STRATEGY RESEARCH PROJECT

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THE NATIONAL DRUG CONTROL STRATEGY: IS IT TIME FOR A CHANGE?

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ABSTRACT

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Drug abuse permeates the inner cities, affluent suburbs and rural areas of the United States. Young and old, rich and poor, educated and uneducated; no one is immune to the consequences drug abuse. The nation expends prodigious resources in combating illegal drugs, in coping with the problems compounded by drugs and the consequences of drug abuse. This paper examines the origins and development of the National Drug Control Strategy, summarizes the strategy itself and analyzes its effectiveness. It argues that in spite of a steadily escalating war on drugs, the drug problem is worsening and considers that flaws in the strategy itself may ensure failure no matter how hard the nation tries to win in the war on drugs. It proposes as an alternative a "harm reduction," strategy based not on eliminating illegal drugs in the United States but on reducing the effects of drug abuse on the nation. Lastly, it recommends that the "harm reduction" paradigm be included in a national debate on drug strategy.

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THE NATIONAL DRUG CONTROL STRATEGY: IS IT TIME FOR A CHANGE?

> From the dark poppy a soporific is obtained by making an incision in the stalk, when the buds are forming...it is not only a soporific, but if too large a dose be swallowed the sleep even ends in death.
>
> —Pliny the Elder, 23-79 AD[1]

THE DRUG PROBLEM

The blight of drug abuse has been a part of society for as long as recorded history. In the United States, drug abuse permeates the inner cities, affluent suburbs and rural areas. Young and old, rich and poor, educated and uneducated; no one is immune to the consequences of drug abuse. It affects public health, work productivity, safety, justice, human rights and equality, crime rates, family and community, all American citizens.

The scope of the drug problem and its effect on the United States is vast and devastating. The United States currently has approximately 500,000 people in prison for drug law violations.[2] One third of all state prisoners and approximately one in five federal prisoners committed their offense while under the influence of an illicit drug. There are currently estimated five million drug abusers in immediate need of treatment.[3] Drug abuse contributes to almost every public health problem, from pre-natal and infant care to the spread of HIV.[4]

The nation expends prodigious resources in combating illegal drugs, in coping with the problems compounded by drugs and the consequences of drug abuse. The cost is enormous. In Fiscal Year 2001, to support the United States drug control strategy, the Administration requested $19.2 billion dollars, which is $750 million over the FY 2000 budget of $18.5 billion.[5] Also, it is estimated that the drug problem costs the United States approximately $40 billion dollars annually in decreased productivity.[6] In recognition of the harms caused by drugs, the danger posed by drugs and the cost of the drug problem to the nation the National Security Strategy of the United States declares controlling drugs and drug trafficking a national security issue linked to the safety of American citizens as a vital national interest.[7]

This paper examines the origins and development of the National Drug Control Strategy, summarizes the strategy itself and analyzes its effectiveness. It argues that in spite of a steadily escalating war on drugs, the drug problem is worsening. It considers that flaws in the strategy itself may ensure failure no matter how hard the nation tries to win the war on drugs and proposes as an alternative a "harm reduction," strategy based not on eliminating illegal drugs in the United States but on reducing the effects of drug abuse on the nation. Lastly, it

recommends that the "harm reduction" paradigm be included in a national debate on drug strategy.

THE NATIONAL DRUG CONTROL STRATEGY

United States drug control policy and strategy are delineated in the National Drug Control Strategy published annually by the Office of National Drug Control Policy (ONDCP).[8] The tenets of the current policy were fixed in 1969 when President Richard Nixon declared the abuse of drugs to be a "national threat."[9] The aim of the policy is to cut illegal drug use and availability in the United States by 50 percent by 2007 and reduce health and social consequences of drug use and trafficking by 25 percent over the same period.[10] The policy objective of the National Drug Control Strategy is "an America safe from the threats posed by illegal drugs and a healthier, less violent, stable nation unfettered by drug traffickers and the corruption they perpetrate."[11] A loftier vision, articulated in the Anti-Drug Abuse Act of 1988, is a drug free America.[12]

The National Drug Control Strategy outlines a strategy designed to reduce both supply and demand for illicit drugs in the United States.[13] The strategy, evaluated against the Performance Measures of Effectiveness System (PMES), developed by ONDCP, is a comprehensive one that looks at the effects of all types of controlled substances. This includes non-illicit drugs such as tobacco, alcohol, and inhalants, and illicit drugs like methamphetamines, cocaine and heroin. It takes a long term, holistic approach to the drug problem and declares there is no single solution.[14] The strategy consists of five goals and thirty-two supporting objectives:[15]

Goal 1: Educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco.

This goal includes funding for education programs for parents, teens and children, such as the Drug Awareness Resistance Education (DARE) program. It creates partnerships with the media, the entertainment industry and other businesses to de-glamorize drugs, and supports mentorship programs and research based prevention programs. 11.8 percent of the federal drug control budget supports Goal 1.[16]

Goal 2: Increase the safety of America's citizens by substantially reducing drug-related crime and violence.

Strong law enforcement measures coupled with empowered law enforcement organizations including federal, state, and local drug task forces are the primary means for

achieving this goal. 39.4 percent of the federal drug control budget supports Goal 2.

Goal 3: Reduce health and social costs to the public of illegal drug use.

This goal is focused on programs to treat drug abusers and to reducing health care costs from the direct and indirect effects of drug use, such as the spread of infectious diseases. It promotes drug-free workplace programs through a plan that includes drug testing, prevention and intervention. 21.9 percent of the federal drug control budget supports Goal 3.

Goal 4: Shield America's air, land, and sea frontiers from the drug threat.

This goal includes operations to detect, disrupt, deter, and seize illegal drugs in transit to the United States and at U.S. borders. It involves coordination and cooperation between federal, state, local law enforcement agencies and the country of Mexico. 9.8 percent of the federal drug control budget supports Goal 4.

Goal 5: Break foreign and domestic drug sources of supply.

The objectives under this goal are to produce a net reduction in the worldwide cultivation of coca, opium, marijuana and other illegal drugs. It also calls for promoting international policies and actions to disrupt and dismantle major international drug trafficking organizations. 17.5 percent of the federal drug control budget supports Goal 5.

The National Drug Control Strategy is the product of a century of public debate on defining the drug threat and the quest for a solution. It has evolved from deeply-rooted beliefs and fears about drugs, drug users, and the effect of drug use on society.[17] On one side of the debate are the so-called "punitive prohibitionists," those who favor strict government control of drugs and strict punitive measures for discouraging drug use. On the other side of the debate are those who favor legalization, less government control and few punitive measures. Taking the middle ground are those who see the necessity for some control or regulating of drugs, punitive measures against some types of drug offenses, and decriminalization of drug use and drug possession for some types of drugs.[18]

HISTORY AND INFLUENCES ON STRATEGY DEVELOPMENT

In the past century public sentiment about drug abuse has gone from one of tolerance and concern to anger and fear. Employing a strategy of prohibition and punitive measures against drug traffickers, dealers and users, over time the nation has taken successively stronger measures to control drugs.

With passionate support from William Jennings Bryan, Congress passed the Harrison Narcotics Act in 1914. This was the first major legislation designed to provide strict controls on production and distribution of drugs in the United States and was prompted by what American

missionaries in China observed as the moral and social de-generation of society caused by opium.[19] Anti-drug crusaders, united by certitude and fervor with alcohol prohibitionists, began to dominate the public debate on drugs. Drug use and alcohol consumption were publicly condemned by a large part of U.S. society. Drug users came to be seen as either sinners, moral deviates, or as criminals. This was not always the case. In earlier times drug users and dealers alike were sometimes pitied but never censured. For example, the 1897 Sears and Roebuck catalog offered hypodermic kits and two vials of morphine for $1.50.[20] However, by the 1920s there was widespread support for both alcohol prohibition, and for punishing those in any way involved with drugs.

In 1930 President Hoover established the Federal Bureau of Narcotics. Its purpose, according to Harry Anslinger, America's first "drug czar," was to control drug supply, particularly from abroad.[21] Anslinger was instrumental in influencing public opinion about the evils of drug use, including marijuana. According to Anslinger, a person under the influence of marijuana could be provoked by "the slightest opposition, arousing him to a state of menacing fury or homicidal attack."[22]

By 1950 a clear link between drug use and crime was established in the public consciousness. Whereas drug addicts were viewed earlier as requiring medical treatment they were now regarded as criminals. It became conventional wisdom that the use of any illegal drug would lead to crime and that the use of milder drugs would certainly lead to the use of harder and more dangerous drugs. In 1956 the Narcotics Control Act raised mandatory minimum penalties for drug offenses and mandated the death penalty for the sale of heroin to a minor.[23]

The 1960s ushered in new phase in drug use, youth experimentation and the availability of new mind-altering drugs such as LSD. During this time President Kenney made an attempt to reform drug control policy and pressed for fewer punitive measures with more focus on education and treatment. For example, in 1966 the Narcotic Addict Rehabilitation Act was passed which started the first federal demand reduction program with the authorization of methadone treatment to combat heroin addiction.[24]

In 1969 President Nixon linked drug abuse and crime together as the centerpiece of his domestic policy agenda and he pushed for new and harsher laws and additional funding for controlling drugs. He expanded federal law enforcement organizations such as the Drug Enforcement Administration (DEA), to fight drugs and enacted the Comprehensive Drug Abuse Prevention and Control Act of 1970 which merged previous federal anti-drug regulations under one statute.[25]

Under Presidents Ford and Carter an attempt was again made to de-emphasize the tough law enforcement approach to drugs. For example, President Carter argued that penalties for possession of marijuana for personal use were more damaging to the individual than was the use itself. However, little changed and federal law enforcement budgets to combat drugs continued to escalate.[26]

Under President's Reagan and Bush the war against drugs, pursued less aggressively under Ford and Carter, was again brought to the forefront. In 1986 President Reagan signed National Security Decision Directive 221, declaring the drug trade a national security threat. He also secured an amendment to the Posse Comitatus Act, authorizing military support to civilian law enforcement and in 1989 Secretary of Defense Dick Cheney declared military support to counter drug operations to be a high-priority mission for the Department of Defense.[27]

President Bush declared a "war on drugs" and created the Office of National Drug Control Policy. Public attitudes toward drugs, drug dealers and users at this time were shaped by the rhetoric of the administration and its strong "law and order" message. William Bennett, President Bush's first "drug czar" told a national radio audience that he saw nothing morally wrong with beheading drug traffickers. Los Angles Police Chief Daryl Gates testified before Congress that casual drug users "ought to be taken out and shot." President Bush himself stated, "America cocaine users need to understand that our nation has zero tolerance for casual drug use."[28]

President Clinton tried to streamline the drug war bureaucracy and to place greater emphasis on treatment and prevention. However, he met with tremendous resistance from Congress and when he tried to merge DEA with the FBI, in a attempt to end duplication and turf wars in the anti-drug effort, Attorney General Reno objected strongly saying, "Downgrading the United States government drug enforcement effort from a single-mission agency to just one of ten divisions in the FBI would greatly disrupt our nation's drug effort."[29] The results of Clinton's attempts at drug policy reform were minimal. He succeeded in moving additional harsh anti-drug legislation off the agenda and minimized anti-drug rhetoric in the spotlight. However, the federal drug budget continued to grow and Plan Colombia, an initiative of the Clinton administration, leaves open the possibility of United States military involvement in Colombia.

Today, as a result of anti-drug legislation beginning with the Harrison Act in 1914, the United States has developed a national drug control strategy that purports to be "holistic" but arguably employs a strategy fixed on supply reduction and tough law enforcement. It's primary aim is to prohibit the supply of drugs, so Americans cannot find or cannot afford to use drugs; its secondary aim is to discourage those who consume drugs, mainly by penalizing them. Strict

laws have been enacted to control growing, producing, manufacturing or selling drugs. There are laws against drug use and drug possession. There is mandatory sentencing for drug offenders, in many cases with no chance for parole. For instance, the mandatory federal penalty for possessing five grams of crack cocaine is nearly seven years in prison, and there are other laws that strictly regulate drugs and drug paraphernalia.[30] For example, doctors are not permitted to prescribe certain drugs and pharmacists are not allowed to sell syringes.[31]

New federal, state, and local counter drug organizations have been formed, such as the Office of National Drug Control Policy, while others have been expanded or reorganized to fight against illegal drugs. President Clinton has elevated the post of Director of ONDCP to cabinet level. The Department of Defense now has a key role in assisting law enforcement and a budget of $847.7 million, and counter drug task forces have been formed at all levels of government.[32] In the current budget 66 percent is focused on supply reduction and only 34 percent on demand reduction.[33] The annual federal drug budget for law enforcement has grown from $53 million in the 1970s to $8.2 billion in 1995 and the United States has funded billions more to support international counter narcotics programs to eliminate the supply of drugs into the United States.[34]

STRATEGY FAILURES

In spite of the enormous resources, dedicated to controlling drugs and the amount of legislation enacted to control drugs success is arguable. Each administration is quick to point out indicators of progress. President Clinton declared that youth drug use was reduced 13 percent in 1997, drug-related murders were cut to the lowest point in a decade and coca cultivation in both Bolivia and Peru were significantly reduced.[35] General Barry McCaffrey, recently retired head of ONDCP, claimed substantial progress in the fight against illegal drugs during his tenure and stated that "Successful international counter narcotics efforts over the past few years has narrowed the drug syndicates' field of action and better interdiction has fragmented the large cartels."[36] However, failures are conspicuous.

Deaths associated with drug use are at a record level. In 1998, the last year of available statistics, 17,000 deaths were associated with drug use which is 1,000 more deaths than the previous year. Drug-related transmission of diseases such as HIV/AIDS and Hepatitis C continues to climb.[37] About one-third of cocaine destined for the United States is interdicted, yet the street price has been halved in the last decade.[38] Recently, coca cultivation was reduced in Bolivia and Peru but over a five year period increased 140 percent in Colombia.[39] In response the President has requested $1.3 billion in additional funding for counter-narcotics efforts

primarily in Colombia.[40] Heroin use, statically low in the United States compared to cocaine, is on the rise, especially among the young. This is particularly disturbing in that compared to coca cultivation, which takes about two years to mature and only grows in certain areas, poppies grow almost everywhere and can be harvested three times a year. Also, 80 percent of the world's opium poppies, used for making heroin, are cultivated in Burma and Afghanistan where the United States has little influence.[41] New more potent and less detectable drugs are being morphed from existing drugs, the most recent example being MDMA, commonly called Ecstasy. Each year the budget expands and additional resources are mobilized to fight a war on drugs that is continuously escalating.[42] Equally important as noted failures of the strategy is the probability that the strategy itself is spawning other problems.[43]

PROBLEMS CAUSED BY THE STRATEGY ITSELF

Domestically, real or perceived racial injustice in drug law enforcement is creating racial strife. For example, there is a 100 to 1 sentencing disparity for crack versus powder cocaine related offenses, which falls disproportionately on African-Americans.[44] Long standing U.S. democratic values and individual rights are being assailed with laws that permit confiscation of personal property, and law enforcement officers are under tremendous pressure to take short cuts by conducting unlawful search and seizures.[45] In another example, the current Methamphetamine Anti-Proliferation Act, if passed, will outlaw certain drug-related free speech, makes linking one's web site to certain web sites a federal crime, and will give law-enforcement officers broad new powers to secretly search people's homes and read their e-mail. High profits from drugs make these same law enforcement officers vulnerable to corruption.[46] Infectious diseases are infecting more people and spreading more rapidly as a result of strict governmental controls on syringes and methadone. According to the Center for Disease Control and Prevention, syringe sharing among injection drug users is associated with more than 250,000 HIV infections among American injection drug users.[47] Violent crime is being stimulated by competition for high profits and by drug addiction. Incarcerating non-violent drug users and drug possessors are creating over-crowded prisons and exposing drug users to violent criminals and a prison culture that encourages further drug use and more serious crime after release.[48]

Internationally, goodwill for the United States is being strained by drug control policies that reward nations who support U.S. drug control strategy and punish those who do not. For example, Section 490 of the Foreign Assistance Act requires nations to certify compliance with U.S. drug control policies before receiving some types of U.S. aid.[49] At the same time the

United States seems powerless to reduce the demand for drugs in the U.S. that, in the eyes of the world, seems to be causing the problem in the first place. Developing nations are struggling under corruption, the result of high profits from the drug trade. Corruption is pervasive and permeates all levels, from the lowly border guard to the military forces and national leaders of a country as in the case of Panama under Manuel Noriega.[50] The strategy is empowering transnational organized crime and nascent insurgencies by producing high black market profits, in much the same way but on a grander scale, than prohibition did in earlier times.[51] Successful U.S. Crop eradication efforts are spreading drug economies and weak countries are being torn apart by a combination of the U.S. demand for drugs, that encourages a drug economy, and U.S. counter drug policies that punishes cultivation and production of drugs.

DEMAND REDUCTION OPTION

Most experts today recognize that the drug problem will not come under control until ultimately the demand for illegal drugs and drug abuse is reduced in the United States. For example, in his Senate Confirmation Hearing, Secretary of Defense Donald Rumsfeld stated, "If demand persists, it's going to get what it wants. And, if it isn't from Colombia, it's going to be from someplace else."[52] To better address the real source of the nation's drug problem, it's demand for illegal drugs, and to minimize harms created by the strategy itself, funds and emphasis could be shifted from supply interdiction to concentrate more on reducing the demand for drugs in the United States. With additional funding more resources could be brought to bear on new initiatives and on on-going programs to prevent drug use and treat drug abusers.

More emphasis could be placed on drug-free workplace programs. Through aggressive random testing and a zero toleration policy the military services have fixed their drug problem. With government incentives many, if not all, occupations could follow suit.[53] The nation's youth are particularly susceptible to the lure of illegal drugs. More extracurricular school programs could be developed for after school when many parents are working. Current research efforts into risk factors for drug use, mechanisms of addiction and medications for drug addiction could be expanded. Other initiatives such as training for substance-abuse professionals, drug courts that refer some offenders to community treatment instead of jail, and services for pregnant women, would benefit from a concentration on demand reduction.[54]

Shifting resources to reducing the demand for drugs is moving in the right direction. If the demand for drugs is eliminated then the drug problem is eliminated. There is also some growing support for this approach in Congress and it is slowly becoming more politically acceptable for policymakers to recognize and acknowledge the role demand plays in controlling

drugs.[55] There are already programs with proven success at reducing demand in previous drug users for some types of drugs, such as methadone maintenance for heroin users. With an increased emphasis on demand reduction it could be possible to reduce or eliminate the role of the military. This would eliminate the Posse Comitatus and readiness debates and free up additional funds.[56]

However, all things considered, the real problem is determining what can be done to stop people from abusing drugs and using illegal drugs? More funds and research could be put into addressing factors that contribute to drug use, such as poverty. The trouble with focusing on demand is that the reasons for drug use and abuse are complex and different for each drug user. Also, this approach does not address what to do about supply reduction. Simply doing less to reduce the supply of drugs does not fix any of the problems caused by the current strategy and could worsen matters by making illegal drugs more available.

SUPPLY REDUCTION OPTION

Contrary to shifting resources to reduce the demand for drugs is accepting risk on the demand side and shifting resources to combating the supply of drugs through an aggressive and persistent strategy of attacking drugs at the source and in transit, through nation assistance and international cooperation. In this approach, resources shifted from demand reduction programs and even domestic law enforcement would be used to stem the flow of drugs into the United States while a more long-term strategy is developed for reducing the demand for drugs.

Most illegal drugs used in the United States come from South America or overseas and only recently have new vulnerabilities been identified in the international drug syndicates that traffic in illicit drugs. With additional funding and resources and with a shift in focus to more aggressively seek international solutions these vulnerabilities could be more fully exploited.[57] International drug syndicates probably devote as much energy and ingenuity to finding ways of legitimizing their profits as they do processing and moving drugs. Working with other governments and the international banking system to uncover money-laundering schemes has the potential to yield results not seen to date.[58]

The Achilles heal of drug production is precursor chemicals. Precursors are those chemicals needed to refine, produce or manufacture some types of illicit drugs. Fortunately, they are usually found only in trace amounts, at few locations, and have few legitimate uses. Controlling the manufacture and distribution of precursor chemicals is essential to limiting illicit drugs worldwide. A concerted effort with other nations to better regulate these chemicals could limit the production of drugs.[59]

Drug syndicates work best when they work in the shadows. Exposing drug traffickers to international scrutiny reduces their ability to intimidate or corrupt developing nations. A sustained, collective effort by of a coalition of governments, or through the United Nations, aimed at exposing the leaders and schemes of international drug syndicates could severely handcuff the operations of the drug syndicates and limit their freedom to influence developing nations.[60]

The problem is, based on results to date; shifting resources to focus more on counter-drug trafficking would probably have little effect. For example, with its 12,000 miles of coastline and unprotected borders no amount of money will stop illegal drugs from coming into the United States.[61] Also, because drugs can be grown and refined in many places it stands to reason that the U.S. will not be able to stop the cultivation and refinement of drugs would-wide no matter how Herculean the effort. Finally, supply reduction has been the focus of the nation's counter drug strategy since the Hoover administration and success at eliminating the supply of drugs appears no closer today than it did decades ago.[62]

Efforts to foster international cooperation focused on unexploited vulnerabilities in international drug syndicates may yield results. However, making a sustained effort with a coalition of governments, each with it's own agenda, it's own internal policies on drug control and it's own set of challenges, is at best a hope. Also, commercial concerns act to reduce control of precursor chemicals. Another problem with this approach is that it would require greater participation of the Armed Forces and at a time when policymakers and the military are concerned about the impact of current military commitments on readiness.[63]

THE REAL PROBLEM: STRATEGY FLAWS

"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."[64] This parody of a popular nursery rhythm captures the argument of those disillusioned with the current strategy. They argue that policy failures do not result from committing to few resources, poor leadership, or faulty implementation but from unrealistic policy expectations and flaws in the strategy that will continue to produce failure regardless of leadership, resources, or operational efficiency.[65] They see the objective of "a drug free America," as articulated in the 1988 Anti-Drug Abuse Act, as unachievable and that defining success by numbers of people using drugs, as in the current goal of reducing drug use by 50 percent by 2007, as using the wrong measure of effectiveness.[66] Moreover, that several fatal flaws built into the strategy itself undermines efforts to control drugs.[67]

First, the current strategy does not recognize the nature of the drug trade as a business, subject to the laws of supply and demand. Illegal drugs are in high demand, easy to grow, refine and ship, and are very profitable. The strategy makes drugs less available by outlawing them. This drives up the price, which increases profits for drug sellers. In other words, the strategy produces high profits for a product already in high demand, similar to liquor sales under Prohibition.[68]

Second, the strategy spreads and amplifies the drug problem. When the U.S. eliminates a foreign source of supply through its international supply-reduction program, drug producers simply move to another country. For example, U.S. pressure on coca and poppy production in Peru and Bolivia drove production into Colombia and now pressure on Colombia is pushing production into Colombia's neighbors.[69] This same flaw is at work in the uncovering of transit routes. Once a drug transit route is discovered and eliminated drug traffickers simply move to another one.[70]

Third, the strategy is based on public attitudes about drugs and drug users and not on scientific research about the causes of drug abuse and the best way to minimize the effects of drugs on society. Drug control is a highly charged issue. Drug hate is a subject everyone agrees on and no one wants to appear to be "soft on drugs." For example, many Americans define the use of most drugs as criminal and morally wrong and see stopping all illegal drug use as the government's task. Many also believe coercion and punishment, against dealers and users alike, is the appropriate means of dealing with the drug problem.[71] In this climate of "righteous anger" even debating alternative drug policies is political suicide. The consequence is a flawed drug strategy.

Fourth, the strategy is flawed in using punishment to deter individual drug users. Although some funding has gone into prevention and drug treatment programs this part of the strategy is at best ancillary.[72] Most drug arrests in the United States are against drug users and not drug traffickers; in statistics from the 1980s approximately 25 percent of drug arrests were against traffickers and approximately 75 percent were against drug users.[73] While the strategy is successful at incarcerating many otherwise law biding citizens no studies have been conducted to determine if criminalizing drug use actually reduces the number of drug abusers or the effects of drug abuse of society. Also, criminalizing drug use could be magnifying the effects of drug abuse on society in that it appears to discourage drug abusers from seeking treatment.[74]

Finally, the current strategy is flawed in that it fails to provide unity of effort. While it succeeds at marshalling tremendous resources to combat drugs, it fails to address overall responsibilities for planning, coordinating, or executing drug control efforts at the national level.

Also, although it provides guidance in some areas, the current strategy does not address command responsibilities or relationships at either the strategic or operational levels. The result is that tactical level execution is not coordinated into an overall integrated effort; agencies are required to coordinate with other agencies for resources outside their authority; there is no resolution of competing or conflicting requirements, and no prioritization of resources. [75]

THE HARM REDUCTION ALTERNATIVE

Another approach, one that attempts to address problems caused by the current strategy follows the "harm reduction" or "public health" paradigm.[76] All strategies try to reduce the harms caused by drug abuse. The difference between the current strategy and a "harm reduction" one is that policy goals in a harm reduction strategy would not be framed in terms of numbers of people using drugs, but in a way that recognizes the constancy of drugs. The strategy would not be a punitive one aimed at eliminating the supply and use of drugs but at minimizing the impact of drug use and abuse on public health.[77] Harm reduction means focusing less on the drugs themselves, less on prohibition, less on enforcing laws against drug users, and more on minimizing the effects of drug use on the individual and on society. Decriminalization, to some degree, is a key element of harm reduction. The harm reduction paradigm determines ends, ways and means by its effect on public health and deliberately attempts to correct what proponents call the "unintended consequences" of the current strategy. [78]

Using the harm reduction strategy black market profits and the artificially raised price of drugs created by strict prohibition of drugs would be neutralized by government regulation of some drugs.[79] U.S. relations with other nations would not be framed by the drug war. In a "harm reduction," not "counter-drug," strategy some crimes would be decriminalized, not to promote drug use but to encourage those in need to seek assistance. Simple possession of selected drugs, such as marijuana, would be taxed as cigarettes and alcohol currently are. Those who sell drugs to other adults would not be treated in the criminal justice system on the same level as violent criminals. Mandatory sentencing for drug offenders would be eliminated, and people would not be incarcerated for possessing small amounts of any drug for personal use.[80]

Paramount to the strategy is that resources currently focused on countering drugs would be shifted to mitigating the effects of drug abuse with the goal of improving public health. The public health care system would be changed to make comprehensive health care, including drug prevention and treatment services, available to the poor. Also, federal funds would be used to assist state, community and non-governmental organization sponsored urban programs

to combat conditions contributing to drug abuse. With its twin pillars of prevention and treatment, the harm reduction strategy shares some of the tenets of demand reduction. However, it differs in many ways as discussed below.

PREVENTION

Goals under a harm reduction strategy would not simply be "no use of drugs" but would also address the social consequences of drug abuse. For example, prevention strategies would suspend judgment of drug abusers and regard them with some element of understanding, similar to the way alcoholics are treated today. Goals would include not only preventing drug use, but also on preventing the use of more harmful drugs and on deterring more hazardous drug habits such as needle sharing. Drug users would be treated differently from those who abuse drugs or are addicted to drugs. Expanded education programs would stop aiming at "zero tolerance" and would provide accurate information about the effects of drugs. For those who persist in using drugs, education programs would also provide information on combinations of drugs that are dangerous, using drugs safely, and avoidance of infectious diseases. Drug prevention incorporated into other programs, such as those dealing with sexually transmitted diseases, family counseling/intervention, teen pregnancy, child care, welfare and a host of others, would not only educate but provide concrete information about where to seek help. Backed by strict laws about drug use, impairment, and public activities that effect others, such as driving while impaired, law enforcement organizations would look more at preventing the social consequences of drug use and less on capturing drug users. Employee drug testing programs that reveal little about whether our not a person is impaired would be eliminated. [81]

TREATMENT

Expanded harm reduction treatment programs would treat drug abusers as patients, not as criminals and would provide incentives for drug abusers to seek treatment. Advocates for harm reduction believe that, in many cases, there is no "cure" for drug abuse and would focus on realistic treatment goals to prevent recalcitrant drug abusers from getting worse and to minimize the damaging behaviors of drug addicts on society. For instance, methadone maintenance and other treatments would be made more accessible and available.[82] Doctors would be allowed and encouraged to prescribe whatever drugs work best. Drug abusers would be treated and the public health consequences would be minimized because drug users would not be forced to hide instead of seeking treatment. For example, women who use drugs during pregnancy are subject to strict legal consequences. This discourages drug-using women from seeking prenatal care, drug treatment and other social services.[83] Under a harm reduction

approach even hard-core drug addicts would get the drugs they need and in the right dose and purity without fear of overdosing. Harm reduction advocates point out that drug users could stay out of jail, get treatment on an outpatient status, and possibly even continue working jobs as they are treated.[84]

Two public health examples illustrate how this strategy might work. Methadone Maintenance Treatment (MMT) is the most effective known treatment for heroin addiction. There are 115,000 methadone maintenance patients in the United States. It is cost effective, reduces the criminal behavior associated with illegal drug use, promotes health, and improves social productivity. However, under Federal law MMT is currently restricted to specialized methadone clinics. For many reasons, including the stigma of going to a methadone clinic, not all heroin addicts eligible for MMT make use of the program. Many more could be reached through physician prescribing and through Limited Service Methadone Maintenance for patients who cannot or will not access methadone clinics.[85]

In another example, federal laws limit syringe exchange programs and possession of drug paraphernalia. However, The U.S. National Commission on AIDS has concluded that "Legal sanctions on injection equipment do not reduce illicit drug use, but they do increase the sharing of injection equipment and hence the spread of AIDS." An estimated savings of over $500 million in health care costs could have resulted between 1987 and 1995 if the federal government had implemented syringe exchange nationally.[86]

THE ARGUMENTS AGAINST HARM REDUCTION

Not everyone agrees this is the right solution. For instance the National Drug Control Strategy summarizes that the real intent of those who favor a "harm reduction" strategy is the legalization of drugs. Also, that those supporting this strategy underestimate the danger of drugs, that "addictive drugs were criminalized because they are harmful; they are not harmful because they were criminalized."[87] A connection between crime, other social evils and the use of drugs is conclusive. Many crimes including murder, assault, rape and robbery are committed by persons under the influence of drugs and sometimes with the intent of getting money for more drugs.[88] Substance abuse is frequently a contributing factor in family violence, sexual assaults, and child abuse. The economic loss from drugs to the United States in 1995 is estimated to be at $110 billion. Medial emergencies in 1998 directly related to using an illegal drug is estimated at over 500,000 visits to hospital emergency rooms.[89] In spite of these facts, those wishing for a "harm reduction" strategy would make drugs more available.[90]

For years the United States has, through diplomacy and coercion, attempted to garner international support for a drug strategy that actively attacks international drug syndicates and seeks to eliminate cultivation, production and transit of illegal drugs from abroad. Dramatically changing the nation's policies on drug control to de-emphasize prohibition could create the perception that the United States is weakening in its resolve to reduce the threat of drugs internationally. Repercussions of this could also set back the nation's cooperative international efforts to eliminate other transnational threats such as international crime and terrorism.[91]

By almost every measure of effectiveness, a harm reduction strategy could be less effective and create more problems simply because drugs would be more available, less costly and have less stigma attached to their use. Concisely, a harm reduction strategy could produce the opposite of its intended effect. Attempting a harm reduction strategy is unquestionably risky and could undo decades of unwavering perseverance in countering drugs. The paradox is that as more resources are poured into countering drugs and as tougher laws are enacted for using, dealing or trafficking in drugs, the more the nation seems to be losing ground in the drug war. Drugs are spreading and getting worse. How long can the United States afford to pursue the current failing strategy?[92]

THE COUNTER ARGUMENT: LOOKING TO THE FUTURE

Those favoring a harm reduction strategy say that in the next decade domestic harms produced by the current strategy will sough greater fear, discontent and discord.[93] Prison populations will continue to grow with the addition of more non-violent drug abusers. Epidemics from Hepatitis C and HIV/AIDS may worsen. International drug traffickers will get richer and even more powerful. The ability of the United States to promote democracy and human rights abroad, a core objective of the National Security Strategy, will diminish. For example, recently President Jorge Batlle of Uruguay, called for other Latin American leaders to join him in opposing U.S. imposed drug policies.[94] U.S. troops could be committed to an insurgent war in Colombia. Already, Plan Colombia, part of the fiscal year 2001 federal drug budget, commits $1.3 billion in largely military aid to Colombia, a country with an unemployment rate of 20 percent, rampant corruption and where torture and murder by government forces goes unpunished.[95] It is uncertain how much longer the U.S. public will support the current strategy.

Discontent with the current strategy, originally confined to fringe elements, is growing. Most Americans today condemn the use of drugs and favor the current strategy.[96] However, support could erode as the harms caused by the current strategy worsen or become more evident. For instance, even today judges are required by law to hand down mandatory

sentences, sometimes against their own judgment. Doctors cannot prescribe certain drugs, which in their opinion are necessary. Many African-Americans today see inequity in the way justice is dispensed. Some public officials see law enforcement, prison and public health costs rise and say the current strategy is failing.[97] As public discontent with the present strategy becomes mainstream so could anger and frustration about strategy results. The consequence could be greater fear and social unrest, and an opportunity lost to effect change now.

CONCLUSIONS AND RECOMMENDATIONS

Little is still known about what causes people to take or abuse drugs, especially illegal drugs. The clergy, scientists, sociologists, politicians, and others, debate whether it is environment, heredity, a psychological or a physiological need, weakness, choice, or even sin, that prompts people to abuse drugs. Could it be the drugs themselves that are the problem or the drug dealers? And, why are so many people, from every walk of life, violating the law? These rhetorical questions are not intended to blur the issue of drug abuse but to illustrate that no one has all the answers on the best way to protect American citizens from the effects of illegal drugs and drug abuse. Consequently, the most important element to any approach to controlling drugs is not the amount or type of resources marshaled to pursue it but how the debate is framed about what the best strategy is.

What is essential to developing, changing, or refining any strategy is consideration of its merits based on desired outcomes. Value judgments about the use of drugs, which has shaped the present strategy, are important, but should not limit seeking alternatives as it has in development of the current strategy.[98] Drugs are a fact of nature, by themselves neither bad nor good; and they are here to stay. It is time to debate the merits of the current strategy and any future strategy on what is best for the country and not on the evil of drugs or the rightness or wrongness of using drugs.

Arguably, the current strategy is not working and will not work. Conversely, a harm reduction strategy is not without risk and may worsen instead of mitigate the nation's drug problem. Nevertheless, as drug-control strategy is debated the present strategy should not remain unchallenged. It is time for a national debate to judge the flaws in the current strategy and the merits of a harm reduction strategy. Using the harm reduction paradigm for drug strategy formulation offers a suitable, feasible and acceptable alternative course of action, and deserves to be included in any serious debate on national drug control strategy.

WORD COUNT = 7,010

ENDNOTES

[1]Pliny the Elder, Natural History, 20th edition. (London: Harvard University Press), 1961, 114. Quoted In Karl A. Sporer, "Acute Heroin Overdose, Annals of Internal Medicine, 4. 6 April 1999. 130:584-590." In Heroin Overdose, Research and Interventions. The Lindesmith Center, New York.

[2] Tony Newman, "Outgoing Drug Czar Issues Final Report Claiming Substantial Progress; Critics Say Drug War Has Failed, New Standards are Needed," 4 January 2001; available from < http://www.lindesmith.org.html>; Internet; accessed 5 January 2001.

[3] Barry R. McCaffrey, National Drug Control Strategy: 2000 Annual Report (Washington D.C.: U.S. Government Printing Office, 2000), 7.

[4] Shadow Conventions 2000; available from < http://www.shadowconventions.com/drugpolicy/mission.html >; Internet; accessed 29 September 2000. Shadow Conventions 2000 was the result of conversations between Arinna Huffington, syndicated columnist and author, numerous other authors, and political analysts. Two Shadow Conventions took place. Each was conducted simultaneously and in the same cities as the Republican and Democratic Conventions respectively. The focus of the conventions was on generating open debate on national issues such as drugs, campaign reform and responsible leadership. The information on how drug resources can be used better is from: "The Need For Drug Policy Reform: A Response To The Failed War On Drugs." This is a statement of policy, not accepted by all, but drafted, author unknown, to create debate on U.S. drug policy.

[5] McCaffrey, 93.

[6] Ibid., 31-36.

[7] William J. Clinton, A National Security Strategy for a New Century (Washington, D.C.: The White House, December 1999), 1, 15.

[8] Ibid., 3-4.

[9] Peter Andreas et al., Drug War Politics, The Price of Denial (Los Angles, California: University of California Press, 1996), 105.

[10] McCaffrey, 4-6.

[11] Clinton, 15.

[12] McCaffrey, 4-6.

[13] Ibid., 3.

[14] Ibid., 4.

[15] McCaffrey, 5-6. Additional details on the five goals and thirty-two supporting objectives of the National Drug Control Strategy are contained in an insert to the annual report.

[16] Barry R. McCaffrey, The National Drug Control Strategy, 1998: Budget Summary (Washington D.C.: U.S. Government Printing Office, 1998), 8. A chart on this page breaks down the entire FY 1998 drug control budget by percent of drug funding by goal.

[17] Andreas, 104-105.

[18] Harry Levine, "Drug Prohibition and Demonization in the Twentieth Century," available from < http://www.lindesmith.org.html >; Internet; assessed 3 January 2001.

[19] Andreas, 65.

[20] Ibid., 61-62.

[21] Ibid., 79.

[22] Ibid., 81.

[23] Ibid., 84-85.

[24] Ibid., 88.

[25] Ibid., 106.

[26] Ibid., 109-110.

[27] Ibid., 104.

[28] Ibid., 115-116.

[29] Ibid., 121.

[30] Levine.

[31] Levine.

[32] McCaffrey, The National Drug Control Strategy, 1998: Budget Summary, 29.

[33] Ibid., 11.

[34] Ibid.

[35] McCaffrey, National Drug Control Strategy, 2000 Annual Report, iii.

[36] U.S. Department of State, International Narcotics Control Strategy Report (Washington, D.C., Department of State Publication 10605, March 2000), 35-52.

[37] Newman.

[38] George Will, "Demand Dooms Drug War," Washington Post, 3 Feb 2001, sec 1A, p. 4.

[39] Ibid.

[40] McCaffrey, National Drug Control Strategy, 2000 Annual Report, 93.

[41] U.S. Department of State, 50-53.

[42] McCaffrey, The National Drug Control Strategy 1998: Budget Summary, 30.

[43] Andreas, 32-54. Andreas, Bertram, Blanchman and Sharpe argue that the current national strategy on drug control is producing significant collateral damage.

[44] Shayna Samuels, "Ashcroft Far out of Touch with American Voters on Drug Policy," 16 January 2001, available from <http://www.lindesmith.org/lindesmith.org.html>; Internet; accessed 20 January 2001.

[45] Andreas, 46.

[46] Samuels.

[47] Ibid.

[48] Andreas, 220.

[49] U.S. Department of State, 41.

[50] Ibid., 17.

[51] Ibid.

[52] Will.

[53] Russell J. DeLuca, An Analysis of the National Drug Control Strategy: Are We Winning the War or is it Time for Change? Strategy Research Project (Carlisle Barracks: U.S. Army War College, 1998), 23. Lt Col Deluca argues that the country should gradually shift more money from supply interdiction to demand reduction.

[54] McCaffrey, National Drug Control Strategy, 2000 Annual Report, 54-59.

[55] Will.

[56] Deluca, 22.

[57] U.S. Department of State, 42.

[58] Ibid.

[59] Ibid.

[60] Ibid., 52.

[61] Deluca, 21.

[62] Will.

[63] Ibid., 23.

[64] Andreas, 3.

[65] Ibid., 9.

[66] McCaffrey, National Drug Control Strategy, 2000 Annual Report, 4.

[67] Andreas, 9.

[68] Ibid., 11-22.

[69] Will.

[70] Ibid., 19.

[71] Will.

[72] McCaffrey, The National Drug Control Strategy, 1998: Budget Summary, 8. The conclusion that drug prevention and treatment programs are ancillary is drawn from the fact that only 34% of the annual budget is focused on programs other than supply reduction.

[73] David Sadofsky Baggins, Drug Hate and The Corruption of American Justice (Westport, Connecticut: Praeger publishers, an imprint of Greenwood Publishing Group, Inc., 1998), x.

[74] Andreas, 33.

[75] McCaffrey, National Drug Control Strategy, 2000 Annual Report, 5-6. Pages 5-6 focus on the goals of the strategy. This, in conjunction with a review of the entire strategy highlights the many governmental and non-governmental organizations at national, state and local levels, involved in combating drugs. While the ONDCP is responsible for national policy and strategy no command or support chain exists to develop plans or coordinate the overall effort.

[76] LaMond Tullis, Unintended Consequences, Illegal Drugs & Drug Policies In Nine Countries (Bolder, Colorado: Lynne Rienner Publishers, Inc., 1995), 5.

[77] Andreas, 26-28.

[78] LaMond Tullis, 208.

[79] Ibid, 57.

[80] Shadow Conventions 2000.

[81] Andreas, 205-215.

[82] Ibid.

[83] "Cocaine & Pregnancy," The Lindesmith Center, (January 1999): 2.

[84] "Methadone Maintenance Treatment," The Lindesmith Center, (October 1997): 2.

[85] Ethan A. Nadelmann, "Don't Get Carried Away," Los Angles Times, 19 September 1999, sec 1C, p.6.

[86] "Methadone Maintenance Treatment," 2.

[87] McCaffrey, National Drug Control Strategy, 2000 Annual Report, 49.

[88] Ibid.

[89] Ibid., 26.

[90] Ibid, 49.

[91] Ibid., 84.

[92] LaMond, 68.

[93] Shadow Conventions 2000.

[94] Al Giodano, "Uruguay President Says Legalize Drugs," 22 December 2000, available from http://www.lindesmith.org.html>; Internet; accessed 3 January 2001.

[95] Will.

[96] McCaffrey, National Drug Control Strategy, 2000 Annual Report, 9.

[97] Nadelmann.

[98] Ibid.

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