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Insanity: Four Decades of U.S. Counterdrug Strategy

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INSANITY: FOUR DECADES OF U.S. COUNTERDRUG STRATEGY

Lieutenant Colonel Michael F. Walther

December 2012

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PREFACE

The U.S. Army War College (USAWC) provides an excellent environment for selected military officers and government civilians to reflect and capitalize on their career experience to explore a wide range of strategic issues. To ensure that the research conducted by USAWC students is available to Army and Department of Defense leaders, the Strategic Studies Institute publishes selected papers in its “Carlisle Papers” series.

A handwritten signature in black ink, appearing to read 'Antulio J. Echevarria II', with a large, stylized flourish at the end.

ANTULIO J ECHEVARRIA II
Director of Research
Strategic Studies Institute

ABOUT THE AUTHOR

MICHAEL F. WALTHER is a recently retired Senior Executive of the U.S. Department of Justice (DoJ), having served most recently as Director of the National Drug Intelligence Center (NDIC). He is also a recently retired U.S. Army Reserve Judge Advocate who has served in a variety of positions, including a deployment to Iraq (2006-07) as Legal Advisor to the Multi-National Force Iraq planning staff and Director of the Law and Order Task Force in Baghdad. He last served as a Military Judge, presiding over courts-martial in the U.S. Army's Fourth Judicial District. Lieutenant Colonel Walther was originally commissioned as a U.S. Air Force Officer and attended law school under the USAF-funded Legal Education Program. As an Air Force Judge Advocate, he served in International Law-related positions in Greece and Germany before shifting the focus of his legal practice to military law and criminal justice matters. In 2003, he joined the U.S. DoJ as an Assistant U.S. Attorney for the Eastern District of Louisiana, and was assigned to the Organized Crime Drug Enforcement Task Force. In 1999, he transferred to DOJ's Criminal Division in Washington, DC, where he served as a Senior Trial Attorney, Deputy Chief, and Acting Chief of the Narcotic and Dangerous Drug Section. Lieutenant Colonel Walther holds a B.A. in English from Tulane University, an M.A. in strategic studies from the U.S. Army War College, and a J.D. from the University of the Pacific, McGeorge School of Law.

ABSTRACT

In the 4 decades since President Richard Nixon first declared war on drugs, the U.S. counterdrug strategy has remained virtually unchanged—favoring supply-reduction, law enforcement, and criminal sanctions over demand reduction, treatment, and education. While the annual counterdrug budget has ballooned from \$100 million to \$25 billion, the availability of most illicit drugs remains at an all-time high. The human cost is staggering—nearly 40,000 drug-related deaths in the United States annually. The societal impact, in purely economic terms, is now estimated to be approximately \$200 billion per year. The global illicit drug industry now accounts for 1 percent of all commerce on the planet—approximately \$320 billion annually. Legalization is almost certainly not the answer; however, an objective analysis of available data confirms that: 1) the United States has pursued essentially the same flawed supply-reduction strategy for 40 years; and, 2) simply increasing the amount of money invested each year in this strategy will not make it successful. Faced with impending budget cuts and a future of budget austerity, policymakers must replace the longstanding U.S. counterdrug strategy with a pragmatic, science-based, demand-reduction strategy that offers some prospect of reducing the economic and societal impacts of illicit drugs on American society.

INSANITY: FOUR DECADES OF U.S. COUNTERDRUG STRATEGY

The definition of insanity is doing the same thing over and over again and expecting different results.

Albert Einstein¹

For nearly 2 centuries, North America was “a dope fiend’s paradise.”² American colonists and their native predecessors came to rely upon derivatives of natural substances to cure ailments, increase sexual potency, relieve pain, and provide pleasure.³ By the early-1800s, a burgeoning patent medicine industry advertised preparations containing large quantities of opium;⁴ in 1844, cocaine was first isolated in pure form from coca leaves;⁵ in 1874, heroin was synthesized and recommended as more effective, and less dangerous and addicting, than morphine;⁶ and amphetamines were first synthesized in 1887.⁷ Most Americans know little of their nation’s antebellum drug history, i.e., the 200 years that preceded the war on drugs, and nearly all are unaware that drugs were legal for most of that period.

However, late in the 19th century, a nascent drug prohibition movement began to develop.⁸ Before long, a combination of evangelical prohibitionists and Progressive Era reformers mounted a successful campaign for the first federal anti-narcotics legislation.⁹ The Harrison Act,¹⁰ passed in 1914, became the basis for narcotics regulation over the next half-century.¹¹ In 1918, 3 years after the Act went into effect, a congressional study found that the use of drugs – narcotics as well as cocaine – had actually increased.¹²

On January 1, 1932, the Treasury Department’s newly formed Federal Bureau of Narcotics (FBN) assumed responsibility for the enforcement of federal drug laws. The FBN’s first director, Harry Anslinger, has been described as “the personification of the antinarcotic regime.”¹³ Over the course of 30 years and five administrations, he championed a punitive drug policy that today, more than a half-century later, still serves as the foundation of our prohibitionist drug strategy.¹⁴

Our national drug strategy has essentially always been two-dimensional: supply-reduction (controlling the supply of drugs through legislation, law enforcement, interdiction, prosecution, and incarceration); and demand-reduction (reducing the demand for drugs through education, prevention, and treatment).¹⁵ Although perhaps oversimplified, the distinction between supply and demand programs has framed much of the drug policy debate in America over the past 40 years.¹⁶ Every administration has advocated a “balanced” approach incorporating both supply-reduction and demand-reduction programs. However, the distribution of resources, i.e., the supply/demand split, has become “the metric for the debate.”¹⁷ Thus, accurate analysis of any administration’s drug strategy requires that we ignore the rhetoric and “follow the money.”¹⁸

Soon after his inauguration, President Nixon unveiled the first comprehensive national strategy aimed at reducing drug abuse and ameliorating its harmful effects. The early emphasis was on treatment and rehabilitation, and budget expenditures between 1970 and 1974 included dramatic increases, with a spending distribution that disproportionately favored demand-reduction over enforcement.¹⁹ The 1973 drug budget was the

high-water mark for demand-reduction funding—at approximately 70 percent of the total counterdrug budget.²⁰

Was the Nixon approach favoring demand-reduction an effective strategy? If one measures results by falling crime rates in major cities, the large-scale successful treatment of addicts, and a reduction in the availability of illicit drugs, the answer is almost certainly “yes.”²¹ However, the 1972 reelection campaign and the Watergate scandal marked a turning point in the Nixon strategy.²² Despite evidence that a balance between law enforcement and demand-reduction could be effective, the need to be seen as “tough-on-crime” allowed politics to trump a well-reasoned public policy and a strategy based on science-driven methodologies.²³ Future drug budgets would reflect this shift in strategy.

The percentage of resources allocated to demand-reduction declined steadily after 1973.²⁴ By the end of the Gerald Ford administration, federal drug spending was nearly evenly divided between supply-reduction and demand-reduction, and remained that way through the Jimmy Carter administration.²⁵ The Ronald Reagan administration and the drug strategies of the 1980s shifted the emphasis even further toward supply-reduction and “took a far more punitive approach toward drug use.”²⁶ The allocation of the federal drug budget reflected this change in policy. The spending balance ultimately became two-thirds for supply-reduction and one-third for demand-reduction and, as detailed herein, that ratio has essentially remained unchanged. See Figure 1.

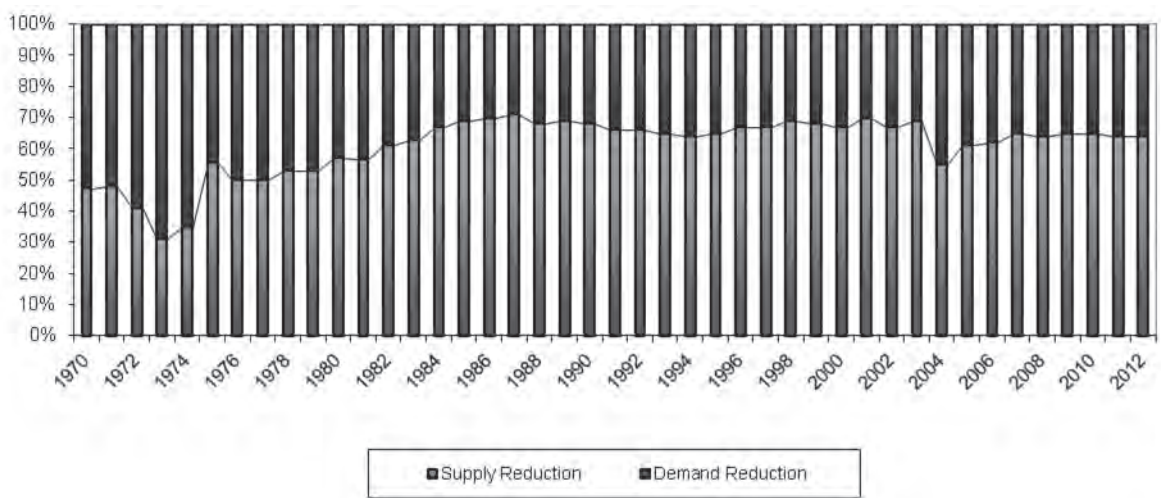


Figure 1. Spending Ratio as a Percentage of the Total Counterdrug Budget.

Over the past 40 years, the federal counterdrug budget has ballooned from \$100 million to \$25 billion.²⁷ Yet, the availability of most illicit drugs remains at an all-time high, and the United States has an estimated 10 times as many hardcore users as it did in 1969.²⁸ The global illicit drug industry now accounts for 1 percent of all commerce on the planet—about \$320 billion annually.²⁹ An estimated 40,000 Americans die each year

from drug-related causes; another 500,000 Americans are incarcerated for nonviolent, drug-related crimes;³⁰ and, in purely economic terms, the cost of illicit drug use is nearly \$200 billion per year.³¹ Yet, we continue to pursue the same failing strategy – favoring supply-reduction over demand-reduction – while expecting different results.

The U.S. counterdrug strategy – its focus on supply-reduction largely unchanged over the last 4 decades – has been an abject failure. The current Drug Czar, Gil Kerlikowske, has conceded as much: “In the grand scheme, it has not been successful. . . . Forty years later, the concern about drugs and drug problems is, if anything, magnified, intensified.”³² Meanwhile, research (and history³³) has shown that demand-reduction programs are “very effective in reducing drug demand, saving lives, and lessening health and crime consequences.”³⁴ Moreover, demand-reduction programs make economic sense. Eradication of drugs in source countries and interdiction on the high seas is expensive and has had little effect on drug availability.³⁵ In general, law enforcement efforts cost 15 times as much as treatment to achieve the same reduction in societal costs,³⁶ whereas, every dollar spent on treatment saves taxpayers between \$7.46 and \$11.54.³⁷

Clearly, law enforcement and the criminal justice system must remain among the pillars of any new strategy. They are powerful tools of “coercion” to help users stop abusing drugs and committing drug-related crimes. Therefore, we must focus our efforts on those drugs that inherently pose greater risk to the individuals and to society lest we squander valuable law enforcement resources and escalate the economic and societal cost of imprisoning hundreds of thousands of Americans.

At the turn of the last century, Americans could generally buy cocaine, morphine, and heroin over the counter at any pharmacy.³⁸ Addiction rates ranged from 0.4 percent to 1.2 percent of the adult population.³⁹ Today, after 100 years of drug prohibition policies, an estimated 7 million Americans – approximately 2.3 percent of the adult population – depend on or abuse illicit drugs.⁴⁰

A brief review of the counterdrug policies pursued by each administration over the last 40 years demonstrates that a new, more pragmatic, strategic approach is clearly required – one that begins with an armistice in the war on drugs and a reallocation of spending toward demand-reduction programs that have proven more effective in reducing drug use and its damaging consequences.⁴¹

The Nixon and Ford Administrations: 1969-77.

This Administration has declared all-out, global war on the drug menace.

Richard M. Nixon⁴²

The 1968 Presidential election occurred against a backdrop that included the assassinations of civil rights leader Martin Luther King, Jr., and presidential candidate Robert F. Kennedy; race riots in major cities across the country; widespread violent demonstrations against the Vietnam War; and a growing epidemic of drug use among America’s youth.⁴³ Troubling accounts of drug abuse by servicemen in Southeast Asia filled the media,⁴⁴ along with reports of escalating drug-related crime in major urban centers.⁴⁵

Former Vice President Nixon won the election, following a campaign that promised to restore law and order to the nation’s cities. In a special message to Congress on July 14, 1969, Nixon declared the abuse of drugs “a serious national threat to the personal health and safety of millions of Americans.”⁴⁶ Citing narcotics as “a primary cause of the enormous increase in street crimes over the last decade,” Nixon’s counterdrug strategy combined enhanced criminal penalties, interdiction, education, research, and rehabilitation.⁴⁷

Nixon remained “viscerally opposed to drugs”⁴⁸ and refused any suggestion of legalization.⁴⁹ However, the center of gravity of his strategy was clearly demand-reduction.⁵⁰ The best evidence of this is the drug program budget, which increased from \$81.3 million in FY 1969 to \$783.6 million in FY 1973, with two-thirds of the new resources allocated to treatment and only one-third to law enforcement.⁵¹ His appointment of an addiction-treatment specialist, Dr. Jerome Jaffe, as Director of the White House Special Action Office of Drug Abuse Prevention (SAODAP), and his legislative agenda further demonstrated his administration’s commitment to a demand-reduction strategy.⁵²

On June 17, 1971, Nixon officially declared the “War on Drugs.”⁵³ Yet, despite the “get-tough” rhetoric, demand-reduction remained the strategic focus throughout his first term. Ever the pragmatist, Nixon recognized that “the laws of supply and demand function in the illegal drug business as in any other,” and that the best prospect for success lay in demand-reduction and treatment programs.⁵⁴ For the first—and only—time in the history of the war on drugs, Nixon designated more federal funding for prevention and treatment than for law enforcement.⁵⁵ See Figure 2.

FY	\$ Supply Reduction (Millions)	Percent	\$ Demand Reduction (Millions)	Percent
1970	53	47	59	53
1971	82	48	89	52
1972	164	41	239	59
1973	214	31	466	69
1974	278	35	510	65

- FY 1970 represented a 50 percent increase in the overall drug budget from FY 1969.
- Spending on demand-reduction consistently exceeded spending on supply-reduction.
- 1973 was the high-water mark for demand-reduction spending (as a percentage of the total counterdrug budget).

Figure 2. The Nixon Drug Spending Record.⁵⁶

During Nixon’s first term, new prevention strategies and data collection tools were introduced and innovative substance abuse treatment, rehabilitation, and research were supported. More funds were allocated for drug abuse prevention and treatment than for law enforcement. However, Nixon’s abbreviated second term, which ended with his resignation on August 9, 1974, witnessed a clear shift in emphasis toward supply-reduction and enforcement.⁵⁷

The national drug strategy saw little change during the Ford administration. Like Nixon, Ford appointed a task force to assess the extent of drug abuse in America. And, like Nixon, he ignored its recommendation that “priority in federal counterdrug efforts be directed to those drugs which inherently pose greater risk to the individuals and to society.”⁵⁸ Smarting from criticism of the Nixon pardon and, hoping to gain support for his own election, it was politically inexpedient for Ford to appear “soft” on marijuana.⁵⁹

The Ford administration’s rhetoric called for a “balance [of] the law enforcement effort with the provision of humane and effective treatment for drug users.”⁶⁰ However, overall growth of the drug budget slowed, and the spending balance between supply-reduction and demand-reduction reached parity in 1976.⁶¹ See Figure 3.

FY	\$ Supply Reduction (Millions)	Percent	\$ Demand Reduction (Millions)	Percent
1975	300	40	447	60
1976	362	50	367	50
1977	368	50	369	50

- Overall growth of counterdrug budget slowed from Nixon era.
- FY 1976 brought a 10 percent decline in demand-reduction spending.
- Spending between demand-reduction and supply-reduction reached parity

Figure 3. The Ford Drug Spending Record.⁶²

Unfortunately, parity in spending did not translate into a balanced counterdrug strategy – any more than an equal division of the Department of Defense (DoD) budget between the uniformed services would guarantee a balanced national defense strategy. Nevertheless, every politician wanted to be viewed as pro-law enforcement, and the “drug-abuse industrial complex”⁶³ soon became a powerful lobbying force, causing policy, strategy, and funding to tilt even further toward a supply-reduction orientation.

The Carter Administration: 1976-80.

Penalties against possession of a drug should not be more damaging to an individual than the use of the drug itself; and where they are, they should be changed.

Jimmy Carter⁶⁴

Jimmy Carter was inaugurated President on January 20, 1977, following a campaign that included calls to decriminalize the possession of small amounts of marijuana. Drug abuse was no longer “public enemy number one.” It was merely “a serious social problem.”⁶⁵

Carter appointed Dr. Peter Bourne to serve as Director of the newly created Office on Drug Abuse Policy⁶⁶ and, soon thereafter, consistent with his campaign pledge, pro-

posed legislation to decriminalize federal penalties for possession of up to one ounce of marijuana.⁶⁷ Carter made a very clear distinction between marijuana and “hard drugs.”⁶⁸ Consistent with that view, he called for federal resources to be allocated “intelligently,” urging Congress to “revise our penalty structure where necessary to concentrate on the actions (and the drugs) that are the most dangerous.”⁶⁹

Whatever hopes Carter may have had for effecting meaningful changes in drug policy were shattered on July 19, 1978, by a *Washington Post* headline: “Carter Aide Signed Fake Quaalude Prescription.”⁷⁰ The story revealed that Dr. Bourne had written a prescription sedative for a fellow White House aide, using a pseudonym to mask her identity.⁷¹ The incident erupted into a major scandal when the *Washington Times* reported that Bourne had used cocaine and marijuana at a DC party 7 months earlier.⁷² Bourne quickly resigned in disgrace, and Carter retreated from drug-law reform for the rest of his embattled term.⁷³

In the area of demand-reduction, Carter called on the National Institute on Drug Abuse (NIDA) to develop more programs for abusers of barbiturates and amphetamines, and supported rehabilitation and job-training programs for former heroin addicts. Like his predecessors, he frequently acknowledged the need for better coordination of federally sponsored research efforts on a variety of drugs, including opiates, alcohol, and tobacco, and expressed hope that this would save money and “lead to greater scientific understanding of addiction problems.” However, in retrospect, it appears the Carter administration misjudged public and political support for any “softening” of the prohibitionist drug strategy.

Like his predecessors (and successors), Carter publicly supported international law-enforcement efforts to eradicate drugs and dismantle international trafficking networks.⁷⁴ He promoted law enforcement programs calling for “swift and severe punishment” of drug traffickers, including easing restrictions on law enforcement access to tax records of suspected traffickers, the freezing of trafficker assets, and bail restrictions for major offenders. See Figure 4.

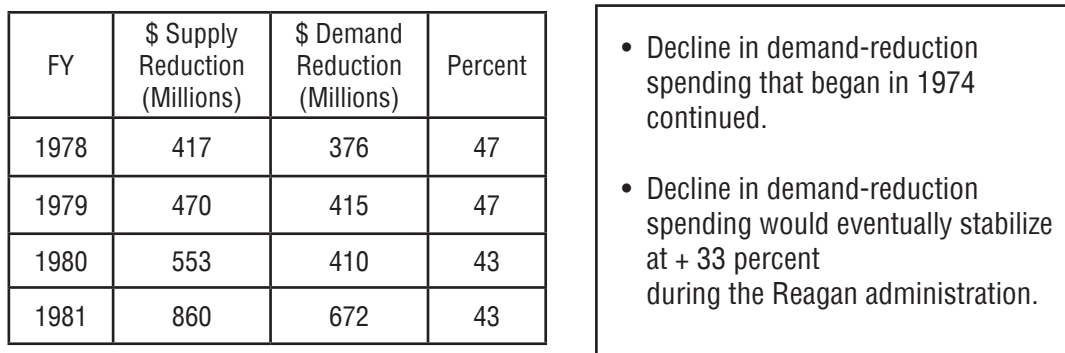


Figure 4. The Carter Drug Spending Record.⁷⁵

Carter’s drug strategy ultimately proved indistinguishable from that of Nixon and Ford. The decline in demand-reduction spending that began in 1973 continued and, in Carter’s last drug budget, the demand share stood at only 43 percent. The results of the

strategy were also indistinguishable. By the end of Carter’s term, illegal drugs were less expensive, more available, and more widely used than on the day of his inauguration.

The Reagan Administration: 1981-89.

We’ve taken down the surrender flag and run up the battle flag. And we’re going to win the war on drugs.

Ronald Reagan⁷⁶

“Government *is* the problem” was a slogan often repeated during the election campaign of Ronald Reagan. However, the underlying philosophy was not always practiced by his presidential administration, particularly in the area of drug policy.⁷⁷ Oversight of drug policy became concentrated in the White House, and the national drug strategy took a decidedly more supply-reduction approach, with an increased emphasis on law enforcement and increased military involvement in the war on drugs.⁷⁸

Although the White House announced another “new, more-balanced, and better-coordinated strategy” of supply-reduction and demand-reduction programs,⁷⁹ the 1980s saw the passage of four major antidrug bills increasing criminal sanctions for drug-related offenses.⁸⁰ As evidenced by budget distribution, demand-reduction programs were a low priority. Funding for law enforcement rose to three times that for abuse-prevention and treatment programs.⁸¹

It was the age of “zero tolerance.”⁸² Reagan shifted responsibility for the anti-drug effort from Health and Human Services to the Department of Justice.⁸³ Oversight and funding of demand-reduction and treatment programs were largely left to the states and the private sector.⁸⁴ In 1984, First Lady Nancy Reagan’s “Just Say No” anti-drug campaign became a centerpiece of the Reagan administration’s demand-reduction effort.⁸⁵ In addition to “Just Say No,” the Partnership for a Drug-Free America launched a similarly memorable television ad campaign in 1987 featuring a hot skillet, a raw egg, and the phrase, “This is your brain on drugs.”⁸⁶ See Figure 5.

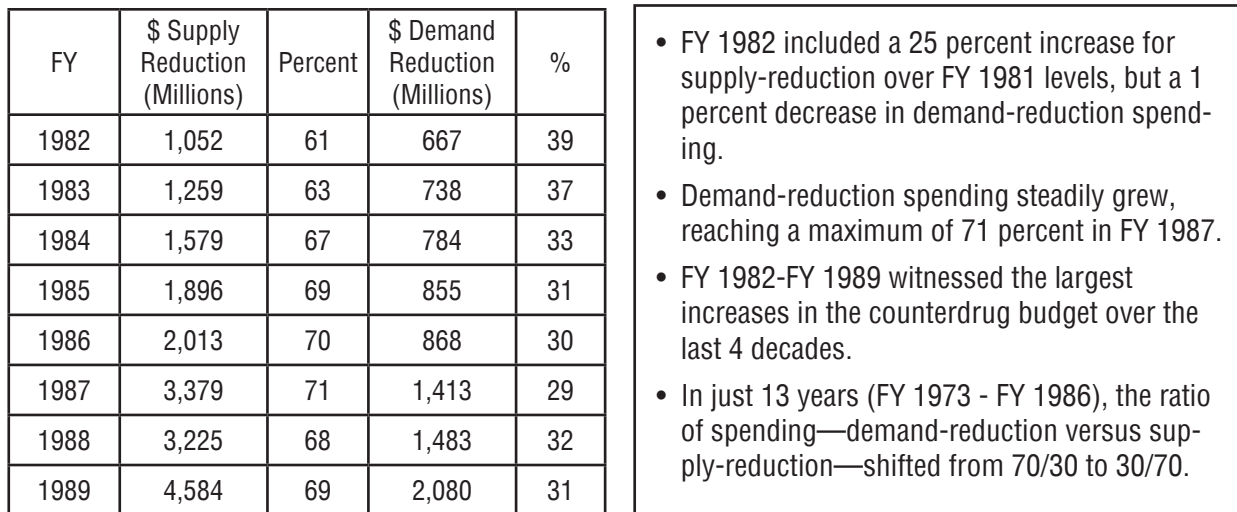


Figure 5. The Reagan Drug Spending Record.⁸⁷

Reagan gave Vice President George Bush the drug portfolio and free rein to expand military and intelligence community involvement in the counterdrug effort.⁸⁸ In January 1982, in response to increasing drug violence in Miami—the primary locus of cocaine smuggling at the time—Reagan created the “Vice President’s Task Force on South Florida,” which combined agents from Drug Enforcement Administration (DEA); Customs; Federal Bureau of Investigation (FBI); Alcohol, Tobacco and Firearms (ATF); Internal Revenue Service (IRS); Army; and Navy to mobilize against drug traffickers.⁸⁹ To whatever extent the administration’s supply-reduction efforts were successful, they also had unintended consequences.⁹⁰ The South Florida Drug Task Force’s successes led Colombian traffickers into partnerships with Mexican marijuana smugglers to move cocaine across the 2,000-mile U.S.-Mexican border. As more and more cocaine entered the smuggling pipeline, prices fell. Between 1980 and 1988, the wholesale price of cocaine in the United States dropped from \$60,000 to \$10-15,000 per kilo.⁹¹ The per-ounce price declined from over \$120 in early 1981 to just \$50 in late 1988.⁹²

By August 1986, Reagan had to admit that: “Despite our best efforts, illegal cocaine is coming into our country at alarming levels, and 4 to 5 million people regularly use it.”⁹³ In October 1986, Reagan signed the Anti Drug Abuse Act of 1986, appropriating \$1.7 billion to fight the drug crisis; however, only about 25 percent of that amount was dedicated to education and treatment.⁹⁴ The bill’s most consequential action was the creation of mandatory minimum penalties for drug offenses.⁹⁵

By the mid-80s, cocaine use had spread to middle-class and poor Americans, in part because it could be purchased in smaller and less expensive units. It was the beginning of the “crack epidemic.”⁹⁶ Cocaine powder retailed for \$50-75 per gram, but crack sold in small vials for \$5 or less.⁹⁷ It was powerfully addictive and began to devastate inner city neighborhoods.⁹⁸

While reasonable men and women can argue how best to measure success and failure in the war on drugs, it is clear that the supply-reduction strategy of the Reagan administration failed. The magnitude of the drug problem was at least as great when Reagan left office as when he entered it.⁹⁹ In the words of one drug policy writer:

When Reagan came into office, marijuana was cheap and plentiful, cocaine was scarce and expensive, and AIDS was unknown. When Reagan left office, pot was expensive and hard to find, cocaine was cheap and plentiful, and AIDS had become a full-blown epidemic.¹⁰⁰

The George H. W. Bush Administration: 1989-93.

Take my word for it: This scourge will stop.

George H. W. Bush¹⁰¹

During his presidential campaign, Vice President Bush promoted an expansion of the supply-reduction strategy, declaring: “The logic is simple. The cheapest way to eradicate narcotics is to destroy them at their source. . . . We need to wipe out crops wherever they are grown and take out labs wherever they exist.”¹⁰² However, the strategy he

outlined in the first prime-time address of his presidency differed significantly from his campaign rhetoric.¹⁰³ The primary focus, he announced, would be ending illicit drug use by Americans.¹⁰⁴ Although not abandoning foreign eradication and interdiction efforts, Bush embraced a prohibitionist strategy employing measures designed to deter drug use by enhancing the punitive consequences of such use.

Bush’s Drug Czar, William Bennett, renewed the call for an all-out war on drugs—with more resources for police, more prosecutors, and more convictions.¹⁰⁵ He also campaigned to make drug abuse socially unacceptable—an approach he called “denormalization.”¹⁰⁶ This would be accomplished, Bennett argued, through a media campaign aimed at “deglamorizing” drug use and a legislative strategy aimed at denying drug abusers welfare and social services.¹⁰⁷ The workplace also became a new front in the war on drugs.¹⁰⁸ Despite a 20 percent increase in the overall federal drug budget between 1990 and 1993, the emphasis remained supply-reduction, maintaining a two-thirds to one-third ratio between supply-reduction and demand-reduction.¹⁰⁹ See Figure 6.

FY	\$ Supply Reduction (Millions)	Percent	\$ Demand Reduction (Millions)	Percent
1990	6,594	68	3,165	32
1991	7,263	66	3,695	34
1992	7,815	66	4,095	34
1993	7,957	65	4,214	35

- Steady growth in overall counterdrug budget.
- Decline in demand-reduction spending stabilized at + 33 percent.

Figure 6. The George H. W. Bush Drug Spending Record.¹¹⁰

As Vice President, Bush had orchestrated an expansion of the military’s role in the drug war.¹¹¹ As President, he gave the DoD increased responsibility for monitoring, detecting, and intercepting illicit drug trafficking;¹¹² for quadrupling funding for military drug interdiction missions; military assets; and counterdrug personnel.¹¹³ Nevertheless, despite the \$2.4 billion budgeted for it in Bush’s initial proposal, the interdiction effort failed to have a meaningful impact on the drug supply.¹¹⁴ In 1989, 181,000 pounds of cocaine were seized, compared with only 12,000 pounds in 1982.¹¹⁵ However, this significant increase in seizures produced only a modest rise in wholesale prices and no affect at all on street prices.¹¹⁶ Between 1980 and 1989, the United States spent \$10 billion on interdiction, and successfully confiscated perhaps 10 percent of all cocaine entering the country.¹¹⁷

In his public rhetoric, Bush urged support for demand-reduction programs; however, research to identify and develop more effective treatment regimens remained underfunded.¹¹⁸ The “treatment gap” continued to grow.¹¹⁹ In contrast to Nixon’s commitment that “no addict should have to commit a crime because he can’t get treatment,”¹²⁰ Drug Czar Bennett argued that facilities to treat only one-quarter of America’s four million addicts were enough, because two million could help themselves (without the

help of a treatment facility) and the other million were lost causes.¹²¹ The reality—ignored by Bennett and his successors—is that treatment is substantially less expensive than incarceration.¹²² Providing inpatient services to four million addicts would cost a maximum of \$60 billion annually, whereas holding them in jail would cost \$100 billion annually.¹²³ Incarceration is neither a cost efficient nor an effective strategy for America’s drug problems.¹²⁴

As the Bush administration neared an end, more people were using drugs than when the war on drugs began, and the crime rate was higher than ever.¹²⁵ America’s jails were bursting at the seams, as drug arrests rose from 56,013 in 1985 to 94,490 in 1989, an increase of almost 69 percent.¹²⁶ Overcrowding meant shorter sentences,¹²⁷ and shorter sentences meant drug dealers and untreated drug abusers were soon back on the street, fueling demand.¹²⁸

The Clinton Administration: 1993-2001.

When I was in England, I experimented with marijuana a time or two, and I didn’t like it. I didn’t inhale and never tried it again.

William J. Clinton¹²⁹

During his presidential campaign, Governor Clinton raised the hopes of many advocates for a change in the national drug strategy by calling for treatment on demand, regardless of the cost.¹³⁰ When President Clinton took office in January 1992, specialists in academia, health care, and law enforcement around the country expected immediate and significant changes in the way the federal government addressed the national drug problem.¹³¹ Many were disappointed when, in the early days of the Clinton administration, illicit drug use was not given the prominence and visibility that it had during the Reagan-Bush eras.¹³² More would be disappointed when electoral politics and the need to appear “tough” on drugs led Clinton to adopt the same strategy and budget policies as his predecessors.¹³³

It took 15 months before Clinton finally nominated a drug advisor.¹³⁴ However, the choice he ultimately made seemed to presage a new and more balanced drug strategy. Lee Brown had impeccable law enforcement credentials,¹³⁵ but was also viewed as an intellectual, with a Ph.D. in Criminology from the University of California, Berkeley. Although Clinton raised the status of the drug czar to cabinet level, he did little to enhance the prestige and nothing to enhance the authority of that office.¹³⁶

In 1993, Clinton presented a \$13.04 billion anti-drug budget that offered little change from the widely criticized approach followed by Presidents Reagan and Bush.¹³⁷ The budget designated \$8.30 billion for law enforcement and \$4.74 billion for rehabilitation and education—a proportional split of 63.66 percent to 36.34 percent—about 1 percent more for demand-reduction than Bush included in his last drug budget.¹³⁸ Overall, the Clinton budget proposal increased the funding of drug enforcement efforts to four times what they had been under Reagan.¹³⁹ See Figure 7.

FY	\$ Supply Reduction (Millions)	Percent	\$ Demand Reduction (Millions)	Percent
1994	7,760	64	4,425	36
1995	8,560	65	4,692	35
1996	9,013	67	4,441	33
1997	10,182	67	4,977	33
1998	11,106	69	4,991	31
1999	11,578	68	5,464	32
2000	12,387	67	6,067	33
2001	12,656	70	5,397	30

- Despite a steady growth in the overall counterdrug budget, the ratio of spending—supply-reduction/demand-reduction—remained + 66/33 percent.
- Despite calls for treatment on demand, demand-reduction spending failed to match the rhetoric.

Figure 7. The Clinton Drug Spending Record.¹⁴⁰

Clinton’s FY 1995 budget included increases of \$355 million for treatment of “chronic hard-core drug users” and \$191 million for “safe and drug-free school programs.”¹⁴¹ The budget provided additional funding to increase the availability of treatment services by 9 percent.¹⁴² However, despite Clinton’s campaign promises of “treatment on demand, regardless of the cost,”¹⁴³ it would still leave approximately one million hard-core users without access to rehabilitation.¹⁴⁴

The Clinton administration introduced several initiatives designed to deter illicit drug use, including: Operation SAFE HOME,¹⁴⁵ the National Violent Crime Initiative,¹⁴⁶ and a program calling for drug testing of high school athletes.¹⁴⁷ However, when juvenile drug use continued to climb, and the rate of drug-related crimes increased throughout the country, administration critics demanded a more aggressive approach. Drug Czar Brown’s tenure soon ended with his resignation on December 12, 1995.¹⁴⁸

Giving the war on drugs a more literal spin, Clinton named General Barry McCaffrey as Drug Czar during his State of the Union address in February 1996.¹⁴⁹ The Senate confirmed McCaffrey’s appointment 2 days later without debate.¹⁵⁰ McCaffrey introduced the 1996 Drug Control Strategy, a 10-year strategy that again promised a balanced approach. Rather than “zero tolerance,” it established a goal of returning America to “a 1960s level, pre-Vietnam era level of drug use.”¹⁵¹ However, despite a substantial increase to \$15.1 billion, the FY 1997 drug budget continued the two-third/one-third ratios between supply- and demand-reduction program funding.¹⁵²

The Clinton administration continued the international supply-reduction efforts begun under Bush. In July 2000, Congress approved an emergency supplemental assistance request for fiscal years 2000-01 of \$1.32 billion, as part of “Plan Colombia.”¹⁵³ In

addition to funding the Colombian counternarcotic effort, the aid would also be used to combat leftist guerrilla groups such as the Revolutionary Armed Forces of Colombia (FARC), which were also involved in narco-trafficking.¹⁵⁴

The Clinton administration record on demand-reduction programs was, at best, mixed. The Behavioral Therapies Development Program, begun in 1994, broadened the scope of NIDA-supported behavioral research beyond clinical studies of established treatments for drug abuse.¹⁵⁵ The 2000 Drug Addiction Treatment Act (DATA) permitted physicians, for the first time in more than 80 years, to legally prescribe opioid medications for the nonregulated, outpatient treatment of opioid dependence.¹⁵⁶ However, Clinton prevented the Department of Health and Human Services from implementing its plans for a politically volatile needle-exchange program.¹⁵⁷

In the end, despite the campaign rhetoric, there was no fundamental change in drug control policy during the Clinton administration. The drug budget grew from \$12.1 billion in 1993 to \$19.2 billion in FY 2000.¹⁵⁸ However, expenditures for the criminal justice system and supply-reduction programs continued to outstrip investment in prevention, treatment, and research. Incarceration for drug-law violations increased 1,100 percent between 1980 and 2002. By 1997, one million Americans were being arrested each year for violating drug laws.¹⁵⁹ Meanwhile, cocaine and heroin prices fell by 80 percent, and 14,000 Americans were dying annually from drug-related causes.¹⁶⁰

The George W. Bush Administration: 2001-09.

When I was young and irresponsible, I was young and irresponsible.

George W. Bush¹⁶¹

During the presidential election campaign, Governor George W. Bush called teen drug statistics “one of the worst public policy failures of the ‘90s.” Under the Clinton administration, Bush claimed, fighting drug abuse had ceased to be a national priority; drug policy was underfunded and lacked consistency.¹⁶² Despite candidate Bush’s tough talk, some elements of the drug-reform community hoped that President Bush—a man who confessed his own struggle with alcohol addiction—might favor a more demand-reduction-oriented strategy. Those reformists were soon disappointed when Bush formed a counterdrug team consisting of Congressman Asa Hutchinson,¹⁶³ John Walters,¹⁶⁴ and former-Senator John Ashcroft.¹⁶⁵

Bush’s initial drug strategy included three short-term initiatives designed to “re-invigorate” the drug war: 1) establishment of a faith-based initiative office to fund religious groups engaged in anti-drug efforts; 2) a survey of drug treatment needs and capacity along with proposals to close the treatment gap; and, 3) expanded drug testing of federal prisoners, probationers and parolees.¹⁶⁶ The administration also renewed its commitment to the National Youth Anti-Drug Media Campaign, calling it “the most visible symbol of the federal government’s commitment to drug prevention.”¹⁶⁷

The administration’s FY 2003 drug budget requested \$19.2 billion, an increase of about 2 percent over FY 2002.¹⁶⁸ Still smarting from the September 11, 2001 (9/11), terror

attacks, the government accompanied the budget request with a campaign designed to highlight the link between drugs and terrorism.¹⁶⁹ See Figure 8.

FY	\$ Supply Reduction (Millions)	Percent	\$ Demand Reduction (Millions)	Percent
2002	12,686	67	6,136	33
2003	13,315	69	5,847	31
2004	6,705	55	5,377	45
2005	7,639	61	5,005	39
2006	7,765	62	4,810	38
2007	8,164	65	4,492	35
2008	8,344	64	4,618	36
2009	9,862	65	5,417	35

- Beginning in FY 2004, ONDCP made significant changes in the methodology used to compute the cross-cutting national drug budget. The impact of the new accounting methodology (indicated by shaded area in chart) “reduced” overall totals beginning in FY 2004 by excluding at least \$7.5 billion in costs associated with the prosecution and incarceration of federal prisoners. Yet, even with these changes in methodology, the spending ratio remained virtually unchanged.

Figure 8. The George W. Bush Drug Spending Record.¹⁷⁰

In announcing his strategy, Bush promised an increased emphasis on treatment and prevention and major new funding for demand-reduction initiatives.¹⁷¹ Drug Czar Walters echoed the President’s rhetoric, insisting that the administration was “putting a larger emphasis on treatment than the last budget and strategy did.”¹⁷² However, despite continued annual increases in the counterdrug budget, a simple review of the math demonstrates that the Bush “strategy” was the same as the Clinton strategy – “talking treatment and funding law enforcement.”¹⁷³ The single largest increase in funding (10 percent) was for foreign eradication and interdiction, one of the most expensive and least effective drug fighting techniques,¹⁷⁴ while spending for treatment increased by only 6 percent.¹⁷⁵

Like his predecessors, George W. Bush tried to spend his way to victory, allocating nearly \$200 billion to the war on drugs over 8 years. Yet, a poll in October 2008, found that three in four Americans believed that the war on drugs was failing.¹⁷⁶ In 2009, an estimated 20 million Americans aged 12 or older used illicit drugs on a current, i.e., past month, basis – statistically unchanged since 2002.¹⁷⁷ Moreover, nearly half of all drug addicts who needed treatment, approximately 3.5 million, did not have access to suitable programs.

Despite the clear record of failure, the drug budget remained overwhelmingly weighted toward supply-reduction. Less than one-third of the total was designated for treatment or prevention, and much of that was appropriated for anti-drug commercials and school programs of questionable efficacy. Although overall funding grew by 39 percent between 2002 and 2009 (approximately \$4.2 billion), 90 percent of the increase

went to supply-reduction, while only 10 percent went to demand-reduction programs.¹⁷⁸ According to John Carnevale, former director of planning and budget at the ONDCP: “The strategy totally failed to achieve any progress in this key goal area. . . . Eight years were wasted.”¹⁷⁹

The Obama Administration: 2009-

I inhaled frequently. That was the point.

Barack Obama¹⁸⁰

Barack Obama was not the first candidate to admit drug use; however, he was the first to be so completely open about it. To some, Obama’s honesty about drugs reflected a generational change in politics. Voters cared more about having an honest person in the White House and less about youthful drug use.¹⁸¹ Supporters and drug policy reformers were impatient for the “change” Obama promised.

Although candidate Obama called the war on drugs “an utter failure,” President Obama’s drug strategy has not differed significantly from that of previous administrations.¹⁸² His Drug Czar, Gil Kerlikowske, pledged to “change the conversation on our drug problem” and abandon the “drug war” metaphor. However, the change in that rhetorical convention has meant little in the face of spending patterns, which still disproportionately favor supply-reduction over demand-reduction.

President Obama and his Drug Czar publicly express support for expanding demand-reduction initiatives, but the budget dollars have failed to match the rhetoric. The FY 2010 drug budget of \$15.1 billion (\$1 billion more than the Bush administration’s final budget request) included the usual two-to-one spending ratio in favor of supply-reduction, as in previous administrations.¹⁸³ The Obama spending plan called for an increase in every aspect of drug-war funding except drug-use prevention (which decreased by 11 percent).¹⁸⁴ See Figure 9.

FY	\$ Supply Reduction (Millions)	Percent	\$ Demand Reduction (Millions)	Percent
2010	9,772	65	5,260	35
2011	9,952	64	5,600	36
2012	9,690	64	5,618	36
2013	15,062	59	10,538	41

• Further changes in accounting methodology make precise comparison to earlier drug budgets difficult. However, there is no significant change in the supply-reduction/demand-reduction spending ratio.

Figure 9. The Barack Obama Drug Spending Record.¹⁸⁵

ONDCP promised at the time that future budgets would “reflect the President’s balanced and evidence-based approach to reducing illicit drug use and will encompass . . . prevention, enforcement, and treatment.” However, the 2011 drug budget still maintained the roughly two-to-one imbalance between supply-reduction and demand-reduction.¹⁸⁶

On February 13, 2012, the Obama administration released its FY 2013 National Drug Control Budget, requesting nearly \$26 billion for anti-drug programs. What appears to be a dramatic increase in the overall budget, however, is merely the result of another change in accounting methodology.¹⁸⁷ The FY 2013 proposal would increase total funding by only 1.6 percent over FY 2012, and is remarkable only in the way it closely tracks previous budgets regarding allocation of resources.¹⁸⁸

As a result of this accounting “sleight of hand,” the spending ratio also appears to have incrementally shifted toward demand-reduction, allocating 41.2 percent for treatment and prevention and 58.2 percent for law enforcement.¹⁸⁹ However, as in the previous Obama budgets, the accuracy of these percentages is questionable, since changes in the accounting methodology actually undercount the real cost of the drug war “by failing to include some significant drug policy-driven costs.”¹⁹⁰

In adopting talking points about treating drug abuse as a health problem, the administration has scored political points with those Americans who see the war on drugs as a failure; however, the budget has not matched the rhetoric.¹⁹¹ Nowhere is the contrast clearer than in a comparison between spending for punishment and interdiction and spending for prevention, treatment, and other health approaches. In the view of many, little or nothing has changed. Despite Obama’s politically popular statement that “we have to think more about drugs as a public-health problem,” only appearances, not realities, have changed. While declaring that “we cannot arrest our way out of the drug problem,”¹⁹² prevention and treatment remain severely underfunded, while law enforcement and incarceration continue to dominate our national drug strategy and consume the lion’s share of the counterdrug budget.¹⁹³

President Obama now presides over a war on drugs that employs a strategy virtually indistinguishable from that of his predecessors.¹⁹⁴ “The Obama drug budget is the Bush drug budget, which was the Clinton drug budget.”¹⁹⁵ The rhetoric has remained largely unchanged for 4 decades. Successive administrations have promised new, balanced approaches while delivering the same failed strategy favoring supply-reduction (which actually did little to reduce supply¹⁹⁶) over more effective and less expensive demand-reduction strategies.¹⁹⁷

Proposal for an Armistice: Ending the Insanity.

By nearly every measure, America’s 40-year war on drugs has been an expensive failure.¹⁹⁸

- \$1 trillion—estimated total federal, state, and local expenditures in support of the national drug strategy since 1969.¹⁹⁹
- 150 million—estimated number of Americans who will use illicit drugs at some time in their lives (nearly 50 percent of the population).²⁰⁰

- 38 million—estimated number of Americans who use illicit drugs each year (roughly 12 percent of the population).²⁰¹
- 20 million—estimated number of Americans aged 12 and older who use illicit drugs on a current, i.e., past month, basis (about 6% of the population).²⁰²
- 7.5 million—estimated number of Americans (about 2.3 percent of the adult population) categorized as abusers or dependent on illicit drugs.²⁰³
- 6.3 million—estimated number of Americans needing drug treatment, but not receiving it.²⁰⁴
- 400,000—estimated number of state prisoners (approximately 25 percent of all state prisoners) serving time today for drug convictions.²⁰⁵
- 100,000—estimated number of federal prisoners (approximately half of all federal prisoners) serving time today for drug convictions.²⁰⁶
- 40,000—estimated number of Americans who die each year from drug-related causes.²⁰⁷
- 1—estimated number of drug addicted babies born every hour.²⁰⁸

Our supply-reduction efforts have had some impact on production and trafficking patterns. However, as the center of gravity of our national strategy, supply-reduction is “doomed to failure . . . by the structure and size of the drug industry.”²⁰⁹ Research indicates that even if the U.S. supply-reduction strategy pursued for the last 40 years had been relatively “successful” in its goals of eradication and interdiction, it would not have substantially reduced U.S. illicit drug supply.²¹⁰ Nevertheless, we have continued to invest more each year in the same, failed strategy while expecting different results.

Reasonable minds may differ regarding the exact details of a new strategy, but not about the need for one.²¹¹ **We must make demand-reduction the focal point of our new strategy.**²¹² The 2011 Report of the Global Commission on Drug Policy²¹³ incorporated important recommendations regarding drug abuse and trafficking, including treatment for nonviolent drug offenders and a concentrated international effort to combat violent criminal organizations rather than nonviolent, low-level offenders.²¹⁴ These recommendations are supported by ample research showing that most people who enter and remain in treatment stop using drugs; decrease their criminal activity; and improve their occupational, social, and psychological functioning.²¹⁵

Moreover, there is abundant evidence of treatment’s cost-effectiveness.²¹⁶ Accordingly, **treatment on demand must finally become a reality**, because the societal cost of untreated addiction is simply too high.²¹⁷ To be effective, treatment must be tailored to the individual and, in many cases, will require a combination of drug and behavioral therapy.²¹⁸ Research has shown such approaches effective, with 40-70 percent of patients remaining drug free.²¹⁹ Moreover, the potential for failure or relapse should not deter our efforts. Successful treatment for addiction typically requires continual evaluation and modification, just as treatments for other chronic diseases. In fact, relapse rates for addiction resemble those of other chronic diseases such as diabetes, hypertension, and asthma.²²⁰

Statistics show that most people who need treatment are not seeking it.²²¹ Therefore, **our new strategy must create incentives and opportunities for addicts to choose treatment voluntarily.**²²² Drug courts have proven to be an extremely effective incentive for

many.²²³ While our primary strategy should not be criminalization, studies have shown that treatment does not need to be voluntary to be effective.²²⁴ Thus, any new strategy must include criminal sanctions to serve as “an instrument for exercising therapeutic leverage.”²²⁵ This can be accomplished in a variety of ways, including diverting non-violent offenders to treatment and mandating treatment as a condition of probation or pretrial release.²²⁶

In the past, funding has never been sufficient to provide treatment on demand. Now, faced with record budget deficits and a future of austere budgets, it will be extremely difficult to find “new money” to support demand-reduction initiatives. Therefore, **we should begin by cutting wasteful spending—especially in unproductive supply-reduction programs.**²²⁷ Reducing or eliminating expensive crop eradication programs and aid programs for foreign police and military counterdrug units that do little to directly reduce drug availability in the United States is a good place to start.²²⁸ In addition, we should reduce DoD counterdrug dollars and reprogram the savings to fund additional drug courts along with the necessary support network.

A prerequisite to any reorientation of the national drug strategy will be **a major reorganization of ONDCP.**²²⁹ In order to become a more effective policy leadership organization and eliminate the unhealthy interagency rivalries that have hampered productivity and led to duplication of effort and wasteful spending, ONDCP must be given more control of the counterdrug budget. Until then, no administration’s rhetoric will ever become a reality.²³⁰

America’s drug problem is extraordinarily complex. However, described in the simplest terms, it is a matter of supply and demand—the demand for drugs makes trade in illicit drugs profitable, and the resulting profits drive supply.²³¹ An objective review of our experience over the past 40 years confirms that our supply-reduction-focused strategy has failed. Even with unlimited resources, we could not hermetically seal America’s borders to prevent illicit drugs from entering.²³²

While it would be folly to suggest that we abandon all supply-reduction efforts,²³³ it is clear that prohibition “is no match for the obstinacy and ingenuity of many human beings,”²³⁴ and, therefore, **more punitive drug policies are not the answer.**²³⁵ Instead, we must adopt a pragmatic, science-based, demand-reduction strategy that offers some hope of reducing the economic and societal impacts of illicit drugs on America.

ENDNOTES

1. Although most frequently attributed to Albert Einstein, this definition of insanity has also been variously attributed to either Benjamin Franklin or Mark Twain. Another quote (indisputably Einstein’s) is perhaps just as relevant to the discussion that follows:

The prestige of government has undoubtedly been lowered considerably by the prohibition law. For nothing is more destructive of respect for the government and the law of the land than passing laws which cannot be enforced. It is an open secret that the dangerous increase of crime in this country is closely connected with this.

Albert Einstein, “My First Impression of the U.S.A.,” 1921.

2. Edward M. Brecher and the Editors of Consumer Reports, *Licit and Illicit Drugs*, Mount Vernon, NY: Consumers Union, 1972, p. 3.

3. *Ibid.*

4. These elixirs claimed to cure everything from nerves to marital problems, and were available at a modest price. *Ibid.*

5. In Atlanta, Confederate veteran and pharmacist John Pemberton developed his own cocktail—a combination of wine and an extract from coca leaves—which he called Pemberton’s French Wine Coca. In 1885, when Atlanta and Fulton County, Georgia, enacted temperance legislation, Pemberton replaced the wine in his recipe with a non-alcoholic syrup, and the “tonic” assumed the now-more-well-known name “Coca-Cola.” Mark Pendergrast, *For God, Country, and Coca-Cola: The Definitive History of the Great American Soft Drink and the Company that Makes It*, New York: Basic Books, enlarged 2nd Ed., 2000, p. 24. Federal pure food and drug laws, enacted in 1906, forced Pemberton’s successors to switch from using unadulterated coca leaves to decocainized leaves. Brecher, *Licit and Illicit Drugs*, p. 6.

6. Samuel M. Levine, *Narcotics and Drug Abuse*, Cincinnati, OH: The W.H. Anderson Company, 1974.

7. Elaine Casey, *History of Drug Use and Drug Users in the United States*, from “Facts About Drug Abuse—Participant Manual,” The National Drug Abuse Center for Training Resource and Development, 1978, available from www.druglibrary.org/schaffer/history/casey1.htm.

8. This prohibition movement targeted the immigrant Chinese laborers building the transcontinental railroad, who brought their opium-smoking habit with them to America. Dale Gieringer, *Anniversary of the Opium Exclusion Act*, Free Internet Press, February 15, 2006, available from drugnewsvault.blogspot.com/2006/02/anniversary-of-opium-exclusion-act.html.

9. In mid-1906, Congress passed the Pure Food and Drug Act, which effectively eliminated cocaine and opium from all patent medicines and soft drinks by requiring accurate labeling. However, the legislation did not prohibit or outlaw the use of cocaine and opiate drugs. Lana D. Harrison, Michael Backenheimer, and James A. Inciardi, “History of Drug Legislation,” available from www.cedro-woa.org/lib/harrison.cannabis.05.html.

10. P.L. 63-223. For a full discussion of the Act, its historic underpinnings and repercussions, see *ibid.*

11. The Act was an effort to simplify record keeping for the dispensing of narcotic drugs and regulate the production and distribution of opium and coca derivatives through licensing and taxation. Edward Jay Epstein, *Agency of Fear: Opiates and Political Power in America, 1977*, New York: G. P. Putnam’s Sons, p. 26. There was little or no debate over the policy and health consequences of the Act. It was a result of the administrative fiat of the Department of the Treasury—the same agency later charged with enforcing alcohol prohibition—and gave no consideration to the views of the mainstream medical community. David Courtwright, *Dark Paradise: Opiate Addiction in America Before 1940*, Cambridge, MA: Harvard University, 1992.

12. Brecher, “Licit and Illicit Drugs.” The Congressional Committee, which included Dr. A. G. Du Mez, Secretary of the United States Public Health Service, released these findings:

Opium and other narcotic drugs [including cocaine] . . . were being used by about a million people. The underground traffic in narcotic drugs was about equal to the legitimate medical traffic. The dope peddlers appeared to have established a national organization, smuggling the drugs in through seaports or across the Canadian or Mexican borders. . . .

The wrongful use of narcotic drugs had increased since the passage of the Harrison Act. Twenty cities, including New York and San Francisco, had reported such increases.

13. Courtwright, *Dark Paradise: Opiate Addiction in America Before 1940*.

14. Anslinger had previously served as Assistant Commissioner for Prohibition. He served as Commissioner of the Federal Bureau of Narcotics from 1930 until 1962.

15. Incarceration can be both a method of demand-reduction and supply-reduction. Supply is arguably reduced, at least temporarily, whenever a drug producer or dealer goes to prison. Similarly, when a drug user goes to prison there is, albeit temporarily, a reduction in demand. In addition, many would argue that the possibility of incarceration itself has a deterrent effect on both the supply and demand elements. However, history has shown that the mere threat of incarceration—even the relative certainty of eventual incarceration—is insufficient to overcome the desire for profit and the power of addiction. Moreover, as the present Drug Czar has said on more than one occasion: “We cannot arrest our way out of the problem.” R. Gil Kerlikowske, “Study: More Than Half of Adult Male Arrestees Test Positive for at Least One Drug,” *The Huffington Post*, May 17, 2012, available from www.huffingtonpost.com/news/arrestee-drug-use. As discussed here, the issue is not whether we should do one or the other, i.e., either demand-reduction or supply-reduction; the question is whether supply-reduction should remain the center of gravity of our strategy when, after 40 years, it has failed to produce the desired results.

16. John Carnevale and Patrick Murphy, “Matching Rhetoric to Dollars: Twenty-Five Years of Federal Drug Strategies and Budgets,” *Journal of Drug Issues*, Vol. 29, No. 2, Spring 1999.

17. Patrick Murphy, “Keeping Score: The Frailties of the Federal Drug Budget,” Santa Monica, CA: Rand Corporation, 1994, available from www.rand.org/pubs/issue_papers/IP138/index2.html.

18. “Follow the money,” may be the most famous “made-up” line about the Watergate reporting of *The Washington Post*. The comment, attributed to the stealthy “Deep Throat” source cultivated by Bob Woodward of *The Washington Post*, was a quote from the screenplay of *All the President’s Men*, the movie about the work of Woodward and his *Post* colleague, Carl Bernstein. However, the phrase, “Follow the money” does not appear in Woodward and Bernstein’s book about Watergate, nor was it uttered in real life by “Deep Throat.” W. Joseph Campbell, “Those delicious but phony quotes ‘that refuse to die,’” *Media Myth Alert*, June 25, 2011, available from mediamythalert.wordpress.com/2011/06/25/those-delicious-but-phony-quotes-that-refuse-to-die/.

19. Overall, the federal drug budget increased nearly tenfold, from \$81.3 million in FY 1969 to \$783.6 million in FY 1973. Only \$228.3 million, approximately 30 percent of the total, went to law enforcement and supply-reduction efforts. The remaining 70 percent was committed to treatment, rehabilitation, research, and education. Only \$58.2 million was allocated to drug treatment programs in 1971; however, by 1973, this budget had increased to \$256.7 million. Strategy Council on Drug Abuse, Executive Office of the President, *Federal Strategy for Drug Abuse and Drug Traffic Prevention*, Washington, DC, U.S. Government Printing Office, 1973; Carnevale and Murphy, “Matching Rhetoric to Dollars,” p. 6.

20. Demand-reduction funding, as a percentage of the total budget, began to decline during Nixon’s abbreviated second term, eventually leveling off at approximately one-third of the total budget. *Ibid.*

21. The impact was almost immediate. In New York City, the crime rate in 1972 dropped 18 percent, and, in Washington, 26.9 percent. Nationally, the crime rate fell by 3 percent, the first decline in 17 years. The rate of heroin overdose deaths, hepatitis transmission, and drug-related hospital visits also declined. Michael Massing, “Winning the Drug War Isn’t So Hard After All,” *The New York Times*, September 7, 1998.

22. *Ibid.*

23. In a speech on November 17, 1973, Nixon assured the American public: “I am not a crook.” Richard Nixon’s Question-and-Answer Session at the Annual Convention of the Associated Press Managing Editors Association, held at the Contemporary Hotel at Walt Disney World in Orlando, Florida, on November 17, 1973, *Emerson Kent.Com*, available from www.emersonkent.com/speeches/i_am_not_a_crook.htm.

24. Carnevale and Murphy, "Matching Rhetoric to Dollars," p. 15.

25. *Ibid.*

26. *Ibid.*, p. 7.

27. An increase of approximately 40,000 percent over 40 years, adjusted for inflation. Although regular estimates of expenditures by state and local governments are not available, a 1991 federally sponsored study estimated that such expenditures nearly equaled those of the federal government. Peter Reuter, "An Assessment of ONDCP's Budget Concept," Testimony presented to the House of Representatives Committee on Government, February 10, 2005.

28. Michael Massing, "The Fix," Berkeley, CA: University of California Press, 2000, p. 271. The same period saw only about a one-third increase in the total U.S. population, from 203 million in 1969 to 313 million in 2012.

29. Martha Mendoza, "U.S. Drug War Has Met None of its Goals," *Associated Press*, May 13, 2010, available from www.msnbc.msn.com/id/37134751/ns/us_news-security/t/us-drug-war-has-met-none-its-goals/.

30. Between 1980 and 2005, the total number of inmates incarcerated for drug possession in state prisons or local jails grew by more than 1,000 percent. Paige M. Harrison and Allen J. Beck, *Prisoners in 2005*, Washington, DC: Bureau of Justice Statistics, 2005. By 2004, 419,000 drug possessors were incarcerated in state prisons or local jails at a cost of nearly \$8.3 billion annually. The estimated number of inmates is based on an analysis of data collected through the *Survey of Inmates in Local Jails* and the *Survey of Inmates in State Correctional Facilities* conducted by the Bureau of Justice Statistics. The costs of incarceration are based on the conservative estimated cost of \$20,000 per inmate per year. Don Stemen, "Reconsidering Incarceration: New Directions for Reducing Crime," *Crime and Incarceration*, January 2007.

31. U.S. Department of Justice, National Drug Intelligence Center, "The Economic Impact of Illicit Drug Use on American Society," April 2011.

32. Mendoza, "U.S. Drug War Has Met None of its Goals."

33. Evidence that treatment works can be found by examining the one time it was actually tried – during the Nixon administration. Massing, "Winning the Drug War Isn't So Hard After All."

34. John Carnevale, "FY02-09 Budget Emphasizes Least Effective Ingredients of Drug Policy," PRNewswire, February 20, 2009, available from www.prnewswire.com/news-releases/fy02-09-budget-emphasizes-least-effective-ingredients-of-drug-policy-57040872.html.

35. *Ibid.*

36. Study by the National Association of State Alcohol and Drug Abuse Directors, Johnathan Harris, *Drugged America*, New York: Four Winds Press, 1991, p. 154; C. P. Rydell and S. S. Everingham, "Controlling Cocaine," Prepared for the Office of National Drug Control Policy and the United States Army, Santa Monica, CA: Drug Policy Research Center, RAND Corporation, 1994, p. xvi.

37. *Ibid.*

38. Dale Gieringer, "America's Hundred Years War on Drugs: Centennial of the 1st Congressional Anti-Drug Law Prohibiting Opium in the Philippines – March 3, 1905-2005," 2005, available from www.drugsense.org/dpfca/DrugWarCentennial1.htm.

39. Brecher, *Licit and Illicit Drugs*, p. 3.

40. Carnevale Associates, "Policy Brief: The Continued Standstill in Reducing Illicit Drug Use," Gaithersburg, MD: September 2009. While one can hardly say that drug prohibition caused the addiction rate to double in America, it can be said with certainty that our prohibitionist approach has not prevented the increased addiction rate. A survey of 17 countries published in 2008 found that despite its punitive drug policies, the United States has the highest levels of illegal cocaine and cannabis use. The study, by Louisa Degenhardt, University of New South Wales, Sydney, Australia, and colleagues, is based on the World Health Organization's Composite International Diagnostic Interview (CIDI). A summary of the report and its findings can be found in "United States Has Highest Level Of Illegal Cocaine And Cannabis Use," *Science Daily*, June 30, 2008, available from www.sciencedaily.com/releases/2008/06/080630201007.htm. The authors found that 16.2 percent of people in the United States had used cocaine in their lifetime, a level much higher than any other country surveyed; the second-highest level of cocaine use was in New Zealand, where 4.3 percent of people reported having used cocaine. Cannabis use was also highest in the United States, at 42.4 percent, followed by New Zealand at 41.9 percent. The authors also concluded that drug use "does not appear to be simply related to drug policy, since countries with more stringent policies towards illegal drug use did not have lower levels of such drug use than countries with more liberal policies." For example, in the Netherlands, which has more liberal policies than the United States, 1.9 percent of people reported cocaine use, and 19.8 percent reported cannabis use.

41. The scope of this paper, limited to 6,000 words, is necessarily narrow. It is a brief examination of the two-dimensional national drug strategy pursued by eight administrations over 4 decades. Any change in the strategy, or the absence of change, is measured not by the overall growth of the drug budget, but by changes in the ratio of spending between demand-reduction and supply-reduction programs. It is safe to assume that with unlimited resources, the United States would eventually spend enough on the "right" programs, or combination of programs, to ensure success regardless of our spending strategy. However, as this paper suggests, faced with the reality of finite budget resources, one must adopt a new strategy that uses limited resources for programs that promise the greatest likelihood of success.

42. Richard Nixon: "Message to the Congress Transmitting Reorganization Plan 2 of 1973 Establishing the Drug Enforcement Administration," March 28, 1973. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/ws/?pid=4159.

43. "Mixing of Mind-Altering Drugs Rises as Spread of Heroin Addiction Slows," *The New York Times*, March 25, 1973.

44. Peter Brush, "Higher and Higher: American Drug Use in Vietnam," *Vietnam*, Vol. 15, No. 4, December 2002. Shortly after the United States began military support to South Vietnam, a high incidence of drug abuse, particularly of marijuana and more-dangerous drugs such as amphetamines and barbiturates occurred among the military stationed there. The DoD appointed several Task Forces, which reported there was a relatively low rate of drug abuse in the services. However, based on independent research, it is now generally accepted that there were anywhere from 25,000 to 50,000 American troops in Vietnam who were heroin users by mid-1971, and this estimate does not include addicted servicemen who had previously served in Vietnam and returned to civilian life. Levine, *Narcotics and Drug Abuse*. In 1971, U.S. Army medical officers estimated that 10 to 15 percent of the lower-ranking enlisted personnel in Vietnam were heroin users. Alfred W. McCoy, *The Politics of Heroin*, Chicago, IL: Lawrence Hill, 1991, pp. 222-223; George S. Prugh, *Law at War: Vietnam 1964-1973*, Washington, DC: Department of the Army, 1975, p. 107.

45. The number of heroin users has always been difficult to estimate. One author estimates the number of heroin users rose from about 50,000 in 1960 to roughly a half-million in 1970. David F. Musto, *The American Disease: Origins of Narcotic Control*, 3rd Ed., New York: Oxford University Press, 1999, p. 248. Musto cites the rapid rise of narcotic-related hepatitis cases, from about 4,000 in 1966 to about 36,000 in 1971, as an indicator of the increase in intravenous heroin use. *Ibid.*, citing Domestic Council Drug Abuse Task Force, *White Paper on Drug Abuse*, Washington, DC: Government Printing Office, 1975, p. 15. An editorial on the election in *Time Magazine* stated that "law and order is a rallying cry that evokes quieter days. To some, it is also a shorthand message promising repression of the Black community," *Time Magazine*, "The Fear Campaign," October 4, 1968, available from www.time.com/time/magazine/article/0,9171,838794,00.html#ixzz0k9Zo4DEX.

46. Richard Nixon: "Special Message to the Congress on Control of Narcotics and Dangerous Drugs," July 14, 1969; Gerhard Peters and John T. Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/ws/?pid=2126. See also, www.williammhynes.com/uploads/6/3/6/7/6367404/nixon_drug_policy_paper.pdf.

47. *Ibid.*

48. David F. Musto and Pamela Korsmeyer, *The Quest for Drug Control*, New Haven, CT: Yale University Press, 2002. Nixon also strongly opposed heroin-maintenance programs as an approach to reducing drug-related crime, calling heroin maintenance "a concession to weakness and defeat in the drug abuse struggle, a concession which would surely lead to the erosion of our most cherished values for the dignity of man." Richard Nixon, "Letter to Representative Peter A. Peyser Supporting Legislation To Prevent Heroin Maintenance Program," August 20, 1972, online by Gerhard Peters and John T. Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/ws/?pid=3533. Nixon once told his drug-policy adviser, "You're the drug expert, not me, on every issue but one, and that's decriminalization of marijuana. If you make any hint of supporting [it], you are history." Richard Cortes, "Sketches of the Drug Czars," *Vanity Fair*, July 29, 2009, available from www.vanityfair.com/politics/features/2009/07/drug-czars-slideshow200907#slide=1.

49. In March 1972, Nixon created the National Commission on Marihuana and Drug Abuse to examine the nature and extent of drug abuse demand-reduction activities and issue recommendations for future action by the administration. The Shafer Commission, named for its Chairman, Ray Shafer, conducted the first surveys of the drug use of the noninstitutionalized civilian population over 12 years of age. The Shafer Committee's report, *Marihuana: A Signal of Misunderstanding*, offered the following unanimous conclusion: "We believe that experimental or intermittent use of this drug carries minimal risk to the public health, and should not be given overzealous attention in terms of a public health response." The Shafer Committee recommended the decriminalization of marijuana, which Nixon rejected out of hand.

50. In March 1970, Nixon created the National Clearinghouse on Drug Abuse Information. Richard Nixon: "Statement Announcing an Expanded Federal Program To Combat Drug Abuse," March 11, 1970, online by Peters and Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/ws/?pid=2906. In July 1970, he established the Domestic Council to formulate and coordinate domestic policy recommendations. Executive Order 11151, July 1, 1970.

51. On the day he announced the War on Drugs, Nixon proposed additional FY 1972 budget appropriations of \$105 million for treatment and \$10 million for education and training. Richard Nixon: "Statement on Establishing the Office for Drug Abuse Law Enforcement," January 28, 1972, online by Peters and Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/ws/?pid=3552.

52. Executive Order 11599. Richard Nixon: "Remarks About an Intensified Program for Drug Abuse Prevention and Control," June 17, 1971, online by Peters and Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/ws/?pid=3048. The mission of the SAODAP was to provide "overall planning and policy and establish objectives for all Federal demand-reduction programs." The 2-year period between 1971 and 1973 saw the development of more treatment capacity than in the preceding 50 years. Methadone maintenance doubled in size, while nonmaintenance programs expanded by a factor of five. The Narcotics Treatment Administration (NTA) was established in 1970 to implement a bold public health strategy of providing addiction treatment on a massive scale in an effort to deal with the escalating heroin epidemic and related crime wave in Washington, DC. After only 1 year, burglaries in DC had decreased by 41 percent. DuPont worked with heroin addicts and methadone treatment in Washington, DC, during the early 1970s. Interview of Dr. Robert DuPont, PBS *Frontline*, available from www.pbs.org/wgbh/pages/frontline/shows/drugs/interviews/dupont.html. The National Institute on Drug Abuse (NIDA) was created in 1972 to serve as the centerpiece for a major Federal effort in demand-reduction. Richard Nixon: "Statement About the Drug Abuse Office and Treatment Act of 1972," March 21, 1972, Peters and Woolley *The American Presidency Project*, available from www.presidency.ucsb.edu/ws/?pid=3782.

53. In one of his most frequently quoted speeches, Nixon said, "America's public enemy number one in the United States is drug abuse. In order to fight and defeat this enemy, it is necessary to wage a new, all-out offensive." See Richard Nixon: "Remarks About an Intensified Program for Drug Abuse Prevention and Control," June 17, 1971, Peters and Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/ws/?pid=3047. Nixon would return to the "war" metaphor throughout his administration, often in Pattonesque terms:

I consider keeping dangerous drugs out of the United States just as important as keeping armed enemy forces from landing in the United States. Dangerous drugs which come into the United States can endanger the lives of young Americans just as much as would an invading army landing in the United States. Every government which wants to move against narcotics should know that it can count on this country for our wholehearted support and assistance in doing so.

[W]e launched our crusade to save our children and now we can see that crusade moving off the defensive and on to the offensive, and beginning to roll up some victories in country after country around the world and in the United States as well.

And what is our goal now? We are living in an age, as we all know, in the era of diplomacy, when there are times that a great nation must engage in what is called a limited war. I have rejected that principle in declaring total war against dangerous drugs.

Our goal is the unconditional surrender of the merchants of death who traffic in heroin, our goal is the total banishment of drug abuse from American life, our children's lives are what we are fighting for, our children's future is the reason we must succeed.

We are going to fight this evil with every weapon at our command, and, with your help and the support of millions of concerned Americans, we are going to win.

Richard Nixon: "Remarks to the Washington Conference on International Narcotics Control," September 18, 1972, Peters and Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/ws/?pid=3578.

54. Richard Nixon: "Special Message to the Congress on Drug Abuse Prevention and Control," June 17, 1971, Peters and Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/ws/?pid=3048.

55. Richard Nixon: "Remarks About an Intensified Program for Drug Abuse Prevention and Control," June 17, 1971, Peters and Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/ws/?pid=3408.

56. John Carnevale and Patrick Murphy, "Matching Rhetoric to Dollars: Twenty-Five Years of Federal Drug Strategies and Drug Budgets," *Journal of Drug Issues*, Vol. 29, No. 2, Spring 1999.

57. The reasons for the shift toward a strategy of supply-reduction and law enforcement are not entirely clear. In January 1972, 6 months before the Watergate scandal erupted, Nixon established the Office of Drug Abuse Law Enforcement (ODALE) to provide advice on the effective enforcement of drug laws and to establish joint federal/local task forces to fight the drug trade at the street level. Richard Nixon: "Statement on Establishing the Office for Drug Abuse Law Enforcement," January 28, 1972, Peters and Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/ws/?pid=3552. ODALE was intended to be an 18-month experimental project involving a dozen different departments and agencies designed to enhance cooperation between federal and local forces in the war on drug in the streets. The Executive Order that created ODALE also established the Office of National Narcotics Intelligence. A year later, both agencies would be merged into the new Drug Enforcement Agency (DEA) in the Justice Department. As

time went on, and perhaps as an unintended consequence of the Watergate scandal, Nixon appears to have concluded that being tough on crime in general and drugs in particular would help him get re-elected.

58. In September 1975, Ford's Domestic Council Drug Abuse Task Force released a report recommending that "priority in Federal efforts in both supply and demand-reduction be directed toward those drugs which inherently pose a greater risk to the individual and to society." The White Paper called marijuana a "low priority drug" in contrast to heroin, amphetamines and mixed barbiturates. Public Broadcasting System, "Thirty Years of America's Drug War – A Chronology," PBS Frontline, available from www.pbs.org/wgbh/pages/frontline/shows/drugs/cron/.

59. Smarting over criticism of his decision to pardon Nixon, Ford may have realized that being tough on drugs would help him get re-elected. J. Y. Smith and Lou Cannon, "Gerald R. Ford, 93, Dies; Led in Watergate's Wake," *The Washington Post*, December 27, 2006, available from www.washingtonpost.com/wp-dyn/content/article/2006/12/26/AR2006122601257.html.

60. Gerald R. Ford: "Remarks Upon Signing the Drug Abuse Message," April 27, 1976, Peters and Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/ws/?pid=5874.

61. In addition, the Ford administration proposed a revival of mandatory minimum sentencing for drug trafficking, The Narcotics Sentencing and Seizure Act of 1976. Ford's proposal was ultimately rejected by Congress. Gerald R. Ford: "Statement on Actions To Combat Drug Abuse," December 26, 1975, Peters and Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/ws/?pid=5458; Gerald R. Ford: "Statement on Drug Abuse," February 23, 1976, Peters and Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/ws/?pid=5609; Gerald R. Ford: "Special Message to the Congress on Drug Abuse," April 27, 1976, Peters and Woolley, *The American Presidency Project*, , available from www.presidency.ucsb.edu/ws/?pid=5875 ; Gerald R. Ford: "Letter to the Speaker of the House and the President of the Senate Transmitting Proposed Narcotic Sentencing and Seizure Legislation," April 30, 1976, Peters and Woolley, *The American Presidency*, available from www.presidency.ucsb.edu/ws/?pid=5926.

62. Carnevale and Murphy, "Matching Rhetoric to Dollars."

63. David Musto, "Historical Perspectives," J. Lowinson, P. Ruiz, R. Millman, and J. Langrod, eds., *Substance Abuse: A Comprehensive Textbook*, 4th Ed., Philadelphia, PA: Lippincott, Williams & Wilkins, 2005.

64. Jimmy Carter: "Drug Abuse Message to the Congress," August 2, 1977, Peters and Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/ws/?pid=7908.

65. *Ibid.* Some popular media outlets even glamorized cocaine use. A May 30, 1977, *Newsweek* story reported:

Among hostesses in the smart sets of Los Angeles and New York, a little cocaine, like Dom Perignon and Beluga caviar, is now de rigueur at dinners. Some partygivers pass it around along with the canapes on silver trays . . . the user experiences a feeling of potency, of confidence, of energy.

"The Cocaine Scene," *Newsweek*, May 30, 1977, pp. 20-25.

66. Jimmy Carter: "Office of Drug Abuse Policy Memorandum for the Heads of Certain Departments and Agencies," March 14, 1977, Peters and Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/ws/?pid=7174; Jimmy Carter: "Office of Drug Abuse Policy Nomination of Peter G. Bourne to Be Director and Lee I. Dogoloff To Be Deputy Director.," February 7, 1977, Peters and John T. Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/ws/?pid=7655.

67. Jimmy Carter: "Drug Abuse Remarks on Transmitting a Message to the Congress," August 2, 1977, Peters and Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/ws/?pid=7907.

Carter's proposal to Congress left "the States free to adopt whatever laws they wish concerning marijuana." *Ibid.* Interestingly, Carter cited the recommendations of the National Commission on Marijuana and Drug Abuse—recommendations that were rejected out of hand by President Nixon—in support of his call for decriminalization. Jimmy Carter: "Drug Abuse Message to the Congress," August 2, 1977, Peters and Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/ws/?pid=7908; *Time Magazine*, "Carter's Grass-Roots Appeal: Can 35 million Americans be wrong about pot?" August 15, 1977.

68. Since "heroin, barbiturates and other sedative/hypnotic drugs account for 90 percent of the deaths from drug abuse," Carter argued, "they should receive our principal emphasis." *Ibid.*

69. Testifying before the Select Committee on Narcotics Abuse and Control in July 1978, the Associate Director of the Domestic Policy Staff went even further, arguing that the administration's position regarding small amounts of marijuana for personal use would, in effect, "merely codify what is already occurring, since Federal law enforcement efforts should not be directed at people who possess small amounts of *any drug*, particularly marijuana." Harrison, Backenheimer, and Inciardi, *History of Drug Legislation; "Cannabis Use in the United States: Implications for Policy," Cannabisbeleid in Duitsland, Frankrijk en de Verenigde Staten (Cannabis Policy in Germany, France, and the United States)*, Peter Cohen and Arjan Sas, eds., Amsterdam, The Netherlands: Centrum voor Drugsonderzoek, Universiteit van Amsterdam, 1996, pp. 179-276, available from www.cedro-woa.org/lib/harrison.cannabis.pdf.

70. Lawrence Meyer and Alfred E. Lewis, "Carter Aide Signed Fake Quaalude Prescription," *The Washington Post*, July 19, 1978, p. A-1.

71. "Flak over fake prescription puts Carter's drug fighter on paid leave," *Miami Times*, July 20, 1978.

72. Reporter Gary Cohn published the story regarding a party hosted by the National Organization for the Reform of Marijuana Laws (NORML). The guests at the December 1977 party included author Hunter Thompson; Christie Hefner, daughter of Hugh Hefner; Tom Forcade, founder of *High Times* magazine; White House drug chief Bourne; and *Post* reporter Cohn. The July 21st *Washington Post* story reported that Bourne had used cocaine and marijuana at the NORML party. Bourne resigned from his position at the Office on Drug Abuse Policy within 24 hours. Cortes, *Sketches of the Drug Czars*.

73. The "Bourne Affair" was not the only drug-related embarrassment suffered by the Carter administration; other Carter associates, including White House Chief of Staff Hamilton Jordan and White House Appointments Secretary, and later National Campaign Manager, Tim Kraft, also faced allegations of drug use. In Jordan's case, a special prosecutor ultimately found insufficient evidence to support an allegation that Jordan had used cocaine at Studio 54, a Manhattan discotheque, in 1978. Kraft resigned from his post as National Campaign Director in September 1980, following allegations he had used cocaine in 1977. Bourne's successor, his deputy Lee Dogoloff, helped shift policy away from the hard drugs/soft drugs distinction, away from the concern for treatment solutions for heroin addicts, and toward concerns about marijuana. He and DEA Administrator Peter Bensinger advocated for increasing, rather than eliminating, federal penalties for marijuana possession. Andrew B. Whitford and Jeff Yates, "Presidential Rhetoric and the Public Agenda: Constructing the War on Drugs," p. 54. Carter, through Dogoloff, distanced himself from decriminalization. Baum, 1996, p. 129. As Dogoloff would later write, "Decriminalizing marijuana flies in the face of public opinion and, more importantly, scientific evidence of the physical damage this drug causes." Lee I. Dogoloff, "On Health—Don't Legalize Marijuana," *The New York Times Op-Ed.*, December 1, available from www.nytimes.com/1987/12/01/opinion/1-on-health-don-t-legalize-marijuana-979187.html. In the view of some critics, Dogoloff helped effect the biggest change in drug policy since Nixon launched the war on drugs. Baum, 1996, p. 135.

74. Jimmy Carter: "Illegal Drug Traffic on the High Seas Statement on Signing H. R. 2538 into Law," September 15, 1980, Peters and Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/ws/?pid=45047.

75. Carnevale and Murphy, "Matching Rhetoric to Dollars"; The White House, Drug Abuse Policy Office, "Federal Strategy For Prevention of Drug Abuse and Drug Trafficking 1982," Washington, DC: 1982.

76. Ronald Reagan: "Radio Address to the Nation on Federal Drug Policy," October 2, 1982, Peters and Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/ws/?pid=43085.

77. Bill Piper, Director of National Affairs for the Drug Policy Alliance, www.drugpolicy.org, quoted in: DRC Net, "The Reagan-Era Drug War Legacy," June 11, 2004, available from stopthedrugwar.org/chronicle-old/341/reagan.shtml.

78. Reagan vetoed the bill creating a "Drug Czar" within the Executive Branch with the power to coordinate and direct all domestic and international Federal drug efforts. Ronald Reagan: "Memorandum Returning Without Approval a Bill Concerning Contract Services for Drug Dependent Federal Offenders," January 14, 1983, Peters and Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/ws/?pid=41310. The administration found substantial support in the Democratically controlled Congress. In the 1980s, the drug war was a bipartisan issue. Congress was controlled by Democrats, "who not only did not need to have their arms twisted, but in many cases were trying to get to Reagan's right on these issues." DRC Net, "The Reagan-Era Drug War Legacy." Reagan later compared his administration's determination to discourage the flow and use of banned substances to the obstinacy of the French army at the Battle of Verdun in World War I, quoting a French soldier who said: "There are no impossible situations. There are only people who think they're impossible." Ronald Reagan, "Remarks on Signing Executive Order 12368, Concerning Federal Drug Abuse Policy Functions," June 24, 1982, Peters and Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/ws/?pid=42671.

79. The President frequently acknowledged the importance of demand-reduction in his public statements:

All the confiscation and law enforcement in the world will not cure this plague as long as it is kept alive by public acquiescence. So, we must now go beyond efforts aimed only at affecting the supply of drugs; we must affect not only supply but demand.

Ronald Reagan: "Remarks Announcing the Campaign Against Drug Abuse and a Question-and-Answer Session With Reporters," August 4, 1986, Peters and Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/ws/?pid=37701. Reagan expressed the same view in more succinct terms in 1988, "The real answer must come from taking the customer away from the drugs, not the other way around." See Ronald Reagan: "Remarks at a Seminar on Substance Abuse in the Workplace in Durham, NC," February 8, 1988, Peters and Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/ws/?pid=35188.

80. The Comprehensive Crime Control Act of 1984 broadened criminal and civil asset forfeiture laws and increased federal criminal sanctions for drug offenses. The 1986 Anti-Drug Abuse Act, while providing money for prevention and treatment, also restored mandatory prison sentences for large-scale distribution of marijuana, imposed new sanctions on money laundering, and other demand-reduction components. 18 U.S.C. Section 1, Repealed Pub. L. 98-473, title II, Sec. 218(a)(1), Oct. 12, 1984, 98 Stat. 2027. The 1988 Anti-Drug Abuse Amendment Act primarily increased the sanctions for crimes related to drug trafficking and established several new federal offenses. Eric Schlosser, "Reefer Madness," *The Atlantic Monthly*, 1994, p. 52. The fourth bill, the Crime Control Act of 1990, was focused on supply-reduction and law enforcement, doubling the appropriations for drug law-enforcement grants to states and localities, and strengthening forfeiture and seizure statutes. Bureau of Justice Statistics, 1992, *Crime and the Justice System*, Washington, DC: U.S. Department of Justice, Office of Justice Programs, p. 86.

81. Between 1981 and 1987, federal spending on drug abuse tripled, reaching nearly \$4 billion. Ronald Reagan: "Radio Address on Drug Abuse and Trafficking," May 30, 1987, Peters and Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/ws/?pid=34347. However, the two-thirds/one-

third, supply/demand ratio that took shape in the second Nixon term and continued through the Ford and Carter presidencies would become three-fourths/one fourth under Reagan. Cortes, *Sketches of the Drug Czars*.

82. Ronald Reagan: "Remarks at the National Conference on Corporate Initiatives for a Drug Free Workplace," June 9, 1988, Peters and Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/wws/?pid=35950.

83. As Assistant Attorney General of DOJ's Criminal Division, Rudolph Giuliani helped orchestrate the expansion of the FBI into the drug fight; he added 500 DEA agents, established 13 regional anti-drug task forces, and chalked up record numbers of drug seizures and convictions. Lou Cannon, *President Reagan: The Role of a Lifetime*, New York: Touchstone, 1991, p. 813.

84. President Reagan's signature of the Omnibus Budget Reconciliation Act of 1981 repealed the Mental Health Systems Act of 1980 signed by President Carter. Under the new Alcohol, Drug Abuse and Mental Health Services Block Grant, the percentage of federal funding was reduced and the burden of financing shifted to state and local agencies. Services were cut back, and the development of partnerships and alternative funding strategies became a vital necessity. Minnesota Psychiatric Society, *The Minnesota Mental Health System: Demand, Capacity, and Cost*, St. Paul, MN: MPS Report, 2004. Much of the effort was left to philanthropic foundations, professional organizations, nongovernment organizations, and community groups. Ronald Reagan, "Remarks at a White House Briefing for Service Organization Representatives on Drug Abuse," July 30, 1986, Peters and Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/wws/?pid=37676.

85. As drug use among children became more of a national issue, Nancy Reagan toured elementary schools warning students about the danger of illegal drug use. When one fourth-grader at Longfellow Elementary School in Oakland, CA, asked Mrs. Reagan what she should do if approached by someone offering drugs, Reagan responded: "Just say no." The slogan, and Nancy Reagan's activism on the issue, became central to the administration's antidrug message. Within a year, 5,000 "Just Say No" clubs had formed around the country, with Soleil Moon Frye (Punky Brewster) as honorary chairperson. See www.time.com/time/world/article/0,8599,1887488,00.html#ixzz17k2sruh.

86. *Ibid.*

87. Carnevale and Murphy, "Matching Rhetoric to Dollars."

88. The *Posse Comitatus* Act of 1876, which essentially banned military involvement in domestic law-enforcement activities, was amended in 1981 to permit the military to provide training, intelligence, and investigative assistance in cases involving violations of federal drug laws. Harrison, Backenheimer, and Inciardi, *History of Drug Legislation*. As early as 1982, Vice President Bush and his aides began pushing for the involvement of the CIA and U.S. military in drug interdiction efforts. Peter Dale Scott and Jonathan Marshall, *Cocaine Politics*, Berkeley, CA: University of California Press, 1991, p. 2.

89. Ronald Reagan, "Statement Announcing the Establishment of a Federal Anticrime Task Force for Southern Florida," January 28, 1982, Peters and Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/wws/?pid=42775. Reagan later created other regional task forces throughout the United States based on the South Florida Drug Task Force model. These eventually became known as the Organized Crime Drug Enforcement Task Forces (OCDETF, pronounced "Osa Def"), which currently falls under the authority and supervision of the Deputy Attorney General.

90. In what experts have come to call the "balloon effect," destroying drug crops in one region causes cultivation to move to another. Similarly, disruption of a supply route in one place simply forces traffickers to adopt a new route. In the 1970s and early-1980s, almost all the cocaine consumed in the United States was grown in Colombia and shipped to South Florida along a variety of sea and air routes. Colombian traffick-

ers fighting for market share turned Miami into a city where shootouts, contract killings, and kidnappings became part of daily life. Bernd Debusmann, "Drug wars and the balloon effect," *Reuters Online*, March 26, 2009, available from blogs.reuters.com/great-debate/2009/03/26/drug-wars-and-the-balloon-effect/. Within weeks of its formation, the South Florida Task Force scored several spectacular successes, including a number of major seizures of cocaine and marijuana. In response, Colombian trafficking organizations simply shifted their smuggling routes to Mexico, where they partnered with Mexican criminal networks. "By 1988, the balloon effect had become obvious: The Mexican Defence Ministry reported it had discovered 4.8 tons of cocaine in a cave in Chihuahua near the U.S. border. It was then the world's biggest seizure of the drug. Its Colombian origin was not in doubt—Mexico produced no cocaine of its own." *Ibid.* Today, the U.S. State Department and DOJ's National Drug Intelligence Center estimate that as much as 90 percent of the cocaine consumed in the United States comes through Mexico.

91. Rensselaer W. Lee III, *The White Labyrinth: Cocaine and Political Power*, New Brunswick, NJ, Transaction Publishers, 1989, p. 100. See also Musto, *Illicit price of cocaine*, p. 323.

92. U.S. Office of National Drug Control Policy, Executive Office of the President, *Price and Purity of Cocaine: The Relationship to Emergency Room Visits and Deaths, and to Drug Use Among Arrestees*, Washington, DC: Office of National Drug Control Policy, 1992, pp. 5-6.

93. Some have referred to this as the "Len Bias effect." In June 1986, the nation was shocked when University of Maryland basketball star Len Bias died from a cocaine overdose shortly after being drafted by the Boston Celtics. Ensuing media reports highlighted the health risks of cocaine, and drugs become a significant political issue. After Bias's death, in another display of the bipartisan nature of the drug war, House Speaker Tip O'Neill, D-MA, was determined to "get the Republicans on drugs." O'Neill tasked the Democrats and their staffers to come up with harsh measures, and "they did." DRC Net, "The Reagan-Era Drug War Legacy," June 11, 2004, available from stopthedrugwar.org/chronicle-old/341/reagan.shtml. In August, President Reagan ordered that all federal employees refrain from using illegal drugs or risk losing their jobs. The Executive Order further required every federal agency to develop a comprehensive drug-free workplace program. Executive Order No. 12564.

94. The Anti-Drug Abuse Act of 1986, Pub.L. 99-570, 100 Stat. 3207, enacted October 27, 1986, H.R. 5484. The \$1.7 billion included \$97 million to build new prisons, \$200 million for drug education, and \$241 million for treatment. *Ibid.*

95. Possession of at least one kilogram of heroin or five kilograms of cocaine was made punishable by at least 10 years in prison. In response to the crack epidemic, the sale of just five grams of the drug carried a mandatory 5-year sentence. *Ibid.*

96. David T. Courtwright, "Cocaine in the United States," Jordan Goodman, Paul E. Lovejoy, and Andrew Sherratt, eds., *Consuming Habits: Drugs in History and Anthropology*, London, UK: Routledge Publishers, 1995, p. 217. Heating cocaine powder in a solution of baking-soda-and-water produced a residue of cocaine that could be smoked in a pipe. "Because these chunks made a crackling sound when smoked, they came to be called 'crack'." *Ibid.*, p. 218.

97. Because crack was so inexpensive and did not have to be injected, an unusually high percentage of its smokers were women. *Ibid.*, p. 219. "Like their turn-of-the-century counterparts, they frequently resorted to prostitution or its equivalent, trading sex for drugs. . . . Thus crack contributed to the other great American epidemic of the 1980s, the spread of HIV infection." *Ibid.*

98. DRC Net, "The Reagan-Era Drug War Legacy," 6/11/04, available from stopthedrugwar.org/chronicle-old/341/reagan.shtml.

99. Cannon, *The Role of a Lifetime*, p. 813. It is estimated that there was 10 times more cocaine in the United States in 1988 than in 1982.

100. Drug abuse and addiction have been inextricably linked with HIV/AIDS since the beginning of the epidemic. The link has to do with heightened risk—both of contracting and transmitting HIV, often through intravenous drug use or prostitution to support a drug addiction, and of worsening its consequences. National Institute on Drug Abuse, “Drug Facts: HIV/AIDS and Drug Abuse: Intertwined Epidemics,” May 2012, available from www.drugabuse.gov/publications/drugfacts/hivaids-drug-abuse-intertwined-epidemics. Eric Sterling, President of the Criminal Justice Policy Foundation and former Counsel to the U.S. House of Representatives Committee on the Judiciary from 1979 until 1989, quoted in DRC Net, “The Reagan-Era Drug War Legacy,” 6/11/04, available from stopthedrugwar.org/chronicle-old/341/reagan.shtml. Sterling also served on the staff of the Subcommittee on Crime, Representative William J. Hughes, D-NJ, Chairman, and was responsible for drug enforcement, gun control, money laundering, organized crime, pornography, terrorism, corrections, and military assistance to law enforcement, among many issues. He was a principal aide in developing the Comprehensive Crime Control Act of 1984, the Anti-Drug Abuse Acts of 1986 and 1988, and other laws. See flexyourrights.org/about/board_of_advisor/sterling.

101. George W. Bush: “Inaugural Address,” January 20, 1989, Peters and Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/ws/?pid=16610. In a 1988 poll, 48 percent of Americans reported that drugs were the most important foreign policy challenge, and 63 percent believed that drugs should take precedence over America’s anti-Communist efforts. R. Crandall, *Driven by Drugs: US Policy toward Colombia*, London, UK: Phillips, 2002, p. 32.

102. P. Andreas *et al.*, “Dead-End Drug Wars,” *Foreign Policy*, No. 85, Winter 1991-92, p. 108.

103. Jonathan Harris, *Drugged America*, New York: Four Winds Press, 1991, p. 146.

104. Bernard Weintraub, “President Offers Strategy for United States on Drug Control,” *The New York Times*, September 6, 1989, p. B7. Although Bush committed himself to ending all drug abuse, his administration actually set more modest goals: a 10 percent decrease in casual drug use over 2 years, and a 50 percent reduction over 10 years. Richard L. Berke, “No Change in Basics,” *The New York Times*, September 6, 1989; Harris, *Drugged America*, p. 149.

105. In 1990, 1 year into his term, Bennett proposed extending capital punishment to “drug kingpins.” Bennett was the first U.S. drug chief in 20 years with no professional expertise in health or science. He was also a heavy smoker—he went through two packs a day, or about one ounce of tobacco—and promised to kick his addiction upon taking office. Dan Check, “The Success and Failure of George Bush’s War on Drugs,” available from tfj.drugsense.org/bushwar.htm, overall Federal spending on treatment and law enforcement increased during Bennett’s tenure, but treatment consistently remained less than one-third of the total budget.

106. Public Broadcasting System, “Thirty years of America’s drug war—a chronology,” PBS Frontline, available from www.pbs.org/wgbh/pages/frontline/shows/drugs/cron/.

107. The Personal Responsibility and Work Opportunity Act, P.L. 104-193, otherwise known as the Welfare Reform Act, subjected individuals convicted of drug offenses to a lifetime ban on cash assistance and food stamps, and gave states the authority to institute drug-testing requirements for welfare recipients.

108. In March 1989, the Supreme Court approved the requirement of drug testing as part of the security clearance process. In *National Treasury Employees Union v. Von Raab*, 489 US 656, 109 S. Ct. 1384, 103 L. Ed. 2d 685, 1989, the Court validated the requirements for drug testing of U.S. Customs Service employees applying for jobs involving interdiction of illegal drugs or possession of a gun. The safety and security risks associated with those jobs, the court reasoned, make such searches “reasonable,” and thus permissible under the Fourth Amendment even without a suspicion of wrongdoing. In another case involving drug

tests in the workplace, the Court upheld mandatory testing of railroad employees following rail accidents. *Skinner v. Railway Labor Executives Association*, 489 U.S. 602, 109 S. Ct. 1402, 103 L. Ed. 2d 639, 1989. The court cited public safety concerns as its reason for concluding that such testing is a “reasonable” search under the Fourth Amendment.

109. Bernard Weintraub, “President Offers Strategy for United States on Drug Control,” *The New York Times*, September 6, 1989. It is somewhat ironic that in 1989, the National Institute on Drug Abuse (NIDA) released a report stating that there had been a 37 percent drop in casual, nonaddicted use from 1979 to 1989. Harris, *Drugged America*, p. 156. In FY 1990, 40 percent of the drug-control budget was specified for law enforcement, 20 percent for the construction of correctional facilities, and less than 12 percent for improvement of drug-abuse treatment. Sidney H. Schnoll, Lori D. Karan, “Substance Abuse,” *Journal of the American Medical Association*, May 1990, Vol. 263, pp. 2682-2683. Estimated 1990 antidrug expenditures illustrate the growing burden on the states: Expenditures for law enforcement at the federal level were \$7 billion and \$17 billion at the state/local level.

110. Carnevale and Murphy, “Matching Rhetoric to Dollars.”

111. In January 1990, Bush proposed a further increase of \$1.2 billion for the war on drugs, including a 50 percent increase in military spending for DoD’s part in the drug war. Amendments to the National Defense Authorization Acts, Public Laws 101-189, 101-510, and 102-190.

112. *Ibid.* The Pentagon was designated as the lead federal agency for anti-drug intelligence. It integrated U.S. command, control, communications, and intelligence (C3I) systems; provided an improved interdiction role for the National Guard; directed the armed forces to conduct training exercises in known drug-trafficking areas in the United States; and expanded military authority to assist foreign police and military in anti-drug operations. David Isenberg, “Militarizing the Drug War,” *Covert Action*, Fall 1992, p. 42. In November 1989, under the direction of then-Defense Secretary Cheney, Joint Task Force-6 (JTF-6) was established at Fort Bliss in El Paso, TX, to coordinate military and law enforcement anti-drug operations along the U.S.-Mexico border. Chad Thevenot, “The ‘Militarization’ of the Anti-Drug Effort,” July 1997, available from www.ndsn.org/july97/military.html. See also Martin Jelsma, “The Development of International Drug Control: Lessons Learned and Strategic Challenges for the Future,” Working Paper Prepared for the First Meeting of the Global Commission on Drug Policy, January 24, 2011.

113. M. Falco, “Foreign Drugs, Foreign Wars,” *Daedalus*, No.121, Summer 1992, p. 65. Major Kimberly J. Corcoran, “DOD Involvement in the Counterdrug Effort—Contributions and Limitations,” Montgomery, AL: Air Command and Staff College, AU/ACSC/0077/97-03, March 1997. Few were surprised when, on December 20, 1989, the U.S. military executed Operation JUST CAUSE, an invasion of Panama to arrest Panamanian President Manuel Noriega and return him to the United States for trial on drug trafficking-related charges. The operation employed 25,000 troops. Kevin Buckley, *Panama: The Whole Story*, New York: Simon and Schuster, 1991. On July 10, 1992, Noriega was convicted in the Southern District of Florida of drug trafficking, money laundering, and racketeering, and sentenced to 40 years imprisonment. *Ibid.*

114. Louis Krane, “How to Win the War on Drugs,” *Fortune*, March 12, 1990, p. 75. Congress wanted to know what percentage of all cocaine coming into the country was seized, and how much it would cost to seize half of it. Paul A. Yost, Commandant of the Coast Guard, responded by saying that the Coast Guard had seized only 3 percent of all cocaine entering the country, and that there wasn’t enough money in the entire federal budget to seize half the cocaine entering the United States. Harris, *Drugged America*, p. 152.

115. *Ibid.*, p. 157.

116. Treaster, “Four Years of Bush’s Drug War: New Funds but an Old Strategy,” p. A12. This meant reduced profits for those involved in the production, traffic, and sale of drugs. However, since the ultimate goal of the war on drugs was to decrease drug use in the United States, and since interdiction did nothing toward that end, it can be safely said that interdiction was a failure.

117. Harris, *Drugged America*, p. 157.

118. *Ibid.*

119. Public facilities were overcrowded, and those who wanted treatment were often put on long waiting lists. Richard L. Berke, "No Change in Basics," *The New York Times*, September 6, 1989, p. B7.

120. David E. Smith, "San Francisco Roots: The Evolution of Addiction Medicine," *California Society of Addiction Medicine History*, June 2010, available from www.csam-asam.org/csam-history.

121. Krane, "How to Win the War on Drugs," p. 72.

122. Imprisoning an addict costs between \$25,000 and \$50,000 annually; inpatient treatment for addiction costs only \$15,000. According to Dr. Peter Pinto of the Samaritan Village, Inc. Harris, *Drugged America*, p. 155.

123. Krane, "How to Win the War on Drugs," p. 71.

124. In 1989, soon after becoming Drug Czar, Bennett had suggested that the nation's capital should stand as a test case for the administration's strategy. After a year of fighting drugs in Washington, DC, Bennett admitted failure. Drug use did not decline, and the homicide rate remained steady. Joseph B. Treaster, "Echoes of Prohibition; 20 Years of War on Drugs, and No Victory Yet," *The New York Times*, June 14, 1992.

125. *Ibid.*

126. Treaster, "Police in New York Shift Drug Battle Away From Streets," p. A1. By 1992, there were more people in federal jails on drug charges than there were for all crimes in 1980. Chief Justice of the Supreme Court William Rehnquist publicly remarked that there were just too many arrests. Twice as many people were arrested for possession of drugs as for selling them. Dan Baum, "The Drug War on Civil Liberties," *The Nation*, June 29, 1992, p. 886.

127. Despite spending \$1.6 billion to build new federal prisons, there were still not enough cells. Treaster, "Police in New York Shift Drug Battle Away From Streets."

128. *Ibid.* Another impact of the shorter sentences was that many prisoners preferred to serve out their prison term rather than go into treatment because the prison sentences were so much shorter than any treatment program. Ian Fisher, "Selling Addicts on Treatment Rather Than Prison," *The New York Times*, December 1, 1992. Drug dealers did an average of 8 months at Riker's Island in New York City. *Ibid.* Drug traffickers did an average of 22 months. Krane, "How to Win the War on Drugs," p. 75. Drug-addicted dealers who showed a good chance of recovery were offered an alternative to serving out their sentences: rehabilitation at Phoenix House. The treatment was rejected by many, simply because it can take up to 2 years. Ian Fisher, "Selling Addicts on Treatment Rather Than Prison," *The New York Times*, December 1, 1992, p. B3.

129. Gwen Ifill, "The 1992 Campaign: New York; Clinton Admits Experiment with Marijuana in 1960s," *The New York Times*, March 30, 1992.

130. Joseph B. Treaster, "Clinton Continues Old Drug Policies," April 12, 1993, available from www.cato.org/pubs/fpbriefts/fpb026.pdf. Clinton's campaign position was that rehabilitation should be made available to anyone who asked for it, despite the fact that it would cost hundreds of millions of dollars. *Ibid.* It appears that no one in the news media noticed that the last President to call for treatment on demand was Richard M. Nixon.

131. *Ibid.*

132. William S. Smith, a senior official in the White House anti-drug office under President Bush, said national drug policy appeared to be “on cruise control.” *Ibid.* One of Clinton’s first decisions was to reduce the size and budget of the Office of National Drug Control Policy by 80 percent. Ted Galen Carpenter, “Declaring an Armistice in the International Drug War,” *Cato Institute Foreign Policy Briefing*, No. 26, July 26, 1993.

133. He had also left most other drug-related federal positions in the hands of acting directors or hold-overs from the Bush administration. Treaster, “Clinton Continues Old Drug Policies.” Many in law enforcement were disappointed by Clinton’s decision to sign the North American Free Trade Agreement, which resulted in an enormous increase in legitimate trade across the U.S.-Mexican border. The increased volume of trade also made it more difficult for U.S. Customs officials to find narcotics hidden within legitimate goods.

134. William J. Clinton, “Remarks Announcing the Appointment of the Director of the Office of National Drug Control Policy and an Exchange with Reporters,” April 28, 1993, Peters and Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/ws/?pid=46491. Brown was not sworn into office until July 1, 1993. William J. Clinton, “Remarks on the Swearing-In of National Drug Control Policy Director Lee Brown,” July 1, 1993, Peters and Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/ws/?pid=46783.

135. Brown previously headed the police departments of Atlanta, Houston, and New York City. *Ibid.*

136. ONDCP’s mission was continually criticized by members of Congress, who called for a stiffer anti-drug message from the White House. Pierre Thomas and Jim McGee, “Brown Ends Two-Year Tenure as Drug Policy Chief,” *The Washington Post*, December 13, 1995, p. A27, available from www.ndsn.org/jan96/drugczar.html.

137. Treaster, “Clinton Continues Old Drug Policies.” “What we have here is a budget that says ‘business as usual,’” said Dr. LaMond Tullis, a professor of political science at Brigham Young University in Provo, Utah, and a drug policy consultant to the United Nations. “It seems we’re going to go on doing things we know don’t work.” *Ibid.* Carpenter, *Cato Institute Foreign Policy Briefing* No. 26.

138. Treaster, “Clinton Continues Old Drug Policies.”

139. *Ibid.* In his last year in office, President Bush cut \$336 million from international operations and anti-smuggling efforts. He increased spending for drug treatment by \$168 million while President Clinton proposed a \$170 million increase. *Ibid.* Administration officials apologetically explained that the budget had been prepared before a detailed drug strategy could be worked out, and suggested that “the health-care overhaul being developed under the leadership of Hillary Rodham Clinton was likely to include increased spending for drug treatment.”

140. Carnevale and Murphy, “Matching Rhetoric to Dollars”; 1998 figures are available from the White House: Office of National Drug Control Policy website, available from <https://www.ncjrs.gov/ondcppubs/publications/policy/00ndcs/v.html>. Federal drug-control agencies received an emergency supplemental appropriation of \$844 billion in FY 1999 that is not reflected in these totals. The supplemental appropriation was divided as follows: Defense, \$42 million; Justice, \$11.7 million; ONDCP, \$3.2 million; State, \$232.6 million; Transportation, \$264.7 million; Treasury, 266.7 million; All others, \$23.0 million. For FY 2000, see White House Office of National Drug Control Policy; and for FY 2001 figures, see Executive Summary, White House Office of National Drug Control Policy.

141. William J. Clinton: “Press Briefing by Director of National Drug Control Policy, Dr. Lee Brown,” February 9, 1994; Peters and Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu.

edu/ws/?pid=59752. In announcing the new budget, Brown emphasized that there would be no reduction in the funding for supply-reduction, law enforcement, and interdiction. The enhanced funding requested for treatment and prevention was “new money.” *Ibid*.

142. *Ibid*.

143. Joseph B. Treaster, “Clinton Continues Old Drug Policies,” April 12, 1993, available from *www.cato.org/pubs/fpbriefs/fpb026.pdf*. Clinton’s campaign position was that rehabilitation should be made available to anyone who asked for it, despite the fact that it would cost hundreds of millions of dollars. *Ibid*.

144. *Ibid*. ONDCP then estimated the hard-core drug population was then about 2.7 million, approximately 600,000 heroin addicts, and the rest, crack cocaine and cocaine addicts.

145. William J. Clinton, “Press Briefing by Attorney General Janet Reno, Secretary of H.U.D. Henry Cisneros, Director of the Office of National Drug Control Policy Lee Brown, and Assistant Secretary of Treasury Ron Noble,” March 29, 1994, Peters and Woolley, *The American Presidency Project*, available from *www.presidency.ucsb.edu/ws/?pid=59891*.

146. Among other things, the initiative funded a designated prosecutor in every U.S. Attorney’s Office to coordinate the investigation and prosecution of federal violent crimes. William J. Clinton, “Press Briefing by Attorney General Janet Reno, Secretary of H.U.D. Henry Cisneros, Director of the Office of National Drug Control Policy Lee Brown, and Assistant Secretary of Treasury Ron Noble,” March 29, 1994, Peters and Woolley, *The American Presidency Project*, available from *www.presidency.ucsb.edu/ws/?pid=59891*. William J. Clinton, “Press Briefing by Attorney General Janet Reno, Secretary of H.U.D. Henry Cisneros, Director of the Office of National Drug Control Policy Lee Brown, and Assistant Secretary of Treasury Ron Noble,” March 29, 1994, Peters and Woolley, *The American Presidency Project*, available from *www.presidency.ucsb.edu/ws/?pid=59891*.

147. William J. Clinton, “Statement on the Resignation of Lee Brown as Director of the Office of National Drug Control policy,” December 12, 1995, Peters and Woolley, *The American Presidency Project*, available from *www.presidency.ucsb.edu/ws/?pid=50889*. Most significant was the passage of the Violent Crime Control and Law Enforcement Act of 1994. “Three strikes and you’re out” became the law of the land, and the federal government provided funding for 100,000 new police officers and 30,000 additional prison cells. William J. Clinton, “Remarks on Signing the Violent Crime Control and Law Enforcement Act of 1994,” September 13, 1994, Peters and Woolley, *The American Presidency Project*, available from *www.presidency.ucsb.edu/ws/?pid=49072*. Whatever their long-term potential might have been, Clinton’s demand-reduction initiatives produced little in the way of positive, short-term results. As in other administrations, political expediency demanded a pro-law enforcement, “tough-on-crime” approach, with little regard for the cost or outcome.

148. Pierre Thomas and Jim McGee, “Brown Ends Two-Year Tenure as Drug Policy Chief,” *The Washington Post*, December 13, 1995, p. A27. Announcing his resignation in Houston, Brown expressed frustration at the current climate in Washington. “At a time when we see a rise in the use of illegal drugs by our adolescents, the proposed budget cuts in drug-fighting are wrong-headed and must be reversed,” he said. *Ibid*.

149. Clinton’s selection of McCaffrey was “widely seen as a direct response to Republican election-year criticisms that the president was soft on drugs.” Major Barrett K. Peavie, U.S. Army, “United States War on Drugs: Addicted to a Political Strategy of No End,” Fort Leavenworth, KS: School of Advanced Military Studies, U.S. Command and General Staff, College, January 2001 28, available from *www.dtic.mil/cgi-bin/GetTRDoc?AD=ADA391171&Location=U2&doc=GetTRD*.

150 . *Ibid*.

151. William J. Clinton, "Press Briefing by General Barry McCaffrey," April 29, 1996, Peters and Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/ws/?pid=48807. The "Five Pillar Strategy," called for motivating American youth to reject illegal drugs and substance abuse but did not include "treatment on demand." Other pillars of the strategy included: reducing drug-related crime and violence; eliminating the social consequences of illegal drug use; shielding our frontiers against drug trafficking; and reducing drug cultivation, production, and trafficking abroad and at home. The get-tough approach included get-tough legislation, such as the Comprehensive Methamphetamine Control Act of 1996, which was designed to "stop meth before it becomes the crack of the 1990s." The Act followed the doubling of methamphetamine-related deaths between 1994 and 1996. William J. Clinton, "Remarks on Signing the Comprehensive Methamphetamine Control Act of 1996," October 3, 1996, Peters and Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/ws/?pid=52038. William J. Clinton, "Press Briefing by General Barry McCaffrey," April 29, 1996, Peters and Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/ws/?pid=48807. William J. Clinton, "Remarks Announcing the 1997 National Drug Control Strategy and an Exchange with Reporters," February 25, 1997, Peters and Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/ws/?pid=53779.

152. *Ibid.* Peavie, "United States War on Drugs," p. 46. The FY 1998 budget climbed to \$17.4 billion, with virtually no change in the funding ratio. William J. Clinton, "Press Briefing by General Barry McCaffrey," December 11, 1997, Peters and Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/ws/?pid=48650. In 1998, President Clinton and Director McCaffrey launched a 5-year, \$2 billion National Youth Anti-Drug Media Campaign, the largest targeted effort ever to teach youth about the dangers of drugs. William J. Clinton, "Remarks Announcing the 1997 National Drug Control Strategy and an Exchange with Reporters," February 25, 1997, Peters and Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/ws/?pid=53779. The media campaign created a public furor when it was revealed that ONDCP had violated domestic propaganda and publicity prohibitions by preparing pre-packaged news stories that did not disclose to television viewers that the government had produced them and had illegally spent appropriations to develop, produce, and distribute the covert propaganda. "Office of National Drug Control Policy – Video News Release," Washington, DC: U.S. Government Accountability Office. 2005-01-04, available from www.gao.gov/decisions/appro/303495.htm. Retrieved 2008-09-06.

153. Most of that amount, \$862.3 million, was allocated to Colombia and the balance to neighboring countries, primarily Peru, Bolivia, and Ecuador, and to U.S. agencies' Andean region antidrug operations. Of the \$862.3 million allocated to Colombia, \$521.2 million was new assistance to the Colombian armed forces, and \$123.1 million was assistance to the police, with the rest, \$218 million, going to alternative economic development, aid to displaced persons, judicial reform, law enforcement, and promotion of human rights. Angel Rabasa and Peter Chalk, *Colombian Labyrinth: The Synergy of Drugs and Insurgency and Its Implications for Regional Instability*, Santa Monica, CA: RAND Corporation, 2001, pp. 62-63, available from www.rand.org/pubs/monograph_reports/MR1339/MR1339.ch6.pdf. The bulk of the military assistance was intended to support the Colombian armed forces' three counternarcotics battalions, which received 16 UG-60 Black Hawk and 30 UH-1H transport helicopters. In addition, the cap on U.S. military personnel assisting in the Colombian drug/insurgent conflict was doubled to 500. *Ibid.*

154. *Ibid.* In 2010, the Washington Office on Latin America concluded that both Plan Colombia and the Colombian government's security strategy "came at a high cost in lives and resources, only did part of the job, are yielding diminishing returns and have left important institutions weaker." "Colombia: Don't Call it a Model," *The Washington Office on Latin America*, July 13, 2010, available from www.wola.org/index.php?option=com_content&task=view&id=1134&Itemid=2.

155. The development of treatment for co-occurring mental and substance abuse disorders was one of the program's goals. H. Harwood, D. Fountain, and G. Livermore, *The Economic Costs of Alcohol and Drug Abuse in the United States 1992*, NIH Pub. No. 98-4327, Rockville, MD: National Institutes of Health, 1998.

156. This change in the law permits Schedule III, IV, or V narcotic medications that are FDA-approved for treatment of narcotic-use disorders to be used for medically supervised detoxification or maintenance, facilitates patients' access to treatment by addiction-medicine specialists, and makes office-based care possible. *Ibid.*

157. Between 1999 and 2007, over 48,000 persons died in the United States from AIDS due to transmission through infected needles. Eric Sterling, "40 Years of Drug War Hasn't Worked; 'Time for a Change,' Says 9-Year Veteran," *Alternet*, June 15, 2011, available from www.alternet.org/story/151306/40_years_of_drug_war_hasn_percent27t_worked_percent3B_percent22time_for_a_change_percent2C_percent22_says_9-year_veteran.

158. William J. Clinton, "Press Briefing by Director of the Office of National Drug Control Policy General Barry McCaffrey, Deputy Director of the Office of National Drug Control Policy, Dr. Donald Vereen, and Chief of Staff of the Office of Drug Control Policy, Janet Crist," January 4, 2001, Peters and Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/ws/?pid=47890.

159. William J. Clinton, "Remarks Announcing the 1997 National Drug Control Strategy and an Exchange with Reporters," February 25, 1997, Peters and Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/ws/?pid=53779. The annual federal drug budget for criminal justice tripled from \$2.76 billion in 1989 to \$8.45 billion in 1999.

160. William J. Clinton, "Message to the Congress Transmitting the 1997 National Drug Control Strategy," February 25, 1997, Peters and Woolley, *The American Presidency Project*, available from www.presidency.ucsb.edu/ws/?pid=53780. One objective of supply-reduction efforts has been to reduce the availability of drugs sufficiently to create scarcity, which, at least in theory, should drive prices up and, thereby, make drug users unable or unwilling to continue their drug use. This proposition has been the subject of numerous studies, which have attempted to explain why, from 1981 to 2003, the prices of powder cocaine and heroin fell and the purity of these drugs increased, while their demand grew. See Executive Office of the President, ONDCP, *The Price and Purity of Illicit Drugs: 1981 Through the Second Quarter of 2003*, November 2004, p. 70.

161. Michael Kramer, "Snow in August: Candidate George W. Tries to Stop the Cocaine Avalanche," *New York Daily News*, August 22, 1999.

162. Anne E. Kornblut and Glen Johnson, *The Boston Globe*, October 7, 2001, p. A6. Not surprisingly, the Gore campaign offered its own statistics, arguing that the number of drug users ages 25 to 34 had dropped 39 percent, and drug use by teenagers ages 12 to 17 had declined 21 percent between 1997 and 1999. Moreover, a Gore spokesman stated, "Al Gore and this administration proposed the largest antidrug budget ever."

163. Hutchinson would serve as DEA Administrator until January 2003, when he moved to the newly created Department of Homeland Security to lead the Border and Transportation Security Directorate, later renamed the Transportation Security Administration. Phillip Smith, "Bush's Drug Policy Troika," *Alternet*, May 14, 2001, available from www.alternet.org/story/10856/bush's_drug_policy_troika/?page=entire. Hutchison co-sponsored the 2000 Methamphetamine Antiproliferation Act and advocated strongly against a medical marijuana initiative and needle-exchange programs in the District of Columbia. *Ibid.*

164. As Director of the Office of National Drug Control Policy (ONDCP), Drug Czar Walters was fond of military interventions and long prison sentences, and made only token efforts to address concerns that he would ignore the treatment and prevention components of drug policy. Phillip Smith, "Bush's Drug Policy Troika," *Alternet*, May 14, 2001, available from www.alternet.org/story/10856/bush's_drug_policy_troika/?page=entire.

165. As Attorney General, Ashcroft's focus became the threat of terrorism after the attacks of 9/11. He played no significant role in the development of the national drug strategy. Peter Baker and Susan Schmidt, "Ashcroft's Complex Tenure At Justice," *The Washington Post*, May 20, 2007, available from www.washingtonpost.com/wp-dyn/content/article/2007/05/19/AR2007051901275.html.

166. Phillip Smith, "Bush's Drug Policy Troika," *Alternet*, May 14, 2001, available from www.alternet.org/story/10856/bush's_drug_policy_troika/?page=entire.

167. *National Youth Anti-Drug Media Campaign: How to Ensure the Program Operates Efficiently and Effectively*, Testimony to Congress, August 1, 2001. Walters was so confident in the efficacy of the program that he invested \$7 million a year in performance measurement-related spending to determine the effectiveness of the campaign. However, in 2002, a study commissioned by ONDCP reported that teenagers exposed to federal anti-drug ads were no less likely to use drugs for having viewed them, and some young girls said they were even more likely to give drugs a try. Walters blamed poor ads that failed to resonate with teenagers, and promised in 2002 Senate testimony that he would show results within a year or admit failure. Congress agreed to extend the campaign through 2003, while cutting funding for the ads from \$170 million in 2002 to \$150 million in 2003. An entirely new advertising campaign was created. Shawn Zeller, "Ads, Drugs & Money," *Government Executive*, September 19, 2003. In February 2005, a new research company hired by ONDCP and the National Institute on Drug Abuse reported that the government's ad campaign aimed at dissuading teens from using marijuana, a campaign that cost \$1.4 billion between 1998 and 2006, did not work. "[G]reater exposure to the campaign was associated with weaker anti-drug norms and increases in the perceptions that others use marijuana." The research company was paid \$42.7 million for the 5-year study. After the February 2005 report was received, the office continued the ad campaign, spending \$220 million on the anti-marijuana ads in fiscal years 2005 and 2006. Ryan Grim, "A White House Drug Deal Gone Bad: Sitting on the Negative Results of a Study of Anti-Marijuana Ads," *Slate* magazine, September 7, 2006.

168. Jeff Zeleny, "Bush's Drug Policy Highlights Terror Link," *Chicago Tribune*, February 13, 2002, available from articles.chicagotribune.com/2002-02-13/news/0202130313_1_illegal-drugs-drug-control-prescription-drug-fraud. The budget request included \$52 million in DEA's budget to be used to fight terrorism. In 2004, DEA announced its participation in the U.S. Embassy Kabul Counternarcotics Implementation Plan, designed to reduce heroin production in Afghanistan, the world's leading opium producer.

169. Zeleny, "Bush's Drug Policy Highlights Terror Link." On February 13, 2002, Bush suggested that the 9/11 attacks were made possible through the sale of illegal substances like heroin and other drugs. Nearly 70 percent of the world's heroin supply comes from Afghanistan, officials say. Even though the ousted Taliban regime had banned the production of opium poppies during its rule, Bush said the drug trade provided "a significant amount of money to the people that were harboring and feeding and hiding those who attacked and killed thousands of innocent Americans." *Ibid.* The President's remarks continued a theme the White House had launched during the February 3rd Super Bowl, with graphic television commercials linking drug sales to terrorism. *Ibid.*

170. For FY 2002 figures, see White House Office of National Drug Control Policy, "National Drug Control Strategy: FY 2003 Budget Summary," Washington, DC: Office of the President, February 2002, Table 2, p. 6. For FY 2003, CDSP Research Report, "Revising the Federal Drug Control Budget Report: Changing Methodology to Hide the Cost of the Drug War?" *Common Sense for Drug Policy*, Washington, DC, 2003. Beginning in FY 2004, ONDCP made significant changes in the way it computed the national drug budget. The new methodology was designed, according to ONDCP, so that the budget would reflect "only those expenditures aimed at reducing drug use rather than, as in the past, those associated with the consequences of drug use." Peter Reuter, "An Assessment of ONDCP's Budget Concept, Testimony presented to the House of Representatives Committee on Government," February 10, 2005. As a result, the FY 2004 budget request of \$11.7 billion was touted as including an increase of \$440.3 million over the FY 2003 budget, despite the fact that the FY 2003 budget was \$19.2 billion. This feat of mathematical gymnastics was accomplished by retrospective application of the new budget accounting methodology to effectively reduce

the FY 2003 budget total by approximately \$75 billion by excluding, among other things, almost all costs associated with the prosecution and incarceration of federal drug prisoners—approximately \$4.5 billion. On the other hand, the new drug budget approach expanded the amount of money reported for drug treatment spending by including hundreds of millions of dollars in alcohol treatment spending not previously included in the drug budget. For example, SAMHSA’s full substance abuse treatment block grant funding will be included in the drug treatment budget report, including \$55 million for alcohol treatment. This, despite a specific Congressional prohibition on ONDCP’s involvement in alcohol abuse treatment matters. CSDP Research Report, “Revising the Federal Drug Control Budget Report: Changing Methodology to Hide the Cost of the Drug War?” *Common Sense for Drug Policy*, Washington, DC, available from proxy.baremetal.com/csdp.org/research/ondcpenron.pdf. White House Office of National Drug Control Policy, FY 2003 Budget Summary Office of National Drug Control Policy, *National Drug Control Strategy, FY 2005 Budget Survey*, Washington, DC: March 2004, available from <https://www.ncjrs.gov/pdffiles1/ondcp/203723.pdf>. White House Office of National Drug Control policy, *National Drug Control Strategy, FY 2007 Budget Survey*, Washington, DC, February 2006, available from <https://www.ncjrs.gov/pdffiles1/ondcp/212977.pdf>. White House Office of National Drug Control policy, *National Drug Control Strategy, FY 2008 Budget Survey*, Washington, DC, February 2007, available from <https://www.ncjrs.gov/pdffiles1/ondcp/216432.pdf>. For 2009 figures, see U.S. Department of Justice, Bureau of Justice Statistics and Crime Facts: Drug Control Budget, available from bjs.ojp.usdoj.gov/content/dcf/dcb.cfm.

171. Maia Szalavitz, “Tearing Apart Bush’s Drug Plan,” *Alternet*, February 19, 2002, available from www.alternet.org/story/12439/tearing_apart_bush_s_drug_plan/. Bush’s plan promised to cut drug use by 25 percent in 5 years, unduly optimistic, but modest in comparison with Congress’s 1988 plan, which had America entirely drug-free by 1995. *Ibid*.

172. Nearly \$1.6 billion has been pledged for treatment programs over the next 5 years, he said. Zeleny, “Bush’s Drug Policy Highlights Terror Link.”

173. The administration’s proposal drew criticism from treatment advocates, who argued that the drug problem would be solved only through health programs, not heightened law enforcement. Critics said the drug budget devotes two-thirds of its money to military-style enforcement, with the rest going to treatment and prevention programs. *Ibid*.

174. Bush signed the Mérida Initiative in 2008, committing \$1.4 billion to Mexico and other countries over 3 years to help combat drug trafficking and transnational crime. The funds were earmarked for military and law enforcement training and equipment, as well as technical advice and training to strengthen the national justice systems. Claire Suddath, “Brief History: The War on Drugs,” *Time.com*, March 25, 2009, available from www.time.com/time/world/article/0,8599,1887488,00.html#ixzz17k4ZwMak; “Mexico’s 2008 Defence Budget Goes Under Review,” *Jane’s Defense Weekly*, December 11, 2007, available from www.janes.com/news/defence/business/jdw/jdw071211_1_n.shtml; *Politico.com*, “Bush pushes Mexico money in Iraq bill,” May 8, 2008, available from www.politico.com/news/stories/0508/10180.html. However, the flow of drugs across the U.S. Southwest border did not diminish.

175. According to a study by the Rand Corporation, it would take 11 times as much money to reduce the demand for cocaine by 1 percent using interdiction, than it would to do so via treatment spending; similar figures are believed to apply for other drugs. C. Peter Rydell and Susan S. Everingham, *Controlling Cocaine: Supply Versus Demand Programs*, Prepared for the Office of National Drug Control Policy and the United States Army, Santa Monica, CA: RAND Drug Policy Research Center, 1994, p. xvi.

176. “Public Views Clash with U.S. Policy on Cuba, Immigration, and Drugs,” *Zogby International*, October 2, 2008, available from www.zogby.com/news/readnews.cfm?ID=1568.

177. The Bush administration’s 2002 goal of reducing all illegal drug use by 25 percent led to unprecedented numbers of marijuana-related arrests; however, marijuana use declined only by 6 percent, and the use of other drugs actually increased. Claire Suddath, “Brief History: The War on Drugs,” *Time.com*, March 25, 2009, available from www.time.com/time/world/article/0,8599,1887488,00.html#ixzz17k4ZwMak.

178. John Carnevale, "The Policy-Budget Mismatch," Carnevale Associates Policy Brief, Gaithersburg, MD: September 2009; CSDP Research Report, "Revising the Federal Drug Control Budget Report: Changing Methodology to Hide the Cost of the Drug War?" *Common Sense for Drug Policy*, Washington, DC, available from proxy.baremetal.com/csdp.org/research/ondcpennron.pdf; White House Office of National Drug Control Policy, FY 2003 Budget Summary Office of National Drug Control Policy, *National Drug Control Strategy, FY 2005 Budget Survey*, Washington, DC: March 2004, available from <https://www.ncjrs.gov/pdffiles1/ondcp/203723.pdf>.

179. Cortes, "Sketches of the Drug Czars," *Vanity Fair*.

180. Katharine Q. Seelye, "Barack Obama, Asked About Drug History, Admits He Inhaled," *The New York Times*, October 24, 2006. As he revealed in his book, *Dreams from My Father*: "Pot had helped, and booze; maybe a little blow when you could afford it. Not smack though." Barack Obama, *Dreams from My Father: A Story of Race and Inheritance*, New York: Three Rivers Press, 2004.

181. John K. Wilson, *Barack Obama: This Improbable Quest*, Boulder, CO: Paradigm, 2008, pp. 12-13.

182. Candidate Obama had also insisted that medical marijuana was an issue best left to state and local governments, promising an end to the Bush administration's high-profile raids on providers of medical marijuana. Attorney General Holder vowed that Justice Department resources would not be used to circumvent state marijuana laws. However, the federal détente soon collapsed. Tim Dickinson, "Obama's War on Pot," *Rolling Stone*, February 16, 2012, available from www.rollingstone.com/politics/news/obamas-war-on-pot-20120216. The public comments of Drug Czar Kerlikowske began to sound remarkably similar to those of his predecessors. "Marijuana is dangerous and has no medicinal benefit," see Cortes, "Sketches of the Drug Czars," *Vanity Fair*.

183. B. Curley, "Obama's first drug budget fails to shift priorities," available from www.jointogether.org/news/features/2009/obamas-first_drug-budget.html.

184. Cortes, "Sketches of the Drug Czars," *Vanity Fair*.

185. Office of National Drug Control policy, "National Drug Control Strategy, FY 2011 Budget Survey," White House: Washington, DC, February 2010. In February 2011, ONDCP announced that it had once again restructured the Federal drug control budget "to more accurately represent the full range of federal spending, including costs associated with the consequences of drug use." According to ONDCP, "the new budget structure and framework prove[es] an inclusive and true description of the Federal contribution dedicated to the drug-control problem." The fact sheet does not provide a detailed explanation of the methodology; however, it does provide a list of new agencies and programs added to the FY 2012 National Drug Control Budget calculation, most of which appear to be traditional supply-reduction activities, Office of National Drug Control Policy, Fact Sheet: Changes to the National Drug Control Budget, February 2011. Under the "revised budget structure," ONDCP claims an increase of 100 percent in demand-reduction expenditures, as compared with an increase of only 50 percent in supply-reduction expenditures for FY 2010-12. Whether the change in methodology was designed to hide the true cost of the war on drugs or distort the ratio between supply/demand spending, it has that result. The figures used in the table were also included in the ONDCP fact sheet and described as computations made under the "previous budget structure." The figures clearly understate the totals expended; however, the percentages apportioned between demand-reduction and supply-reduction appear sufficiently accurate for comparison to the figures for earlier years.

For FY 2011 and FY 2012, see White House Office of National Drug Control Policy, *The National Drug Control Strategy, FY 2011 Budget Survey*, Washington, DC: February 2010, available from www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/fy11budget.pdf. For FY 2013, see White House Office of National Drug Control Policy, *The National Drug Control Budget: FY 2013 Funding Highlights*, Washington, DC: February 2012, available from www.whitehouse.gov/ondcp/the-national-drug-control-budget-fy-2013-funding-highlights. Changes in accounting methodology create a misleading appearance of dramatic increases in

both supply-reduction and demand-reduction spending. Phillip Smith, "What's in Obama's New Drug War Budget? Hint: Same, Old Broken Policies," *Drug War Chronicle*, February 18, 2012, available from www.alternet.org/story/154178/what_percent27s_in_obama_percent27s_new_drug_war_budget_percent28hint_percent3A_same_percent2C_old_broken_policies_percent29.

186. The \$15.5 billion represents an increase of 3.5 percent over the 2010 budget; two-thirds of it is \$9.7 billion for law enforcement and other supply-reduction efforts, and one-third, about \$5.6 billion, for prevention and treatment. Phillip S. Smith, "Obama Wants More Money for the Failed Drug War," *Drug War Chronicle*, February 5, 2010, available from www.alternet.org/drugs/145563/obama_wants_more_money_for_the_failed_drug_war/?page=1. Yet, Drug Czar Kerlikowske called the imbalanced budget "balanced." "The new budget proposal demonstrates the Obama administration's commitment to a balanced and comprehensive drug strategy," said Kerlikowske. "In a time of tight budgets and fiscal restraint, these new investments are targeted at reducing Americans' drug use and the substantial costs associated with the health and social consequences of drug abuse." *Ibid.* The promise of a balanced approach is one that has been made by every administration since Nixon.

187. In February 2011, ONDCP announced that it had once again restructured the Federal drug-control budget "to more accurately represent the full range of federal spending, including costs associated with the consequences of drug use." According to ONDCP, "the new budget structure and framework prove[es] an inclusive and true description of the Federal contribution dedicated to the drug-control problem." The fact sheet does not provide a detailed explanation of the methodology; however, it does provide a list of new agencies and programs added to the FY 2012 National Drug Control Budget calculation, most of which appear to be traditional supply-reduction activities, Office of National Drug Control Policy, "Fact Sheet: Changes to the National Drug Control Budget," February 2011. Under the "revised budget structure," ONDCP could claim an increase of 100 percent in demand-reduction expenditures in the FY 2013 budget, as compared with an increase of only 50 percent in supply-reduction expenditures. Whether the change in methodology was designed to hide the true cost of the war on drugs or distort the ratio between supply/demand spending, it has that result. The figures used in the table were also included in the ONDCP fact sheet and described as computations made under the "previous budget structure." The figures clearly understate the totals expended; however, the percentages apportioned between demand-reduction and supply-reduction appear sufficiently accurate for comparison to the figures for earlier years.

188. The proposed budget increases federal anti-drug funding by 1.6 percent over Fiscal Year 2012. Although funding for prevention and treatment would increase by 4.6 percent, some treatment and grant programs would be cut, while supply-reduction programs would see increases. The budget emphasizes drug courts and criminal justice-based drug treatment; it cuts SAMHSA, which provides treatment resources, but increases spending for prison-based treatment. The \$364 million earmarked for SAMHSA's treatment programs is a \$61 million reduction from FY 2012. Meanwhile, drug courts are in for a \$17 million increase to \$52 million, and BOP drug treatment programs would get a \$16 million increase to \$109 million. In sum, the 2013 budget request represents a 3 percent increase for treatment and an 11 percent decrease for prevention. Smith, "What's in Obama's New Drug War Budget?"

189. Smith, "What's in Obama's New Drug War Budget?"

190. *Ibid.* Those include operations for the Federal Bureau of Prisons, budgeted at \$8.3 billion for 2011. Since more than half of all federal prisoners are serving time for drug offenses, the argument goes, the real cost of current drug policies should be increased by at least \$4 billion. Only \$79 million of the Federal Bureau of Prisons' budget is counted as part of the national drug strategy budget. *Ibid.*

191. Office of National Drug Control Policy, Office of Public Affairs, *Fact Sheet: U.S. Drug Policy*, April 17, 2012; Zogby International., October 2008; Zogby/*Inter-American Dialogue Survey: Public Views Clash with U.S. Policy on Cuba, Immigration, and Drugs*, available from www.zogby.com/news/ReadNews.cfm?ID=1568.

192. Remarks of ONDCP Director Gil Kerlikowske as Prepared for Delivery to the Center for American Progress, Washington, DC, May 1, 2012. Copy in author's files, available from www.c-spanvideo.org/program/305743-1.

193. The latest available federal data show that drug arrests during President Obama's first year in office are up compared to those during the first year of President Bush's administration. The arrest rate hasn't changed significantly, despite the White House's own admission that we cannot "arrest or incarcerate our way out of a problem this complex." *Ending the Drug War: A Dream Deferred*, *Law Enforcement Against Prohibition*, June 2011, p. 8, available from www.CopsSayLegalizeDrugs.com/40years.

194. Although the Obama administration hasn't matched its deeds to its words with respect to a real shift in the drug-control strategy, the fault for our long-entrenched drug policies does not solely lie with this or any particular President. *Ending the Drug War: A Dream Deferred*, *Law Enforcement Against Prohibition*, June 2011, p. 15, available from www.CopsSayLegalizeDrugs.com/40years.

195. *Ibid.* "This is very much the same drug budget we've been seeing for years," said Bill Piper, national affairs director for the Drug Policy Alliance, DPA.

196. In a February 2000 report prepared for the National Institute of Justice, a team of researchers concluded that a strategy based on supply-reduction simply cannot work:

Given experiences since the beginning of the war on drugs, which initiated major expansions in expenditures on supply-based programs, it seems more reasonable to conclude that the Nation will not be able to have any large future influence on decreasing the availability and increasing the price of illicit drugs.

Abt Associates, Inc., "Illicit Drugs: Price Elasticity of Demand and Supply," February 2000, available from www.abtassociates.com/reports/20008744845311.pdf.

197. Rydell and Everingham, "Controlling Cocaine," pp. xvi. The Rand Report analyzes the relative cost-effectiveness of four available drug interventions: 1) source country control; 2) interdiction; 3) domestic enforcement; and 4) treatment of heavy users. The first three focus on supply-control, whereby the cost of supplying cocaine is increased by seizing drugs and assets and by arresting and incarcerating dealers and their agents. The fourth is a demand-control program, because it reduces consumption directly, without going through the price mechanism. The Rand researchers confirm that the bulk of the drug budget, an estimated \$13 billion in the year prior to publication is spent on domestic enforcement, and only a small percentage of the total budget is allocated to the treatment of heavy users. Given the high cost of supply control programs, treatment of heavy users may be a more cost-effective way of dealing with drug interventions. See also Peavie, "United States War on Drugs," p. 45.

198. Fully 76 percent of the American people and 67 percent of chiefs of police have declared the drug war a failure, according to polls. *Ending the Drug War: A Dream Deferred*, *Law Enforcement Against Prohibition*, June 2011, available from www.CopsSayLegalizeDrugs.com/40years.

199. Sterling, "40 Years of Drug War Hasn't Worked; 'Time for a Change,' Says 9-Year Veteran." The U.S. Department of Justice, National Drug Intelligence Center, "The Economic Impact of Illicit Drug Use on American Society 2011"; Peter Reuter, "An Assessment of ONDCP's Budget Concept," Testimony presented to the House of Representatives Committee on Government, February 10, 2005.

200. Carnevale Associates, "Policy Brief."

201. National Survey on Drug Use and Health, available from <https://nsduhweb.rti.org/>; FBI Uniform Crime Reports, available from www.fbi.gov/about-us/cjis/ucr/ucr. In 2010, 82 percent of high school seniors report that marijuana is easy to obtain—a decrease in perception of only 2 percent in 20 years. American

Civil Liberties Union, "Feds Don't Walk Their Talk in Drug Control Budget," 2012, available from www.aclu-wa.org/blog/feds-dont-walk-their-talk-drug-control-budget.

202. Claire Suddath, "Brief History: The War on Drugs," *Time.com*, March 25, 2009, available from www.time.com/time/world/article/0,8599,1887488,00.html#ixzz17k4ZwMak.

203. The rate has remained unchanged since 2002. Carnevale Associates, "Policy Brief: The Continued Standstill in Reducing Illicit Drug Use," Gaithersburg, MD: September 2009.

204. *Ibid.*

205. *Ibid.* The total number of drug offenders in the prison system, federal and state combined, is approximately one-half million, as large as the entire addict population of 1900.

206. United States Department of Justice, National Drug Intelligence Center, *National Drug Threat Assessment 2009*, p. III.

207. In his 1971 message, Nixon lamented 1,000 narcotics deaths in New York City, then the epicenter of the heroin addiction problem in 1970. At the end of 1979, the annual number of drug abuse deaths was 7,101. That number rose to 9,976 in 1986, the year basketball star Len Bias died from a cocaine-induced seizure. However, in 2007, there were an estimated 38,000 drug overdose deaths nationwide. The death rate has grown from 3.0 per 100,000 in 1980 to 12.8 in 2006. Sterling, "40 Years of Drug War Hasn't Worked." 'Time for a Change,' Says 9-Year Veteran."

208. Liz Szabo, "Addicted infants triple in decade," *USA Today*, May 1, 2012, approximately 13,539 infants per year.

209. Peter Reuter, "The Limits and Consequences of U.S. Foreign Drug Control Efforts," *The Annals of the American Academy of Political and Social Science*, Vol. 521, May 1992.

210. The vast size of the drug market "has the power to negate all supply-side drug control efforts aimed at reducing the availability of illicit drugs to U.S. consumer." Wes Fryer, "U.S. Drug Control Policy: Where We Have Been," available from www.wesryer.com/drugwar.html#past.

211. Even if we are uncertain what shape the new strategy should take, we cannot continue to repeat the mistakes of the past. See, e.g., George Santayana, "The Life of Reason," Vol. 1, "Those who cannot remember the past are condemned to repeat it." This quote is not originally from the cited text.

212. Nearly every administration has conceded, at least privately, that the best way to affect supply is to reduce demand for drugs. However, the rhetoric has never matched the reality. See e.g., Szalavitz, "Tearing Apart Bush's Drug Plan."

213. See www.globalcommissionondrugs.org/wp-content/themes/gcdp_v1/pdf/Global_Commission_Report_English.pdf.

214. The Commission includes the former Presidents or prime ministers of five countries, a former Secretary General of the United Nations, human rights leaders, and business and government leaders, including Richard Branson, George P. Shultz, and Paul A. Volcker. The report describes the total failure of the present global antidrug effort, with particular emphasis on America's 40 year "war on drugs." It notes that the global consumption of opiates has increased 34.5 percent; cocaine, 27 percent; and cannabis, 8.5 percent, from 1998 to 2008. *Ibid.*

215. National Institute on Drug Abuse, "InfoFacts: Treatment Approaches for Drug Addiction," September 2009, available from www.drugabuse.gov/publications/infofacts/treatment-approaches-drug-addiction.

Addiction need not be a life sentence. Like other chronic diseases, it can be managed successfully. Treatment enables people to counteract addiction's powerful effects on the brain and behavior and regain control of their lives. National Institute on Drug Abuse, "The Science of Addiction," National Institute of Health Pub Number 10-5605, rev'd August 2010; Caron Treatment Centers, "Relapse & Recovery: Behavioral Strategies for Change," pp. 15-17.

216. The average cost for 1 year of methadone-maintenance treatment is approximately \$4,700 per patient, compared with approximately \$24,700 for 1 year of imprisonment. *Ibid.*

217. In a study sponsored by ONDCP and the U.S. Army, researchers C. Peter Rydell and Susan Everingham compared the effectiveness of four types of drug-control programs: source-country efforts, interdiction, domestic law enforcement, and drug treatment. How much money, they asked, would the Government have to spend on each approach to reduce national cocaine consumption by 1 percent? Rydell and Everingham developed a model of the national cocaine market, then fed into it more than 70 variables, from seizure data to survey responses. Relying solely on domestic law enforcement, the Government would have to spend an additional \$246 million to reduce U.S. cocaine consumption by 1 percent. Relying on interdiction, it would have to spend \$366 million, and, on source-country programs, \$783 million. Relying solely on drug treatment, however, the Government would only have to spend \$34 million more. In other words, treatment was 7 times more cost effective than domestic law enforcement, 10 times more effective than interdiction, and 23 times more effective than attacking drugs at their source. C. Peter Rydell and Susan S. Everingham, *Controlling Cocaine: Supply Versus Demand Programs*, Prepared for the Office of National Drug Control Policy and the United States Army, Santa Monica, CA: RAND Drug Policy Research Center, 1994, p. xvi. In another study by the National Association of State Alcohol and Drug Abuse Directors, \$1 in treatment brings a return of \$11.54 for society. Harris, *Drugged America*, p. 154. The legal structure that is needed for increasing access has been in place since 1972. The Drug Abuse Office and Treatment Act was probably the most important statute enacted during the short era of enlightened and progressive drug policy. Similarly, when effective pharmacotherapies emerge, we should also subsidize their use.

218. Examples of this type of treatment include Methadone and Levo-alpha-acetylmethadol (LAAM) for opiate withdrawal, benzodiazepine, and anti-seizure drugs for barbiturate withdrawal. To prevent relapses, other drugs, like Naltrexone and Buprenorphine/naloxone, reduce cravings and block the effects of opiates. Researchers continue to investigate effective treatments for cocaine and amphetamine addiction, and several drugs are currently in clinical trials. Doctors around the globe are exploring other promising addiction treatments. Ibogaine, a hallucinogenic drug used in some African religious rites, is an example of one such approach. Although the drug is illegal in the United States, between 20 and 30 ibogaine clinics operate in various countries to treat heroin addiction. "Addiction Treatments Past and Present," available from learn.genetics.utah.edu/content/addiction/issues/treatments.html; National Institute on Drug Abuse, "InfoFacts: Treatment Approaches for Drug Addiction," September 2009, available from www.drugabuse.gov/publications/infofacts/treatment-approaches-drug-addiction.

219. "Addiction Treatments Past and Present."

220. National Institute on Drug Abuse, "InfoFacts: Treatment Approaches for Drug Addiction," September 2009, available from www.drugabuse.gov/publications/infofacts/treatment-approaches-drug-addiction.

221. SAMHSA has estimated that about 1 in 10 people with serious substance abuse problems, 2.3 million of 23 million received treatment in 2005. Substance Abuse and Mental Health Services Administration, Results from the 2005 National Household Survey on Drug Use and Health: National Findings, DHHS Publication No. SMA 06-4194, 2006.

222. Over time, we ought to be able to reduce our reliance on the criminal justice system substantially. Richard J. Bonnie, "The Virtues of Pragmatism in Drug Policy," *Journal of Health Care Law and Policy*, The Stuart Rome Lecture, University of Maryland Law School, College Park, MD: November 7, 2008, Vol. 13, 2010, p. 7.

223. Treatment alternatives to criminal punishment were an important component of the strategy of the 1970s that eroded during the 1980s and early-1990s. Bonnie, "The Virtues of Pragmatism in Drug Policy." The establishment of more than 2000 drug courts since 1995 is a good step in that direction. *Ibid.* Conditional dispositions linked to drug treatment also remain available in many, ordinary criminal courts.

224. National Institute on Drug Abuse, "InfoFacts: Treatment Approaches for Drug Addiction."

225. Family members, friends, and employers regularly provide the same type of therapeutic leverage. *Ibid.* Also, as Bonnie, "The Virtues of Pragmatism in Drug Policy" suggests:

Criminalization of consumption-related offenses is legitimate—as an instrument of deterrence and prevention for non-addicted offenders, and, most importantly for our present topic, as an instrument of therapeutic leverage for addicted offenders.

Ibid. See also Redonna K. Chandler, Bennett W. Fletcher, and Nora D. Volkow, "Treating Drug Abuse and Addiction in the Criminal Justice System: Improving Public Health and Safety," *Journal of the American Medical Association*, No. 183, 2009, p. 301.

226. Although this is already occurring in several thousand state and local courts nationwide, there is no similar federal program. The Department of Justice recently changed its own policies, as codified in the U.S. Attorneys' Manual, to make alternatives to incarceration more available. In March 2011, DOJ expanded the permissible pretrial diversion programs "to include those that address addicted defendants through treatment and monitoring, rather than prosecution." Deputy Attorney General James M. Cole Speaks on Alternatives to Incarceration Programs: the Use of "Drug Courts" in the Federal and State Systems, New York, May 21, 2012, available from www.justice.gov/iso/opa/dag/speeches/2012/dag-speech-120521.html. Efforts to implement drug courts and other alternatives to federal incarceration have, thus far, been sporadic and largely dependent on the energy and initiative of individual U.S. Attorneys. Examples include the Central District of Illinois, where the Pretrial Alternatives to Detention Initiative (PADI), permits some defendants charged with felony drug offenses to be offered pretrial diversion and to have their charges reduced or dismissed upon successful completion of rehabilitation. The Conviction and Sentence Alternative (CASA) program in the Central District of California and the BRIDGE court program in the District of South Carolina are similar programs, which provide diversion options for defendants with substance abuse problems. *Ibid.* Studies by the National Institute on Drug Abuse have confirmed the efficacy of such programs:

Combining prison- and community-based treatment for addicted offenders reduces the risk of both recidivism to drug-related criminal behavior and relapse to drug use, which, in turn, nets huge savings in societal costs.

National Institute on Drug Abuse, "InfoFacts: Treatment Approaches for Drug Addiction."

227. For 40 years, the budget trends have run counter to what research would otherwise suggest: efforts to reduce demand are best addressed through treatment and prevention rather than supply-reduction. *Ibid.* "The virtue of pragmatism in drug policy is that it focuses our attention on what works best." Bonnie, "The Virtues of Pragmatism in Drug Policy."

228. Massing, "The Fix," p. 272. Defenders of the current drug prohibition approach argue that the fall in drug prices following legalization or even after some slackening of enforcement would lead to a large increase in drug "abuse." This claim rests on the standard prohibitionist assumption that all use is abuse and the further assumption that price is a major consideration for most users or would-be users. Many researchers insist that drug prices directly affect the "bottom line"; that is, higher prices result in reduced use and fewer emergency room visits. Dhaval Dave, "The effects of cocaine and heroin price on drug-related emergency department visits," *Journal of Health Economics*, August 2005, available from www.appstate.edu/~whiteheadjc/eco4810/crap/jhe-drugs.pdf. However, in the view of other experts, personal preferences and

social norms influence most people more than the price of drugs. Mary M. Cleveland, "Economics of Illegal Drug Markets: What Happens If We Downsize the Drug War?" available from www.mcleveland.org/publications/Economics_of_Illegal_Drug_Markets.CV.pdf. In either case, we can be certain of one thing. An increase in the price of drugs will result in an increase in violent crime as hard-core users struggle to feed their habit. Higher prices require higher user income. If users cannot earn enough by legal means to pay higher prices, then they may be induced to engage in illegal conduct—theft, burglary, robbery—that they would not otherwise engage in. Mark H. Moore, *Buy and Bust*, Cambridge, MA: Lexington, 1977, Chap. 2. See also Llewellyn Hinkes-Jones, "How the Plummeting Price of Cocaine Fueled the Nationwide Drop in Violent Crime," *The Atlantic Cities*, November 11, 2011, available from www.theatlanticcities.com/jobs-and-economy/2011/11/cocaine-plummeting-price-nationwide-drop-violent-crime/474/.

229. John Carnevale, "The Failure of the Office of National Drug Control Policy," *The Huffington Post*, July 14, 2008, available from www.huffingtonpost.com/john-carnevale/the-failure-of-the-office_b_112693.html?view=p.

230. Wesley A. Fryer, "U.S. Drug Control in the Americas: Time for a Change," August 30, 1993, available from www.wesfryer.com/drugwar.html#conclusion. See also John Carnevale, "Is the Policy-Budget Mismatch to Blame," Carnevale Associates Policy Brief, Gaithersburg, MD: September 2009.

231. In the words of one anonymous wag: "The most powerful drug law is the law of supply and demand."

232. Even if we could, domestically produced marijuana, methamphetamine, and a host of illicit synthetic drugs would still be available to meet demand. Yet, for 40 years, successive administrations have annually sought additional funds to bolster supply-reduction efforts. The unspoken promise in each annual budget request has been: "With just a bit more money and a few more agents and prosecutors, the strategy is certain to succeed." The scene is reminiscent of a famous *New Yorker* cartoon, based on the well-known nursery rhyme "Humpty Dumpty" in which a crowned king, addressing his royal cabinet, declares: "Gentlemen, the fact that all my horses and all my men couldn't put Humpty together again simply proves to me that I must have more horses and more men." Dana Fradon, *The New Yorker*, July 24, 1978.

233. We must ensure that the "cost" of manufacturing, importing, and distributing drugs in America remains painfully high and the potential "profit" unattractively low. Some administrations have adopted strategies promising to "take the profit out of drugs," by seizing the ill-gotten gains of traffickers, usually in the form of bulk cash and international currency transfers. Unfortunately, our success rate on seizing outbound dollars has been little more successful than our efforts to seize inbound drugs. Improved strategic intelligence and analysis could enhance our supply-reduction efforts. In the opinion of some experts, most of the advantages of prohibition can be attained with modest levels of overall enforcement, coupled with targeting of dealers whose behavior poses a particular risk to the community, e.g., use of juvenile distributors, violence against competitors. Tougher enforcement across the board does not appear to significantly raise drug prices or restrict availability; it imposes rather high individual and social costs. Jonathan P. Caulkins and Peter Reuter, "How Drug Enforcement Affects Drug Prices," August 26, 2010, available from www.publicpolicy.umd.edu/uploads/cms/faculty/reuter/Drug_percent20Enforcement_percent20and_percent20Drug_percent20Price.pdf. While it may be politically popular to have DEA Regional Enforcement Teams making street-level busts in Middle America, it does not reduce supply or demand; it produces only a temporary increase in the "cost of doing business" and a substantially longer-term increase in the federal prison population. Likewise, Foreign Assistance Support Teams (FAST) in places like Afghanistan have allowed DEA to claim a role in the war on terrorism and a share of the new budget dollars devoted to all-things counter-terrorism. However, since very little Southwest Asian heroin ever reaches the United States, the efforts of these FAST teams would have no impact on the availability of drugs there.

234. Steve Chapman, "In the Drug War, Drugs Are Winning," *Reason.Com*, March 29, 2010, available from reason.com/archives/2010/03/29/in-the-drug-war-drugs-are-winn. "Iran has a repressive theocratic regime

that imposes severe penalties for using and selling drugs—including death by hanging. Yet, Iran has one of the highest rates of addiction in the world." *Ibid.*

235. A survey of 17 countries published in 2008 found that, despite its punitive drug policies, the United States continues to have the highest levels of illegal cocaine and cannabis use. The study, by Louisa Degenhardt, University of New South Wales, Sydney, Australia and colleagues, is based on the World Health Organization's Composite International Diagnostic Interview (CIDI). "United States Has Highest Level Of Illegal Cocaine And Cannabis Use," *Science Daily*, June 30, 2008, available from www.sciencedaily.com/releases/2008/06/080630201007.htm. The authors found that 16.2 percent of people in the United States had used cocaine in their lifetime—a level much higher than any other country surveyed; the second highest level of cocaine use was in New Zealand, where 4.3 percent of people reported having used it. Cannabis use was also highest in the United States, with 42.4 percent, followed by New Zealand, with 41.9 percent. The authors also concluded that drug use "does not appear to be simply related to drug policy, since countries with more stringent policies towards illegal drug use did not have lower levels of such drug use than countries with more liberal policies." For example, in the Netherlands, which has more liberal policies than the United States, 1.9 percent of people reported cocaine use, and 19.8 percent reported cannabis use.

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