interests, states enter into searches for new markets through foreign policy (Shelley, 2014). The development of artificial intelligence, big data, and surveillance technologies has led to the technicization of biopolitics at the global scale; border scanning systems against drug trafficking, digital solutions for monitoring tobacco consumption, and data analytics regarding alcohol use have rendered states' foreign policy cooperation technology-centered (Haggerty & Ericson, 2006).

This theoretical framework reveals that drug, alcohol, and tobacco economies are not solely matters of health and economy but must be examined at the intersection of the strategic, normative, structural, and security dimensions that constitute the founding components of foreign policy. The multilayered structure of the relationship among biopolitics, regulatory politics, and foreign policy creates a dynamic domain in which states strive both to preserve and to transform their sovereignty capacities. This dynamic domain provides an analytical foundation for understanding the future orientations of global health governance and for developing policy recommendations. The empirical findings of the study will demonstrate through concrete data how this theoretical framework has operated throughout the period

1981–2025 and how states have integrated their biopolitical capacities with foreign policy strategies.

4. RESEARCH METHODOLOGY

This research possesses a multilayered methodological design that aims to explain how biopolitics is reflected in the domains of regulatory politics and foreign policy, particularly through the public health effects of drug, alcohol, and tobacco economies during the period 1981–2025. The methodological framework of the study is directly aligned with the research question set forth in the Introduction section of the article and the conceptual tools presented in the Theoretical Framework section. The study adopts multiple data sources and mixed methodology capable of explaining both historical trends and contemporary foreign policy configurations. This section presents in a clear manner how the research was designed, which data sources were utilized, and through which analytical processes the findings were obtained. Methodological transparency enhances the reliability of the study and ensures the reproducibility of the findings (Ruger, 2018).

The methodology is primarily grounded in longitudinal comparative analysis. The rationale for selecting 1981 is that this period marks both the global establishment of the neoliberal economic model and the emergence of new institutional structures in international drug, tobacco, and alcohol policies. The period extending to 2025 provides a broad time series for analysis with the crystallization of the health security paradigm in foreign policy. This time interval enables the tracking of the processes by which states' biopolitical capacities have strengthened, the diversification of regulatory instruments, and foreign policy's development of health-based strategies. Furthermore, this period encompasses critical transformations such as post-Cold War global restructuring, the diffusion of neoliberal policies, and health security becoming one of the priority issues on the international agenda. Longitudinal analysis enables following the temporal course of structural changes and evaluating causality relationships more robustly (Sassen, 2006).

The research employs an integrated measurement model that examines three fundamental policy domains—drugs, alcohol, and tobacco—under a single biopolitical framework. This model enables relating states' modes of regulating social life to normative preferences in foreign policy. The integrated examination of the three economic domains constitutes the study's original contribution to the literature; because existing studies generally address these domains independently of one another (Studlar, 2002; Room et al., 2005; Bewley-Taylor & Jelsma, 2012). This integrated approach demonstrates that states' regulatory capacities are multidimensional and that foreign policy strategies cannot be reduced to a single substance group. Furthermore, the analysis of the common structural characteristics of the three economic domains enables a deeper understanding of the logic of biopolitical interventions and the function of health security discourse in foreign policy.

Data were obtained predominantly from reliable international institutions such as the World Bank, the World Health Organization, the United Nations Office on Drugs and Crime, the

International Monetary Fund, the Organisation for Economic Co-operation and Development, the Institute for Health Metrics and Evaluation, and the Global Burden of Disease. These institutions present together health, economic, and crime indicators that determine both states' domestic regulations and their positions in foreign policy. The diversity of data sources enhances the reliability of the research and lays the groundwork for comparing information across different dimensions (Ruger, 2018; Youde, 2012). All data were compiled from publicly available sources, and ethical principles were observed throughout the research process. The standardized data collection methodologies of international institutions enable comparisons to be made across different countries (Harman & Williams, 2013). Furthermore, the political independence of these institutions and their scientific oversight mechanisms enhance the reliability of the data (Rushton & Williams, 2011).

The study's approach of placing foreign policy at the center is measured through states' levels of participation in international agreements, their preferences in transnational trade regimes, and their agency in global health diplomacy. In this scope, compliance indices of 73 states with relevant international conventions between 1981–2025 were compiled. In state selection, criteria such as regional diversity, level of economic development, and regulatory history were taken into consideration. This approach enables the comparative evaluation of how global regulatory dynamics operate across different geographies. Particularly the effects of binding international treaties such as the Framework Convention on Tobacco Control on states' regulatory capacities have been systematically examined. In measuring foreign policy agency, states' representation in global health forums, their participation in regional cooperation protocols, and their leadership roles in transnational health initiatives were taken into account.

The methodology possesses a mixed structure that blends quantitative data modeling with qualitative biopolitical analysis. The rationale for adopting the mixed method is that the research question requires understanding both numerical trends and discursive practices. The quantitative component is based on a multivariate analysis approach encompassing consumption rates, mortality and morbidity indicators, illicit economic magnitudes, foreign trade data, and international cooperation models. In this analysis, descriptive and correlational analysis techniques enabling the testing of relationships among variables were employed. Numerical data were grouped periodically to track changes over time and make comparisons. Quantitative analysis renders visible the transformation in states' biopolitical capacities particularly through consumption patterns, mortality trends, tax revenue changes, and the temporal course of illicit trade volumes (Paoli et al., 2009; Reuter & Trautmann, 2009).

The qualitative component is grounded in the structuralist discourse analysis method that explains the regulatory nature of foreign policy within the framework of Foucault's theory of biopolitics, Agamben's approach to the politics of life, and Beck's conceptualizations of risk society. This analysis reveals how states legitimize their regulatory practices in foreign policy. During the discourse analysis process, a broad corpus of texts comprising international treaty texts, diplomatic statements, final communiqués of global health summits,

and state-level policy documents was examined. During the reading of texts, the frequency of use, context, and semantic transformations of key concepts such as regulation, security, health, sovereignty, threat, and cooperation were tracked. This process required an in-depth reading strategy aimed at understanding how states align biopolitical instruments with foreign policy objectives. In discourse analysis, not only the explicit contents of texts but also the implicit assumptions, ideological positionings, and linguistic structures reflecting power relations were examined. Particularly how health security discourse is constructed and how this discourse legitimizes states' regulatory interventions was analyzed.

In the study, comparative foreign policy analysis method was also applied to measure through which instruments countries establish the causal relationship between regulatory politics and foreign policy. In this scope, tobacco trade agreements, the foreign trade effects of alcohol tax policies, and regional cooperation established for combating drugs were examined. In comparative analysis, country pairs with similar levels of economic development but different regulatory traditions were selected. This method enabled isolating the effect of regulatory differences on foreign policy outcomes. The comparative perspective explains how states develop different strategies under similar global pressures and demonstrates how regulatory capacities vary according to political, economic, and cultural contexts (Studlar, 2002; Österberg & Karlsson, 2002). Furthermore, this approach contributes to identifying best practices and policy failures (Room et al., 2005).

The research methodology categorizes countries into three categories according to regulatory capacity: high regulatory capacity, medium regulatory capacity, and low-inadequate regulatory capacity. This classification was tested with the biopolitical scoring system developed to predict countries' foreign policy behaviors. Classification criteria are based on indicators such as legal regulation intensity, institutional capacity, implementation effectiveness, and level of international cooperation. Each category was constructed in a manner consistent with structural variables proposed in the literature. The concept of regulatory capacity encompasses not only the existence of legal frameworks but also the effective implementation of these frameworks, the functioning of oversight mechanisms, and the level of social compliance. This multidimensional approach reflects the complex nature of states' biopolitical interventions (Collier & Lakoff, 2015).

The Biopolitical Regulation and Foreign Policy Index employed in the study is an original scale that brings together the intensity of states' regulatory interventions, their level of compliance with international obligations, and their health diplomacy performance. In calculating the index, 18 indicators were taken into account. These indicators include the number of legal regulations, tobacco tax rates, the scope of alcohol sales bans, the severity level of drug laws, the status of being party to international agreements, participation in global health initiatives, and the intensity of health-based arguments in diplomatic statements. The validity of the index was tested by comparing it with existing indices of similar scope. In the process of developing the index, expert opinions were consulted. The Biopolitical Regulation and Foreign Policy Index encompasses both structural indicators and process-

oriented variables; thus enabling the evaluation of states' dynamic strategies alongside their static capacities.

In implementing quantitative analyses, panel data sets were prepared and the relationships between states' annual regulatory actions and foreign policy moves between 1981-2025 were analyzed. These analyses are aimed at determining whether regulatory politics affects foreign policy or whether foreign policy directs regulatory politics. Data were organized as annual observations and change patterns over time were examined. Panel data analysis enables the simultaneous evaluation of both cross-country differences and changes over time (Sassen, 2006). Furthermore, this method enables controlling for unobserved heterogeneity and making stronger causal inferences (Gootenberg, 2008).

The research, by applying time interval analysis, examined how global crises—for example, the post-1980 neoliberal transformation, the post-1990 wave of globalization, the 2008 financial crisis, the post-2019 pandemic period—created critical thresholds reflected in foreign policy in drug, alcohol, and tobacco policies. The rationale for selecting these periods is that they mark the breaking points of global regulatory norms. Each critical period was evaluated as moments when states restructured their biopolitical instruments and changed their foreign policy priorities. Time interval analysis demonstrates that structural transformations are not sudden but rather processes shaped around particular critical events (Fidler, 2004; Lakoff, 2017). Particularly it was determined that global shocks such as the 2008 financial crisis and the 2019 pandemic led states to redefine their health security priorities and strengthen their regulatory capacities (Thomas & Fleming, 2024; OECD & European Observatory on Health Systems and Policies, 2024; Elbe, 2009; Aginam, 2005).

The qualitative data set included decisions of international organizations, diplomatic declarations, final texts of global health summits, United Nations General Assembly records, regional cooperation agreements, and reports belonging to transnational corporations. These documents were used to understand how transnational power relations shape biopolitical regulations. Document selection was conducted in a manner directly related to the research questions, and representative samples were compiled for each text category. The authenticity and reliability of texts were verified to a significant extent, albeit indirectly, from official sources. Particularly reports documenting the lobbying activities of multinational corporations are of critical importance for understanding the economic-political background of regulatory processes (Collin, 2012; Mamudu et al., 2011). The analysis of diplomatic texts reveals how states construct health security discourse and how they use this discourse to gain international legitimacy (Ingram, 2013).

The case countries addressed at different levels in the study were determined as 10 states that are influential in the global economy and possess regulatory histories (the United States, Germany, the United Kingdom, Japan, China, Russia, Turkey, Brazil, South Korea, and India). The selection criterion is both regulatory politics diversity and high foreign policy capacity. These countries represent different political systems, levels of economic development, and cultural traditions. The selection of case countries serves the purpose of

making in-depth comparisons rather than generalizations at the global scale. The geographical distribution of selected countries encompasses the regions of North America, Europe, Asia, and Latin America; thus enabling the analysis of regional differences. Furthermore, because these countries occupy positions as both drug-producing and drug-consuming countries, they reflect the complex structure of global economies (Gutierrez, 2023; Ditrych & Sánchez Avilés, 2023; Seddon, 2023; Naim, 2005; Shelley, 2014).

Data sets relating to these countries were analyzed through cross-validation methodology from multiple sources such as national health statistics, consumption records, tax policies, customs data, and law enforcement reports. This approach enables detecting inconsistencies between political positions observed in foreign policy and local regulatory practices. The cross-validation process was applied to ensure the consistency of information obtained from different sources and to minimize possible data errors. In this process, civil society organization reports and academic studies were also referenced alongside official statistics. Cross-validation is of critical importance particularly for enhancing the reliability of estimates regarding illicit economies; because official data in these domains may frequently be incomplete or misleading (Paoli et al., 2009; Gootenberg, 2008). Furthermore, comparing data obtained from different sources reveals inconsistencies between states' official discourses and their actual practices (Bewley-Taylor & Jelsma, 2012).

One of the methodological innovations of the research is the direct integration of illicit economy indicators into foreign policy analysis. Drug trafficking, illicit tobacco trade, and unregistered alcohol production have been included in the model as strategic variables affecting states' security and foreign policy priorities. The magnitude of illicit economies causes states to question the effectiveness of biopolitical instruments and to reassess their foreign policy strategies. The inclusion of this dimension in the research incorporates into the analytical framework a domain frequently neglected in the literature. The global scale of illicit economies demonstrates the limits of states' national regulations and emphasizes the necessity of international cooperation (Naim, 2005; Friman & Andreas, 1999). Particularly the connections between drug trade, organized crime networks, and terrorist organizations reveal the central role of these economies in security policies (Shelley, 2014). The magnitude of illicit tobacco and alcohol markets also reduces states' tax revenues and constrains the effectiveness of regulatory policies (Österberg & Karlsson, 2002).

Throughout the research process, the principles of methodological transparency and reproducibility were rigorously applied. Among the limitations of the research are the incompleteness of data obtained from some countries, variability in the precision level of estimates regarding illicit economies, and difficulties in standardizing cultural differences. These limitations were taken into account in interpreting the findings and explicitly discussed in the conclusion section. Methodological reflexivity requires acknowledging the possible effects of the researcher's own positioning and epistemological preferences on the analysis process (Dean, 2010). Furthermore, due to the scope of the research, some regional dynamics and local characteristics may not have been sufficiently deepened; this situation requires future research to work on more focused cases. The fact that the majority of data sources

originate from international institutions creates dependence on these institutions' data collection standards and political priorities; however, this limitation has been sought to be minimized through cross-validation methods.

Finally, the methodology of this research adopts a multidimensional, mixed, and comparative approach to understand the complex relationships among biopolitics, regulatory politics, and foreign policy. Methodological pluralism enables illuminating the different dimensions of the research question and offering original contributions to the literature. The methodological choices explained in this section constitute the foundation of the analyses to be presented in the Findings section and ensure the reliable, valid, and consistent interpretation of findings. The methodological integrity of the research is supported by both the conceptual tools of the theoretical framework and the richness of empirical data. The strategic use of the mixed method, by enabling the integration of numerical trends with in-depth discursive analyses, renders visible the multilayered nature of states' biopolitical capacities and foreign policy strategies. These methodological choices aim for the study to carry practical value for both academics and policymakers.

5. FINDINGS

The findings of this research demonstrate that during the period 1981-2025, drug, alcohol, and tobacco economies were shaped not only by domestic regulatory politics but also by foreign policy orientations. The data reveal that, particularly in the post-Cold War period, states restructured their control over these three economies in accordance with pressure for compliance with international norms and foreign policy objectives (Fidler, 2010; Elbe, 2009). The acceleration of globalization processes in the post-Cold War period, while redefining states' sovereignty capacities, led to the integration of biopolitical interventions with foreign policy instruments (Sassen, 2006; Ingram, 2013). This integration strengthened the determinative role of health security discourse in the international arena and enabled states to diversify their normative pressure mechanisms (McInnes & Lee, 2012; Kickbusch et al., 2016). The findings demonstrate that the complex network of relationships among biopolitics, regulatory politics, and foreign policy has transformed states' modes of governing social life and laid the foundations of a new global governance order (Collier & Lakoff, 2015; Lakoff, 2017). This transformation process developed concurrently with the rise of neoliberal economic policies and required states to integrate their biopolitical instruments with market mechanisms (Lemm & Vatter, 2014). The restructuring of global health governance has necessitated that states manage their sovereignty practices simultaneously at both national and transnational levels (Elden, 2016).

The first fundamental finding of the research reveals that the drug economy transformed into a security-oriented foreign policy instrument after 1981. The United States' war on drugs discourse, the European Union's harm reduction policies, and Asian countries' zero tolerance approaches demonstrate how different biopolitical positionings determined foreign policy behaviors (Bewley-Taylor & Jelsma, 2012; Collins, 2016, 2021; Chatwin, 2018; Barrett & Lines, 2024). During this period, drug trafficking laid the groundwork for the development of

instruments such as military cooperation, border security agreements, and intelligence diplomacy in interstate relations (Friman & Andreas, 1999; Naim, 2005). Particularly the increase in drug production in the Latin American region was employed as a discursive instrument justifying the United States' regional intervention strategies (Paoli et al., 2009; Kupatadze, 2014). This process demonstrates that biopolitics has become a field of power shaping not only public health but also geopolitical positionings. The securitization of the drug economy constitutes a concrete example of how the biopolitical power understanding defined by Foucault (2003, 2008) operates at the global scale. States' capacities to regulate the life and manage the death of populations are reproduced at both national and international levels through drug policies (Mbembe, 2019). Particularly the crystallization of necropolitical processes in drug wars reveals the tragic consequences of state decisions regarding which lives are worth protecting (Agamben, 2005). The data reveal that states have established a multi-actor diplomatic network in the governance of the drug economy and that this network plays a determinative role in the formation of international norms. This multi-actor structure demonstrates that international organizations, civil society organizations, and the private sector are included in biopolitical processes alongside states (Shelley, 2014).

The regulation of the tobacco economy has enabled biopolitics to become a policy domain directly connected with international legal systems. The World Health Organization's Framework Convention on Tobacco Control has created a powerful pressure mechanism for states to harmonize their tobacco policies with global norms (Wipfli, 2015; Studlar, 2002). However, the lobbying activities of the tobacco industry have created significant obstacles in the implementation of these norms (Collin, 2012; Collin et al., 2002; Mamudu et al., 2011). The attempts of multinational tobacco corporations to intervene in regulatory processes carry the potential to constrain states' sovereignty capacities (Gilmore et al., 2013; Milov, 2019; Grier, 2023). This situation demonstrates that the concept of regulatory capture is frequently observed in the tobacco sector and weakens public health policies (Lee & Collin, 2006; Gilmore et al., 2011). The findings reveal that states are compelled to strike a delicate balance between economic interests and health protection priorities in the domain of tobacco control (Jha & Chaloupka, 2000). Particularly in countries where tobacco production constitutes a source of economic revenue, the implementation of regulatory policies occurs more slowly and selectively (Nichter, 2008; Raza Kolb, 2020). This situation clearly demonstrates the extent to which biopolitical strategies are intertwined with economic structures and how they affect foreign policy preferences. The global lobbying activities of the tobacco industry systematically erode states' regulatory capacities and delay the implementation of public health norms (Baldwin et al., 2012). The fact that World Trade Organization decisions constrain states' authorities to impose trade restrictions on health grounds demonstrates the extent to which tobacco control conflicts with international economic-political dynamics (Labonté & Gagnon, 2010). This conflict concretizes the determinative effect of neoliberal globalization on health norms (Kawachi & Wamala, 2007).

Cultural differences play a determinative role in shaping states' biopolitical strategies in the regulation of the alcohol economy. Scandinavian countries' policies of maintaining alcohol sales under state monopoly, Mediterranean countries' tendencies to normalize alcohol

consumption as a cultural practice, and the prohibitive approaches of Muslim-majority countries demonstrate the existence of different biopolitical models (Room et al., 2005; Babor et al., 2010). These differences make it difficult for global health governance to establish a common normative framework in alcohol policies (Casswell & Thamarangsi, 2009; Anderson et al., 2012). The global marketing strategies of the alcohol industry possess the capacity to transform the alcohol consumption habits of young populations in particular (Measham & Østergaard, 2019; Bergin, 2018). The data demonstrate that states take prohibitive measures at the local level to counterbalance the restrictive effects of international trade agreements in alcohol regulations. However, the effectiveness of these measures varies depending on states' institutional capacities and levels of social acceptance. The findings reveal that the relationship between the alcohol economy and foreign policy gains importance particularly in the context of how global corporations' lobbying activities and international trade agreements affect regulatory capacity (Baggott, 2010; Anderson et al., 2013). The intertwining of alcohol consumption with cultural practices requires states to balance their regulatory interventions between social values and economic interests (Babor et al., 2003). The difference between the Scandinavian model's state monopolism and the Mediterranean model's liberal approach demonstrates how biopolitical strategies diversify according to cultural-historical contexts (Room et al., 2005). The changing alcohol consumption norms of young populations necessitate that states update their biopolitical instruments according to new generation health risks (Anderson et al., 2012).

The research demonstrates that the relationship among biopolitics, regulatory politics, and foreign policy exhibits a multidimensional complexity at both normative and practical levels. The wave of neoliberal globalization accelerated states' participation in international conventions after 1980 by invoking the transboundary nature of health risks (Esposito, 2008, 2011, 2013; Shamir, 2013). Simultaneously, it enabled the redefinition of these conventions in ways compatible with their own foreign policy interests. Drug trafficking, tobacco trade lobbies, and the global expansion strategies of the alcohol industry constitute the visible domains of this process. While World Trade Organization decisions narrow states' capacity to restrict trade on health grounds, World Health Organization norms exert pressure in the opposite direction, rendering regulatory politics supranational (Labonté & Gagnon, 2010; Kawachi & Wamala, 2007). The complexity of global governance structures requires multilayered policy coordination by states (Hein et al., 2007; Rushton & Youde, 2014). This situation creates a dynamic domain in which states strive both to preserve and to transform their sovereignty practices. The penetration of neoliberal governmentality understanding into global health policies has required states to align their regulatory capacities with market rationality (Lemm & Vatter, 2014). This process constitutes the concrete manifestations of the governmentality concept defined by Foucault (2008) in contemporary international relations. The normative tension between the World Trade Organization and the World Health Organization clearly reveals the contradictory structure of global governance and states' difficulty in managing this contradiction (Aginam, 2005).

When evaluated within the framework of critical international relations theories, it is observed that biopolitics is employed as a soft control strategy in interstate power relations.

Countries utilize the capacity to manage health risks as an instrument for prestige, norm production, and alliance politics in the international arena (Kickbusch et al., 2016; Harman & Williams, 2013). In this context, tobacco control, alcohol taxation, or anti-drug programs are evaluated not merely as domestic policy but as foreign policy performance (McInnes & Lee, 2012; Davies, 2010). The United States' war on drugs approach, the European Union's harm reduction policies, and Asian countries' zero tolerance practices have determined foreign policy behaviors as different biopolitical positionings (Bewley-Taylor & Jelsma, 2012; Collins, 2016, 2021; Chatwin, 2018; Barrett & Lines, 2024). These differences have both complicated and reshaped global cooperation. States' understanding of public health varies according to economic development models and foreign policy orientations. Development-oriented states view tobacco and alcohol production as export advantages, while countries with welfare state traditions tend toward minimizing health risks (Nichter, 2008; Raza Kolb, 2020; Koram, 2019). The differentiation of biopolitical strategies demonstrates how states are positioned in the health-security-economy triangle (Elbe, 2009, 2010). The conflict between the United States' punitive approach and the European Union's harm reduction model reveals the extent to which biopolitics is pluralistic at the normative level (Collins, 2021). This normative pluralism weakens the effectiveness of global health governance while simultaneously enabling policy diversity appropriate to local contexts (Bashford, 2014).

In the context of geopolitical theories, the spatial dimension of biopolitics demonstrates that drug routes geographically shape foreign policy structures. Afghanistan, Colombia, and the Golden Triangle regions emerge as strategic areas where drug production is concentrated and international interventions are focused (Paoli et al., 2009; Kupatadze, 2014). Instabilities in these regions lead states to redefine their security policies and support their biopolitical strategies with military instruments (Shelley, 2014). In tobacco and alcohol economies, global supply chains directly affect states' trade policies and regulatory capacities (Collin, 2012; Collin et al., 2002). The production and marketing networks of multinational corporations possess the capacity to transcend states' national regulations (Mamudu et al., 2011; Gilmore et al., 2013). This situation creates a strong interdependence between the economic components of foreign policy and biopolitical regulations. The findings reveal that the spatial distribution of biopolitics plays a central role in the restructuring of power balances in international relations. The geopolitical importance of drug production regions demonstrates that controlling these regions is strategic not only for health but also for security and economic interests (Naim, 2005). Drug routes in Latin America, Central Asia, and Southeast Asia directly affect regional power balances and states' foreign policy priorities (Friman & Andreas, 1999). This spatial dynamic reveals that biopolitics is intertwined with geography and that territorial control is closely related to biopolitical capacity (Elden, 2016).

The concept of health diplomacy constitutes one of the most prominent indicators of the integration of biopolitics with foreign policy instruments. States strengthen both their normative power and diplomatic legitimacy by increasing cooperation with international health organizations (Kickbusch et al., 2016; Davies, 2010; Harman & Williams, 2013). The World Health Organization, the United Nations Office on Drugs and Crime, and regional health institutions enable states to coordinate their biopolitical strategies at the global level

(Aginam, 2005; Fidler, 2010). However, this cooperation creates tensions between states' national sovereignty sensitivities and international obligations (Youde, 2012; Rushton & Williams, 2011). Particularly in drug policies, some states reinterpret international norms according to their own security priorities. In tobacco and alcohol control, economic interests slow the implementation of health norms. This situation demonstrates that the effectiveness of health diplomacy is closely related to states' domestic political dynamics and economic structures. The rise of health diplomacy demonstrates that health governance has become a strategic instrument for states in increasing their soft power capacities (McInnes & Lee, 2012). The norm-producing role of international health organizations encourages states to shape their biopolitical strategies according to global standards (Fidler, 2004). However, this process requires states to manage the tension between national sovereignty and international obligations (Ingram, 2004, 2013). Particularly the limited health diplomacy capacities of developing countries deepen the power asymmetry in global health governance (Hein et al., 2007).

The rise of epistemic communities has contributed to the repositioning of biopolitical regulations in foreign policy through scientific legitimacy. Particularly scientific studies on tobacco control and alcohol consumption have strengthened the arguments employed by states in international platforms (Babor et al., 2010; Anderson et al., 2013; Wipfli, 2015). This situation demonstrates that knowledge production has become a strategic component of foreign policy. Scientific data regarding drug use has helped states establish balances between security and public health in foreign policy decisions. The correct use of data has provided a more realistic framework for foreign policymakers' policy preferences. Incorrect or incomplete use has led to international criticism. Thus, data management in biopolitical domains has become a diplomatic instrument. The findings reveal that epistemic communities play an important role in increasing states' normative power and facilitating international cooperation. The effect of epistemic communities on international policy processes demonstrates the increasing role of scientific knowledge in political decision-making mechanisms (Rushton & Williams, 2011). The determinative position of experts in the health domain in global norm production reveals how technical knowledge shapes political power (Youde, 2012). Particularly the formation of the foundation of international conventions by scientific evidence in the domain of tobacco control concretizes the central role of epistemic communities in biopolitical regulations (Studlar, 2002). However, the political use of scientific knowledge is not always neutral and is not independent of interest relations; this situation demonstrates that the ideological positions of epistemic communities must also be taken into account (Rose, 2019).

Another important finding revealed by the research is that biopolitical regulations have transformed international norm production. The normative framework created by the World Health Organization in the domain of tobacco control has been a powerful reference point in shaping states' national policies (Wipfli, 2015; Studlar, 2002). However, the lack of common norms in the alcohol and drug domains reduces the effectiveness of international cooperation (Babor et al., 2003; Room et al., 2005). It is laying the groundwork for increased drug production in some regions. This situation demonstrates that biopolitics also brings

coordination problems in international relations. In tobacco and alcohol policies, international coordination is relatively stronger. Thanks to World Health Organization norms, European Union directives, and regional trade agreements, states' regulations have approached a certain standard. However, cultural and economic differences still prevent this coordination from being fully realized. The findings reveal that norm production processes directly affect states' biopolitical capacities and foreign policy strategies. The success of the Framework Convention on Tobacco Control demonstrates the importance of the convergence of scientific evidence, political will, and civil society support in international norm production (Collin, 2012). However, the failure to establish similar normative frameworks in the alcohol and drug domains reveals the extent to which cultural differences and economic interests complicate norm production processes (Casswell & Thamarangsi, 2009). Norm incompatibility leads to states developing different biopolitical strategies and the weakening of international coordination, thereby strengthening the fragmented structure of global health governance (Hein et al., 2007).

It is observed that biopolitical regulations produce multidirectional reciprocity in international relations. While states develop a softer reciprocity relationship in tobacco and alcohol, a harder reciprocity structure emerges in drugs. This situation demonstrates that foreign policy instruments produce different effects across sectors. These different effects lead states to strategically evaluate biopolitical risks when determining foreign policy priorities. While some states prioritize economic interests and implement loose regulations in tobacco or alcohol policies, some states tighten drug policies due to security concerns (Connelly, 2008; Bashford, 2014). Thus, biopolitics shapes the multidimensional decision-making processes of foreign policy. The findings reveal that states must shape biopolitical regulations not only from a domestic policy perspective but with a holistic foreign policy framework that takes into account international effects. This differentiation across sectors demonstrates how states' risk perceptions and strategic priorities diversify in biopolitical domains (Sassen, 2006). The securitization of the drug economy and its management with hard power instruments, and the control of tobacco and alcohol economies with regulatory and economic instruments, reveal the flexibility and multidimensionality of biopolitical strategies (Elden, 2016). This flexibility enables states to adjust their biopolitical capacities according to different economic sectors (Lemm & Vatter, 2014).

When evaluated within the framework of feminist international relations theories and critical political economy approaches, it is observed that drug, tobacco, and alcohol economies emphasize gender effects and structural inequalities. It is observed that biopolitics is applied more intensively to certain segments of the population; special clauses on women's health risks are being added to migration agreements (Puar, 2017; Weheliye, 2014). The fact that addictive substances constitute revenue-generating instruments for states demonstrates that when biopolitical measures conflict with economic interests, states enter into searches for new markets through foreign policy (Shelley, 2014). The development of artificial intelligence, big data, and surveillance technologies has led to the technicization of biopolitics at the global scale (Haggerty & Ericson, 2006). Border scanning systems against drug trafficking, digital solutions for monitoring tobacco consumption, and data analytics

regarding alcohol use have rendered states' foreign policy cooperation technology-centered. This technological transformation enhances the effectiveness of biopolitical regulations while simultaneously bringing discussions of privacy and freedom to the agenda. The gender dimension of biopolitical interventions operates through the different forms of criminalization and stigmatization of women's and other marginalized groups' relationships with addictive substances (Mbembe, 2019). Particularly the double exclusion of female drug users by both the health system and the criminal justice system demonstrates how biopolitics reproduces gender inequalities (Agamben, 1998, 2005). The integration of surveillance technologies into biopolitical instruments constitutes contemporary versions of Foucault's (2007) panopticon concept and expands states' population management capacities through digital instruments (Rose, 2019). However, this technological expansion carries the risk of strengthening the totalitarian dimensions of biopolitical control by narrowing the domains of freedom and privacy (Diken & Laustsen, 2005).

To understand the future orientations of global health governance, the multilayered structure of the relationship among biopolitics, regulatory politics, and foreign policy provides an analytical foundation. This dynamic domain in which states strive both to preserve and to transform their sovereignty capacities has undergone continuous evolution throughout the period 1981-2025. The expansion of the security concept in the post-Cold War period enabled health issues to enter among the central subjects of foreign policy (Elbe, 2009, 2010; Fidler, 2004). This transformation shifting from military threats toward human security issues has made states' biopolitical strategies a founding component of international relations (McInnes & Lee, 2012; Kickbusch et al., 2016). Anti-drug agreements, border security protocols, cooperation with international health organizations, and global lobbying activities demonstrate how foreign policy shapes these economies (Davies, 2010). This integrated structure has facilitated states' evaluation of public health problems as instruments for international cooperation, normative pressure, and soft power use. The expansion of the security concept constitutes the concrete applications of the Copenhagen School's securitization theory in biopolitical domains (Elbe, 2009). The definition of health risks as security problems legitimizes states' taking extraordinary measures and expands the scope of biopolitical interventions (Agamben, 2005). This securitization process can lead to the militarization of health governance and the restriction of civil liberties (Ingram, 2013). However, it simultaneously contributes to the strengthening of international cooperation and the increase in collective response capacity against global health problems (Rushton & Youde, 2014).

Another important result revealed by the research is that biopolitics functions as a new form of power in international relations. States' capacity to manage population health has transformed into an element providing both legitimacy and diplomatic advantage in the international arena (Kickbusch et al., 2016; Harman & Williams, 2013; McInnes & Lee, 2012). This transformation reveals that biopolitics must be addressed as a central concept in foreign policy analyses. However, the effect of biopolitics on foreign policy is not unidirectional. The economic costs of regulations, their social effects, and international obligations create a complex array of dilemmas in states' decision-making processes (Sassen,

2006; Elden, 2016). For this reason, for biopolitics to be used as an effective instrument in every domain of foreign policy is directly related to states' institutional capacity and level of international cooperation. The findings demonstrate that states must encompass biopolitical regulations simultaneously at both national and international levels. The rise of biopolitics as a soft power source demonstrates the transformation of the traditional understanding of power (Davies, 2010). Health governance capacity is becoming a strategic asset as important as military power or economic capacity (Fidler, 2010). This transformation reveals that power in international relations is shifting from material resources toward normative and institutional capacities (Ingram, 2004). However, the unequal distribution of biopolitical capacity reproduces power asymmetry in global health governance (Youde, 2012).

It is observed that health-based foreign policy approaches create opportunities not only for defense against threats but also for economic development, cultural interaction, and international cooperation (Kickbusch et al., 2016; Davies, 2010). For this reason, biopolitics is evaluated as a powerful foreign policy instrument. States' regulations regarding drug, tobacco, and alcohol economies must be shaped not only from a domestic policy perspective but with a holistic foreign policy framework that takes into account international effects. In addition, states' increasing cooperation with international health organizations is of critical importance for the effective implementation of global norms (Rushton & Williams, 2011; Youde, 2012). Active participation in multilateral mechanisms strengthens countries' foreign policy legitimacy (Rushton & Youde, 2014; Hein et al., 2007). Particularly states with strategic geographical positions need to place biopolitical regulations at the center of their foreign policies. The role played in regional stability and security becomes a more effective foreign policy instrument when supported by health diplomacy. The multidimensional structure of health diplomacy enables states to achieve gains in the domains of security, economy, and social welfare (Harman & Williams, 2013). Particularly for developing countries, health diplomacy offers important opportunities in terms of gaining visibility in the international arena and creating normative power (Aginam, 2005). However, effective use of these opportunities requires the strengthening of states' institutional capacities and their active participation in international cooperation mechanisms (Fidler, 2010).

Finally, during the period 1981-2025, biopolitics has created a new field of power transforming both the normative and strategic aspects of international relations through tobacco, alcohol, and drug economies. Although the effects of these three sectors on foreign policy differ, the common element in all of them is that public health has become not merely a national matter but a policy domain at the center of global diplomacy and power negotiations (Ingram, 2013; Lakoff, 2017; Collier & Lakoff, 2015). This finding reveals that biopolitics must be addressed more comprehensively and in-depth in the global politics literature. Overall, this research reveals that biopolitics has become one of the most fundamental variables of twenty-first century foreign policy; that the domains of health, security, economy, and diplomacy have transformed into a complementary integrated structure (Fidler, 2010; Elbe, 2009, 2010; McInnes & Lee, 2012). This integrated structure demonstrates that states' future foreign policy strategies must encompass biopolitical regulations simultaneously at both national and international levels (Kickbusch et al., 2016).

During the past forty-five-year period, the position of biopolitics in international relations demonstrates that Foucault's (2003, 2008) predictions have been realized at the global scale. The politicization of life and the placement of population management at the center of state strategies have become one of the fundamental dynamics of contemporary international relations (Elden, 2016). This transformation requires states to redefine their understandings of sovereignty both within national borders and at the transnational level (Sassen, 2006). The increasing frequency of global health crises is making even more pronounced the need for strengthening biopolitical capacities and activating international cooperation mechanisms (Rushton & Youde, 2014; Hein et al., 2007).

6. DISCUSSION

The findings of this research reveal that drug, alcohol, and tobacco economies shaped states' biopolitical capacity during the period 1981–2025 not only at the level of national health policies but also as a strategic component of international relations. The findings demonstrate that the population management mechanisms predicted by Foucault's (2003, 2008) conceptualization of biopolitics have materialized at the global scale and that states have integrated their regulatory politics instruments with foreign policy objectives. This situation emphasizes the necessity of a new understanding at the intersection of health governance, security studies, and foreign policy analyses, which are frequently addressed within separate disciplines in the literature. The applications of the governmentality concept explained by Lemm and Vatter (2014) in the domain of global health directly correspond with the findings of this research. Particularly the expansion of the security concept in the post-Cold War period and the emergence of health issues as priority subjects on the international agenda accelerated the transformation of biopolitical interventions into foreign policy instruments (Elbe, 2009, 2010; Fidler, 2004). The analyses of the Copenhagen School regarding the securitization of health in the field of security studies constitute the theoretical foundation of this transformation. Although existing studies in the literature discuss the relationship between biopolitics and foreign policy at the theoretical level (Ingram, 2013; Lakoff, 2017), the integrated analysis of these three economic domains and their long-term empirical examination constitute the original contribution of this research. The preparedness and emergency management concepts developed by Collier and Lakoff (2015) strengthen the theoretical framework of this research.

First, the findings reveal that drug economies are positioned on a security-centered axis in states' foreign policy strategies. The transborder organizational structure of illicit drug trade has directed states toward establishing regional cooperation and strengthening international sanction mechanisms. This situation corresponds with the determinations emphasized by Passos (2023) and Snyder (2019) in the literature that military operations and counter-narcotics policies have transformed into foreign policy priorities in Latin America. The effect of American foreign policy on drug wars in Latin America examined by Youngers and Rosin (2005) supports this finding. However, the findings of this study demonstrate that this securitization process is not specific only to Latin America but has emerged in similar forms in the Middle East, Balkans, and Southeast Asia as well. The studies by Thoumi (2002) and

Paoli and colleagues (2009) reveal the regional differences and global connections of drug economies. States' use of anti-drug agreements as diplomatic instruments is evaluated as a concrete manifestation of the health security paradigm explained by Elbe (2009) and Fidler (2004). The innocent bystander position of developing countries in drug wars analyzed by Keefer and Loayza (2010) further complicates this dynamic. On the other hand, limitations of international cooperation in the regulation of drug economies are also observed. The report on global illicit drug markets prepared by Reuter and Trautmann (2009) reveals the structural weaknesses of cooperation mechanisms. Particularly the sovereignty concerns of producer and transit countries lead them to resist external interventions and reduce the effectiveness of regulatory politics (White, 2014).

Second, it has been determined that global normative pressure plays a prominent role in the regulation of tobacco economies. The harmonization of states' domestic regulations with international standards by the Framework Convention on Tobacco Control, which entered into force in 2005, demonstrates how biopolitical strategies are strengthened through multilateral agreements. This finding is consistent with the normative power of global tobacco control revealed in the studies of Wipfli (2015) and Lee and Collin (2006). The studies of Studlar (2002) and Mamudu and colleagues (2011) examine in detail the policy dynamics of tobacco control and global power relations. However, this research offers an original contribution to the literature by revealing that regional cooperation against tobacco smuggling plays a critical role in increasing the effectiveness of regulatory politics. Particularly the European Union's border security protocols and the regional coordination mechanisms of Middle Eastern countries demonstrate that foreign policy functions as an instrument supporting regulatory frameworks. The tobacco control in developing countries analyzed by Jha and Chaloupka (2000) illuminates the socioeconomic dimensions of these dynamics. Nevertheless, the lobbying activities and attempts to intervene in policy processes by multinational tobacco corporations carry the potential to constrain states' regulatory autonomy, as indicated in the studies of Gilmore and colleagues (2013), Milov (2019), and Grier (2023). The study by Collin and colleagues (2002) reveals the global strategies of the tobacco industry and its mechanisms of intervention in state policies. This contradictory situation makes evident the tension between strengthening biopolitical capacity and protecting economic interests.

Third, although the conflict between multinational corporations' aggressive market expansion strategies and states' regulatory policies in alcohol economies is a frequently emphasized topic in the literature (Room et al., 2005), the findings of this study demonstrate that foreign policy plays an indirect but effective role in the regulation of the alcohol market. Particularly the connection of tax policies aimed at reducing alcohol consumption in European and Central Asian countries with trade agreements confirms the regulatory difficulties indicated in the studies of Room and colleagues (2005) and Österberg and Karlsson (2002). The history of alcohol policies in the United Kingdom examined by Nicholls (2009) provides an important perspective for understanding the social and economic context of regulatory politics. However, this research reveals that alcohol advertising bans and sales restrictions are shaped according to national health priorities rather than compliance with international

norms. This situation demonstrates that the global governance structures observed in tobacco and drug economies do not possess the same strength in the alcohol economy. The cultural dimension of nightlife and alcohol policies discussed by Measham and Østergaard (2019) emphasizes that local dynamics are determinative in states' regulatory preferences. This finding reveals that biopolitics requires context-specific strategies rather than a universal governance model. The global perspective on alcohol policy by Babor and Caetano (2010) explains this diversity.

Fourth, the findings demonstrate that states' biopolitical capacities are strengthened not only through regulatory instruments but also through international diplomacy and soft power use. The concept of health diplomacy is defined as an instrument increasing states' international legitimacy in the studies of Kickbusch and colleagues (2016) and Davies (2010). The findings of this research reveal that this form of diplomacy produces concrete policy outcomes in drug, alcohol, and tobacco economies. The connections between global health and international relations explained by McInnes and Lee (2012) theoretically support this finding. Particularly the cooperation of developing countries with international health organizations offers strategic opportunities in terms of creating normative power and establishing regional leadership. This finding is consistent with the increasing role of developing countries in global health governance indicated in Aginam's (2005) study. The political dynamics of global health governance examined by Harman and Williams (2013) and Harman and Papamichail (2024) illuminate this process. However, effective use of health diplomacy requires the strengthening of states' institutional capacities. The institutional weaknesses emphasized by Fidler (2010) and Harman and Williams (2013) in the literature constrain the transformation of biopolitical strategies into foreign policy instruments. The partnership and governance mechanisms analyzed by Rushton and Williams (2011) and Youde (2012) demonstrate how these capacities can be developed.

Fifth, the research reveals the differentiating effects of biopolitical interventions on gender and structural inequalities. Feminist international relations theories and critical political economy approaches emphasize that addictive substances cause more intensive harm in certain social segments. The findings of this study demonstrate that women and low-income groups in particular are disproportionately adversely affected by drug, alcohol, and tobacco economies. The violence, gender, and global health relationships examined by Klot and Nguyen (2011) reveal the multidimensional nature of these inequalities. This situation is evaluated as a concrete manifestation of the power relations over life and death explained by Mbembe's (2019) concept of necropolitics. The racial and gender-based biopolitical interventions discussed by Weheliye (2014) and Puar (2017) in the literature correspond with the findings of this research. Nguyen's (2010) study on AIDS treatment in West Africa demonstrates how biopolitical interventions are experienced in local communities. The potential of regulatory politics to deepen inequalities reveals the necessity of reevaluating biopolitical strategies from a social justice perspective. The care policies and colonial legacy analyzed by Ticktin (2011) and Raza Kolb (2020) provide a critical framework for this evaluation.

Sixth, the findings demonstrate that technological developments have transformed biopolitical capacities and rendered foreign policy strategies dependent on technical infrastructures. The use of artificial intelligence, big data analytics, and surveillance technologies in monitoring drug trafficking, tobacco, and alcohol consumption expands states' regulatory instruments. This situation is consistent with Haggerty and Ericson's (2006) surveillance society theses. The relationship between mental health and technology discussed by Rose (2019) explains the digitalization of biopolitics. However, this technological expansion carries the risk of strengthening the totalitarian dimensions of biopolitical control by narrowing the domains of freedom and privacy, as warned by Diken and Laustsen (2005). The technological dimension of mental health policies discussed by Rose (2019) in the literature is connected with the increasing use of digital instruments in addiction treatment. The relationship between counter-terrorism and biopolitics analyzed by Reid (2006) explains the legitimization of surveillance technologies. This finding reveals that biopolitics is a multilayered form of governance targeting not only physical life but also psychological and behavioral processes. The state of exception and bare life concepts conceptualized by Agamben (2005) constitute the philosophical foundation of this transformation.

Seventh, the research demonstrates that neoliberal economic policies play a paradoxical role in the regulation of drug, alcohol, and tobacco economies. Neoliberalism, while advocating free market principles and constraining regulatory interventions on one hand, requires states to strengthen their biopolitical capacities on the other. This contradiction is consistent with the ambivalent nature of neoliberal governance discussed in Lemm and Vatter's (2014) studies based on Foucault's governmentality analyses. The relationship between governmentality and freedom developed by Dean (2010) explains this paradox. The findings reveal that tobacco and alcohol industries in particular weaken national regulations by benefiting from free trade agreements. This situation corresponds with the mechanisms of multinational corporations' intervention in policy processes indicated in the studies of Collin and colleagues (2002) and Mamudu and colleagues (2011). The global trade and social citizenship relationships analyzed by Shamir (2013) address this dynamic with a holistic perspective. On the other hand, states' market intervention through tax policies and advertising bans demonstrates that neoliberal discourse is limited in practice. The relationship between neoliberalism and biopolitics examined by Ayo (2012) theoretically frames this contradictory situation.

Eighth, the findings reveal that the multi-actor structure of global health governance both increases and complicates the effectiveness of biopolitical strategies. Governance networks where states, international organizations, civil society organizations, and private sector actors coexist lead to regulatory politics assuming a multidimensional character. This situation is consistent with the fragmented structure of global health governance discussed in the studies of Rushton and Williams (2011) and Youde (2012). The analyses of Hein and colleagues (2007) on AIDS combat and global health governance illuminate the dynamics of the multi-actor structure. However, this research demonstrates that the multi-actor structure leads to coordination problems and creates tension between national sovereignty and international normative pressure. Particularly the difficulties experienced by developing countries in

complying with policy recommendations of international organizations reflect the unequal distribution of biopolitical capacities. The global health inequalities and health effects of globalization emphasized by Labonté and Gagnon (2010) and Kawachi and Wamala (2007) support these findings. The global health inequalities emphasized in Labonté and Gagnon's (2010) study in the literature support these findings. The global health security and justice mechanisms analyzed by Rushton and Youde (2014) and Ruger (2018) provide a framework for addressing inequalities.

Ninth, the research reveals that biopolitics is not merely an instrument of threat management in foreign policy but also a domain creating opportunities for economic development and cultural interaction. States' health-based diplomacy strategies strengthen international cooperation mechanisms and support regional integration. This finding corresponds with the multifaceted structure of health diplomacy discussed in McInnes and Lee's (2012) study on global health and international relations. The conceptual framework between health, foreign policy, and security developed by Ingram (2004) explains this integrated structure. However, effective use of health diplomacy requires the strengthening of states' normative leadership capacities. The conceptual connections between health and security indicated in Ingram's (2004) study in the literature facilitate the positioning of biopolitics as a strategic instrument in foreign policy. The health security and virus politics analyzed by Elbe (2009, 2010) provide concrete examples of this strategic positioning. Nevertheless, it is observed that the effectiveness of health diplomacy increases in situations where it overlaps with economic and security interests. The relationship between global politics and health examined by Davies (2010) addresses this overlap in detail.

Tenth, the findings demonstrate that drug, alcohol, and tobacco economies have transformed states' sovereignty capacities and redefined the national-transnational duality. Sassen's (2006) analyses of territory, authority, and rights relationships provide a convenient framework for explaining this transformation. Globalization processes require states to restructure their sovereignty practices both within national borders and at the transnational level. The global population, environment, and political power relationships examined by Bashford (2014) and Connelly (2008) demonstrate the historical depth of this restructuring. The findings of this research reveal that regulatory politics is shaped by compliance with international norms, yet states' concern for protecting national interests does not narrow sovereignty domains. This situation is consistent with the strategies of modern states strengthening their biopolitical capacities through transnational mechanisms discussed in Elden's (2016) study on sovereignty and territory relationships. The biosecurity and preparedness concepts developed by Collier and Lakoff (2015) concretize these strategies. On the other hand, the constraint of national policymaking autonomy by international pressures revives sovereignty debates. The health governance, security, and boundaries of biopolitics analyzed by Ingram (2013) deepen these debates.

Eleventh, the research demonstrates that the legitimacy foundations of biopolitical interventions have changed and that health-based justifications have become integrated with security and economic discourses. States' legitimization of their regulations regarding drug,

alcohol, and tobacco economies with the aim of protecting public health simultaneously provides international cooperation and diplomatic advantage. This finding is connected with the processes of biopolitical interventions gaining legitimacy explained by Agamben's (2005) concepts of state of exception and bare life. The liberal war and biopolitics relationship developed by Dillon (2008) and Dillon and Reid (2009) explains these legitimacy processes. The relationship between counter-terrorism and biopolitics discussed in Reid's (2006) study in the literature demonstrates how security discourses shape health policies. However, this research reveals that when health justifications combine with security discourses, they facilitate states' use of extraordinary powers. The unpreparedness and emergency management examined by Lakoff (2017) demonstrates the normalization of these extraordinary powers. This situation emphasizes the necessity of balancing biopolitical strategies with democratic oversight mechanisms. The cultural perceptions and biopolitics analyzed by Nichter (2008) illuminate the social dimension of legitimacy processes.

Twelfth, the findings demonstrate that border security and smuggling control are among the fundamental domains where biopolitical strategies materialize. Particularly cross-border operations and joint intelligence sharing developed against drug and tobacco smuggling position states' foreign policy cooperation on a security-centered axis. This finding is consistent with how the connections among crime, corruption, and terrorism shape states' security strategies discussed in Shelley's (2014) study. The illicit trade and global economy relationships analyzed by Naim (2005) reveal the transnational dimensions of smuggling. The analyses of organized crime and state formation in post-Soviet Eurasia by Kupatadze (2014) in the literature support the findings of this research. However, the strengthening of border security leads to illicit trade shifting to new routes and constrains the effectiveness of regulatory politics. The global illicit drug markets and public interest analyses by Reuter and colleagues (2009, 2015) demonstrate this dynamic. This situation reflects the complex and multilayered nature of biopolitical interventions. The policing and international crime control examined by Andreas (2009) and Andreas and Nadelmann (2006) explain the historical development of border security.

Thirteenth, the research reveals that biopolitics is a form of power that governs not only life but also death. Mbembe's (2019) concept of necropolitics explains states' authority to decide which lives are worth protecting. The findings of this research demonstrate that the social costs of drug wars in particular concentrate in certain segments and that states' regulatory strategies can transform into structural violence. The bare life and state of exception conceptualized by Agamben (2005) constitute the theoretical foundation of necropolitical practices. The analyses of drug wars and the global color line by Koram (2019) in the literature support this finding. However, this research reveals that necropolitical practices are not limited only to military operations; regulatory policies also reduce the life chances of certain groups. The racial subjectivity and right to maim concepts developed by Weheliye (2014) and Puar (2017) explain the structural dimensions of these practices. This situation emphasizes the necessity of reevaluating the ethical dimension of biopolitical strategies. The republic of therapy and sovereignty relationships examined by Nguyen (2010) demonstrate the manifestations of necropolitics in the health domain.

Fourteenth, the findings demonstrate that global trade regimes play a determinative role in the regulation of drug, alcohol, and tobacco economies. Free trade agreements and World Trade Organization norms constrain states' regulatory autonomy and compel them to balance national health policies with economic interests. This situation is consistent with Shamir's (2013) study on global trade, human rights, and social citizenship relationships. The global tobacco industry and trade agreements analyzed by Collin (2012) provide concrete examples of these constraints. The analyses of policy dynamics of tobacco control by Studlar (2002) in the literature demonstrate how trade regimes affect regulatory processes. However, this research reveals that some states protect their regulatory domains by including health provisions in trade agreements. The study on global tobacco control, power, and governance by Mamudu and colleagues (2011) details these protection mechanisms. This finding demonstrates that states' capacities to resist international economic pressures differ. The study by Gilmore and colleagues (2013) reveals how industrial lobbying activities affect state capacities.

Fifteenth, the research reveals that the long-term effectiveness of biopolitical strategies depends on institutional capacity and social acceptance. States' ability to implement regulatory policies requires the existence of strong institutional structures and social legitimacy. This finding is connected with the power and subject relationship discussed in Dean's (2010) study on governmentality and social regulation. The government of life, Foucault, biopolitics, and neoliberalism analyzed by Lemm and Vatter (2014) deepen this relationship. The preparedness concept by Collier and Lakoff (2015) in the literature emphasizes that states' risk management capacities are grounded in institutional infrastructure. However, this research demonstrates that social resistance constrains the effectiveness of biopolitical interventions and that regulatory policies need to be adapted to cultural contexts. The cultural perceptions, social representations, and biopolitics examined by Nichter (2008) emphasize the importance of this adaptation. This situation reveals that biopolitics requires context-specific strategies rather than a universal model. The globalization and health relationship analyzed by Kawachi and Wamala (2007) demonstrates contextual diversity.

Sixteenth, the findings demonstrate that drug, alcohol, and tobacco economies carry different priorities in foreign policy, yet all are instruments strengthening biopolitical capacity. While drug economies are addressed with a security-centered approach (Passos, 2023; White, 2014), tobacco economies are regulated through normative pressure and international agreements (Wipfli, 2015), and alcohol economies are shaped more according to national priorities (Room et al., 2005). This differentiation demonstrates that states adapt their biopolitical strategies according to foreign policy objectives. The international drug policy examined by Hayle (2024) reveals the global dimensions of the security-centered approach. The cultural perceptions, social representations, and biopolitics study by Nichter (2008) in the literature supports this finding. However, the common point of the three economic domains is that all of them transform states' sovereignty capacities and reshape international relations. The transnational structure of the tobacco economy analyzed by Lee and Collin (2006) and Milov (2019) exemplifies this transformation. This situation reflects the multidimensional nature of

biopolitics. The health security and foreign policy frameworks developed by Elbe (2009, 2010), Fidler (2004, 2010), and McInnes and Lee (2012) explain this multidimensionality.

Seventeenth, the research reveals that the public health outcomes of biopolitical interventions are complex and contradictory. While regulatory policies achieve success in reducing tobacco use and alcohol consumption on one hand (Jha & Chaloupka, 2000; Österberg & Karlsson, 2002), the criminalization of illicit drug use increases social harms on the other. This situation emphasizes the importance of harm reduction approaches discussed in Reuter and Majmundar's (2015) study on drug policy and public interest in the literature. The effects of drug policies in developing countries analyzed by Keefer and Loayza (2010) and Youngers and Rosin (2005) detail these contradictory outcomes. The findings demonstrate that biopolitical strategies must take into account not only health costs but also social inequalities and structural violence. The drug wars and global color line examined by Koram (2019) reveal the dimensions of structural violence. This situation reveals policymakers' obligation to establish a balance among health, security, and justice. The global health justice and governance framework developed by Ruger (2018) demonstrates how this balance can be established.

Eighteenth, the findings demonstrate that future biopolitical strategies need to be integrated with global processes such as climate change, migration movements, and digital transformation. The regulation of drug, alcohol, and tobacco economies must be integrated not only with health policies but also with environmental sustainability and social justice perspectives. This finding is consistent with the increasing role of environmental risks in health governance discussed in Bashford's (2014) study on global population, environment, and biopolitics. The population, political power, and state relationships analyzed by Connelly (2008) demonstrate the historical and structural dimensions of this integration. The population, political power, and state analyses by Connelly (2008) in the literature emphasize the multidimensional nature of biopolitics. However, this research reveals that future policy recommendations need to be supported by interdisciplinary approaches. The globalization, health, and environment relationships examined by Kawachi and Wamala (2007) and Bashford (2014) emphasize the necessity of an interdisciplinary approach. This situation demonstrates that biopolitics is a complex domain requiring the joint effort not only of health sciences but also of social sciences, law, and international relations. The global health security, governance, and partnership frameworks developed by Rushton and Youde (2014), Harman and Williams (2013), and Youde (2012) demonstrate how this joint effort can be organized.

Nineteenth, the research reveals that the strengthening of biopolitical capacities needs to be supported by democratic participation and accountability mechanisms. The legitimacy of states' regulatory policies is directly related to social acceptance. This finding supports the importance of participatory approaches emphasized in Ruger's (2018) study on global health justice and governance. The partnerships and governance mechanisms analyzed by Rushton and Williams (2011) demonstrate how democratic participation can be strengthened. The analyses of humanitarian policies and care relationships by Ticktin (2011) in the literature

emphasize the ethical dimension of biopolitical interventions. However, this research demonstrates that in authoritarian regimes in particular, biopolitical strategies are implemented devoid of democratic oversight. The state of exception and liberal modernity discussed by Agamben (2005) and Reid (2006) explain the legitimization of authoritarian practices. This situation reveals the necessity of protecting human rights and freedoms in global health governance. The health governance, security, and boundaries of biopolitics examined by Ingram (2013) provide a critical perspective for protecting human rights.

Twentieth, the findings demonstrate that biopolitics will continue to play a central role in future foreign policy strategies. The increasing frequency of global health crises is increasing the need for states to strengthen their biopolitical capacities and activate international cooperation mechanisms. This finding is consistent with the risk management strategies discussed in Lakoff's (2017) preparedness concept and Rushton and Youde's (2014) global health security studies. The biosecurity and emergency preparedness concepts developed by Collier and Lakoff (2015) constitute the foundation of future strategies. The global health governance and AIDS combat analyses by Hein and colleagues (2007) in the literature emphasize the importance of international cooperation. However, this research reveals that the effectiveness of biopolitical strategies depends on states' institutional capacities and international solidarity. The health diplomacy and global health governance studies by Fidler (2004, 2010) and Kickbusch and colleagues (2016) demonstrate how institutional capacity and solidarity can be strengthened. This situation emphasizes the necessity of grounding future policy recommendations in the principles of equality, justice, and sustainability. The global health governance, international relations, and partnership mechanisms analyzed by Harman and Williams (2013), McInnes and Lee (2012), and Youde (2012) provide a roadmap for how these principles can be implemented.

7. CONCLUSION AND RECOMMENDATIONS

This research has demonstrated that drug, alcohol, and tobacco economies transformed states' biopolitical capacity during the period 1981–2025 and that this transformation played a determinative role in the restructuring of foreign policy strategies. The findings demonstrate that health security has become a strategic domain transcending national borders; that states' population management, risk control, and international cooperation practices are shaped in close interaction with global governance mechanisms. This interaction parallels the expansion of the security concept from military threats toward human security issues in the post-Cold War period (Elbe, 2009, 2010; Fidler, 2004). The study presents an original analytical framework by integrating the concepts of biopolitics, regulatory politics, and foreign policy, which are generally addressed by separate disciplines in the literature; rendering visible the common structural characteristics and reciprocal interactions of drug, alcohol, and tobacco economies. This integrated perspective provides a critical foundation for understanding how states' modes of governing social life are reproduced at both national and global levels (Foucault, 2003, 2008; Sassen, 2006; Ingram, 2013). Particularly the penetration of neoliberal governmentality understanding into global health policies has required states to align their regulatory capacities with market rationality, and this process has accelerated the

transformation of sovereignty practices as explained in the analyses of Lemm and Vatter (2014) and Elden (2016).

The first of the fundamental contributions of the research is that the joint examination of these three economies transcends the fragmented approaches in the literature and reveals the multidimensional nature of states' biopolitical strategies. The transformation of the drug economy into a security-centered foreign policy instrument, the regulation of the tobacco economy under global normative pressure, and the shaping of the alcohol economy along the axis of cultural-economic interests demonstrate that all three domains are governed with different biopolitical logics. However, the common point is that all three have transformed states' sovereignty capacities and redefined international relations (Bewley-Taylor & Jelsma, 2012; Wipfli, 2015; Room et al., 2005). The international drug policy research of Bewley-Taylor and Tinasti (2020) and Collins's (2021) analyses on the legalization of the drug war reveal the paradigmatic shift of this transformation. Second, the study reveals that neoliberal globalization processes have rendered states' regulatory instruments dependent on international norms; yet this dependence is balanced with the concern for protecting national interests. Esposito's (2008, 2011, 2013) studies on biopolitics and immunity concepts constitute the theoretical foundation of this search for balance. The norm-producing role of transnational actors such as the World Health Organization, World Trade Organization, and United Nations strengthens states' biopolitical capacities while simultaneously narrowing sovereignty domains (Labonté & Gagnon, 2010; Youde, 2012). The comprehensive analyses of Kawachi and Wamala (2007) on the relationship between globalization and health demonstrate how trade agreements constrain health policies. Third, the research demonstrates that health diplomacy has become a strategic instrument for states in increasing their soft power capacities. Health-based foreign policy approaches confer international legitimacy upon states and provide normative leadership position (Kickbusch et al., 2016; McInnes & Lee, 2012). Davies's (2010) study on global politics and health and Harman and Williams's (2013) analyses of global health governance present the counterpart of this strategic transformation in international relations theory.

The findings demonstrate that drug trade directly determines states' security strategies with its illicit economic volume exceeding five hundred billion dollars annually (UNODC, 2022). Particularly the control of drug routes in Latin America, Central Asia, and the Balkans plays a central role in the shaping of regional stability and international alliances (Paoli et al., 2009; Kupatadze, 2014; Gootenberg, 2008). The global illicit drug markets report of Reuter and Trautmann (2009) and the illicit global economy analyses of Friman and Andreas (1999) detail the pressure of this economic volume on state structures. The United States' war on drugs strategy, the European Union's harm reduction policies, and Asian countries' zero tolerance approaches concretize how different biopolitical positionings shape foreign policy preferences. The study on drugs and democracy in Latin America by Youngers and Rosin (2005), the analysis of military operations and counter-narcotics policies by Passos (2023), and the research on coca-cocaine commodity chain governance by Snyder (2019) reveal the regional effects of these different approaches. This differentiation strengthens the fragmented structure of global health governance and deepens international coordination problems

(Collins, 2016, 2021). The study on drug policy justice by Barrett and Lines (2024) and Chatwin's (2018) proposal for more effective global drug policies reflect the search for solutions to these coordination problems. In the tobacco economy, the harmonization of states' regulatory capacities with international standards by the Framework Convention on Tobacco Control, which entered into force in 2005, is the most prominent example of how biopolitical strategies are strengthened through global normative pressure (Wipfli, 2015; Lee & Collin, 2006). The policy dynamics of tobacco control by Studlar (2002) and the analyses of global change and transnational tobacco corporations by Collin (2012) detail the institutional dimensions of this normative transformation. However, the aggressive marketing strategies pursued by the tobacco industry particularly in low- and middle-income countries constrain states' regulatory autonomy and weaken biopolitical interventions (Mamudu et al., 2011; Gilmore et al., 2013). The political history of the cigarette by Milov (2019), the study on the transition from legislation to litigation in tobacco politics by Derthick (2011), and the new prohibition analyses by Grier (2023) document the resistance strategies of the tobacco industry. In the alcohol economy, it is observed that cultural differences play a determinative role in shaping regulatory politics. The distinction between Scandinavian countries' state monopolism and Mediterranean countries' liberal approaches reflects the context-specific nature of biopolitical strategies (Österberg & Karlsson, 2002; Room et al., 2005). The alcohol policy as public goods analyses by Babor and colleagues (2010), the alcohol policy studies in the European Union by Anderson and colleagues (2012, 2013), and Nicholls's (2009) research on the politics of the drink question in England reveal the historical and structural roots of these cultural differences.

One of the critical findings revealed by the research is that states' biopolitical interventions aim not only to reduce health costs but also to achieve international positioning and diplomatic advantage. The improvement of health indicators increases states' economic productivity and expands their room for maneuver in foreign policy. The study on tobacco control in developing countries by Jha and Chaloupka (2000) and the analyses of the global burden of disease attributable to alcohol use by Rehm and colleagues (2009) concretize the economic costs of health indicators. The protection of population health is evaluated as a strategic element in terms of the sustainability of military and economic capacities (Elbe, 2009; Fidler, 2004). This situation demonstrates that biopolitics has transcended the traditional security concept and has been placed at the center of the human security paradigm (Rushton & Youde, 2014). The conceptual framework of health, foreign policy, and security by Ingram (2004) and the unpreparedness analyses by Lakoff (2017) constitute the theoretical foundation of this paradigm shift. On the other hand, the differentiating effects of biopolitical interventions on gender and structural inequalities cannot be overlooked. Particularly the disproportionate adverse effects of drug, alcohol, and tobacco economies on women and low-income groups necessitate the reevaluation of regulatory policies from a social justice perspective (Mbembe, 2019; Puar, 2017; Weheliye, 2014). The study on violence, gender, and global health by Klot and Nguyen (2011), the analyses of care policies by Ticktin (2011), and the research on life in a zone of social abandonment by Biehl (2005) provide concrete examples of these differentiating effects. The concentration of the social costs of drug wars in certain segments and the further vulnerabilization of marginalized groups by punitive policies

render visible the necropolitical dimensions of biopolitics (Agamben, 2005; Koram, 2019). The republic of therapy by Nguyen (2010) and the pathologies of power study by Farmer (2005) reveal the manifestations of these necropolitical practices in health systems.

In accordance with the findings of the study, recommendations for policymakers can be addressed at three levels. First, at the national level, states need to shape their regulations regarding drug, alcohol, and tobacco economies not only from a domestic health policy perspective but with a holistic foreign policy framework that takes into account international effects. The effectiveness of regulatory politics depends on the strengthening of institutional capacity, the securing of social acceptance, and support through international cooperation mechanisms (Studlar, 2002; Ruger, 2018). The regulation analyses by Baldwin and colleagues (2012) and the governmentality study by Dean (2010) detail the structural reforms required for strengthening institutional capacity. Second, at the regional level, states' deepening of regional cooperation particularly against drug trafficking and tobacco trade is of critical importance. Border security protocols, joint intelligence sharing, and coordinated operations are effective instruments in preventing illicit trade (Naim, 2005; Shelley, 2014). The border games by Andreas (2009) and the policing the globe study on international crime control by Andreas and Nadelmann (2006) evaluate the historical development and effectiveness of border security cooperation. Third, at the global level, active cooperation with international health organizations increases states' normative power and enables them to take an effective role in global health governance. Particularly strategic partnerships with institutions such as the World Health Organization and United Nations Office on Drugs and Crime are fundamental elements in strengthening biopolitical capacities (Youde, 2012; Rushton & Williams, 2011). The global health governance and AIDS combat by Hein and colleagues (2007) and the global health governance study by Aginam (2005) provide a roadmap for the institutionalization of these strategic partnerships.

When evaluated specifically in the context of Turkey, the country's geostrategic position necessitates placing biopolitical regulations at the center of foreign policy. Being a transit point on the Balkan route in drug trafficking directs Turkey toward security-based cooperation with both the European Union and the United States. The study on organized crime and state formation in post-Soviet Eurasia by Kupatadze (2014) emphasizes the strategic importance of Turkey's regional position. This cooperation strengthens Turkey's role in the regional security architecture and increases its foreign policy capacity. The strict regulations implemented by Turkey after 2008 in tobacco control are evaluated as an example of normative leadership in the international arena and provide an important gain in terms of health diplomacy (Bilir et al., 2009). WHO's (2018, 2021) global tobacco reports appreciate Turkey's success in tobacco control at the international level. However, the fact that tobacco production still constitutes an important source of economic revenue weakens the consistency of regulatory policies and leads to international criticism. The cultural perceptions and biopolitics by Nichter (2008) and the epidemic empire study by Raza Kolb (2020) explain the historical and cultural context of this inconsistency. In alcohol regulations, Turkey's approach based on cultural and religious values provides a unique positioning in foreign policy. Nevertheless, the balance between protecting tourism revenues and ensuring health security

constitutes a continuous area of tension for policymakers. The nightlife and alcohol policies by Measham and Østergaard (2019) and the regulating alcohol around the world study by Bergin (2018) provide comparative examples of this area of tension. Turkey's strengthening of regional health diplomacy, particularly deepening cooperation with Middle Eastern, Balkan, and African countries, will increase its soft power capacity and strengthen its international legitimacy.

Recommendations for future research should first include the examination of how global processes such as climate change, migration movements, and digital transformation interact with biopolitical strategies. Particularly topics such as the effects of climate-induced migrations on drug, alcohol, and tobacco consumption; how digital surveillance technologies transform biopolitical control mechanisms; and how artificial intelligence and big data analytics shape regulatory politics emerge as new research domains (Bashford, 2014; Haggerty & Ericson, 2006). The fatal misconception study by Connelly (2008) and the beyond biopolitics analyses by Clough and Willse (2011) deepen the historical and philosophical dimensions of these interactions. Second, the issues of how biopolitical interventions can be balanced with democratic participation and accountability mechanisms, and how health security discourse can be abused particularly in authoritarian regimes, require in-depth examination (Agamben, 2005; Ingram, 2013). The culture of exception by Diken and Laustsen (2005), the biopolitics of the war on terror by Reid (2006), and the biopolitics of security study by Dillon (2015) theoretically frame these risks of abuse. Third, questions such as how states' preparedness capacities can be strengthened in the face of the increasing frequency and severity of global health crises; how international solidarity mechanisms can be activated; and how health inequalities can be addressed carry importance from both academic and practical perspectives (Lakoff, 2017; Collier & Lakoff, 2015). The biopolitical concepts in health governance by Ayo (2012) and the global health and justice study by Benatar and colleagues (2011) constitute the normative foundations of these questions. Fourth, comprehensive cost-benefit analyses on the economic costs and benefits of biopolitical strategies will provide policymakers with a more solid decision-making foundation. Particularly the calculation of the long-term economic returns of preventive policies can play a critical role in the formation of political will. The tobacco control policy by de Beyer and Waverley Brigden (2003) and the tobacco control in Africa study by Drope (2011) provide the methodological framework for these cost-benefit analyses.

The study has certain limitations. First, the majority of data sources being obtained from international institutions creates dependence on these institutions' data collection standards and political priorities. However, this limitation has been sought to be minimized through cross-validation methods. The mixed methods research by Creswell and Plano Clark (2018) offers strategies for how these methodological limitations can be overcome. Second, the estimate nature of data regarding the illicit drug economy in particular affects the precision level of findings. The drug policy and public interest by Reuter and Majmundar (2015) and the innocent bystanders study by Keefer and Loayza (2010) discuss the methodological difficulties in measuring illicit economies. Third, difficulties in standardizing cultural differences determine the limits of comparative analyses. The alcohol policies in developing

societies by Casswell and Thamarangsi (2009) and the global perspective on alcohol policy study by Babor and Caetano (2010) reveal this cultural diversity. Fourth, due to the scope of the study, some regional dynamics and local characteristics could not be sufficiently deepened. Future research working on more focused cases will contribute to overcoming these limitations. The illegal drugs in the Andean region by Thoumi (2002) and the drug war encyclopedia by Chepesiuk (1999) serve as examples for regional in-depth analyses. Fifth, the full measurement of regulatory capture and the effect of lobbying activities on state policies contains methodological difficulties. The increase of qualitative case studies in these domains will provide better understanding of the processes. The alcohol, politics, and social policy by Baggott (2010) and the quiet revolution study by Eastwood and colleagues (2016) offer alternative approaches for overcoming these methodological difficulties.

In conclusion, this research has demonstrated that biopolitics has become one of the fundamental variables of twenty-first century foreign policy; that the domains of health, security, economy, and diplomacy have transformed into a complementary integrated structure. Drug, alcohol, and tobacco economies directly affect states' population management capacities, international positionings, and strategic preferences. The future of our psychiatric health by Rose (2019), the biopolitics, immunity, and community studies by Esposito (2008, 2011, 2013), and the global trade and social citizenship analyses by Shamir (2013) strengthen the philosophical and political foundations of this integrated structure. States' future foreign policy strategies should encompass biopolitical regulations simultaneously at both national and international levels; the strengthening of institutional capacities, the activation of international cooperation mechanisms, and the securing of social legitimacy should be priority objectives. The global health governance studies by Harman and Papamichail (2018, 2024) present the institutional framework of these priorities. The future of global health governance depends on states developing policies based on the principles of equality, justice, and sustainability; actively participating in multilateral mechanisms; and strengthening their normative leadership capacities. Health security now requires global solidarity as a domain of responsibility transcending national borders; it necessitates that states balance their short-term interests with long-term common good. The international drug policy by Hayle (2024), the drug war politics by Bertram and colleagues (1996), and the counterinsurgency and drug war study by Felbab-Brown (2010) reveal the complexity of this balancing process.

Ultimately, biopolitics is not merely the capacity to govern life but also a field of power determining states' legitimacy and effectiveness in the international system. The regulation of drug, alcohol, and tobacco economies are critical domains where this power materializes. The bad neighbor policy by Carpenter (2003) and the drug war in America study by White (2014) detail the geopolitical dimensions of these critical domains. States' success in these domains not only protects public health but also increases economic competitiveness; confers diplomatic prestige; and contributes to regional stability. The HIV exceptionalism and development through disease study by Benton (2015) demonstrates how health policies integrate with development strategies. However, this success is possible with the strengthening of democratic participation, the protection of human rights, and the observance

of social justice. The continuous evaluation of the ethical dimension of biopolitical interventions is the responsibility of policymakers. The liberal way of war study by Dillon and Reid (2009) emphasizes the critical importance of these ethical evaluations. The obligation to leave a healthy, secure, and just world to future generations compels states to align their biopolitical strategies with human values. The tobacco smuggling by Joossens and Raw (2008) and the tobacco smuggling and contraband in the European Union study by Joossens and colleagues (2010) reveal the practical dimensions of this harmonization process. This study has aimed to contribute to the fulfillment of this obligation; it has aimed to advance academic discussions by conferring an original analytical framework to the literature and to bring applicable recommendations to policymakers.

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