

**STRATEGY
RESEARCH
PROJECT**

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**A RELOOK AT THE NATIONAL DRUG CONTROL STRATEGY:
SUPPLY VERSUS DEMAND**

BY

**COLONEL VIRGIL W. COOK, JR.
United States Army**

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A Relook at The National Drug Control Strategy:

Supply versus Demand

by

Colonel Virgil W. Cook, Jr.
United States Army

Colonel Thomas R. Carstens
Project Advisor

U.S. Army War College
Carlisle Barracks, Pennsylvania 17013

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ABSTRACT

AUTHOR: VIRGIL W. COOK, JR. (COL), USA

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The purpose of this paper is to outline how the federal government could improve the National Drug Control Strategy. By reviewing the ends, ways, and means of past drug control strategies, this paper suggests that it is time for the federal government to shift existing resources from supply reduction to demand reduction programs. It reviews the Presidents drug control budget requests since the 1988 Anti-Drug Abuse Act. It points out the limitations of supply reduction efforts and how they have failed to reduce drug abuse. It provides compelling evidence that demand reduction is more cost-effective than supply reduction. Demand reduction programs work but they need priority and more funding support. The author concludes that the federal government could improve the National Drug Control Strategy by concentrating on demand reduction.

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Overview

The first principle is that the ultimate substance of enemy strength must be traced back to the fewest possible sources, and ideally to one alone. The attack on these sources must be compressed into the fewest possible actions -- again, ideally, into one. Finally, all minor actions must be subordinated as much as possible. In short the first principle is: act with the utmost concentration.¹

— Carl von Clausewitz

The President's budget requests for drug control have shown a generally steady increase over the past decade. The actual budget increase from fiscal year 1985 to fiscal year 1998 is approximately sixfold. The budget for fiscal year 1985 was \$2.7 billion while the request for fiscal year 1998 is almost \$16 billion.² However, the persistence of high levels of drug use combined with the rising trend of drug use by America's youth indicate that it is time for the federal government to relook the National Drug Control Strategy.

Since Congress passed the 1988 Anti-Drug Abuse Act (Public Law 100-690), the federal government has spent almost \$120 billion to develop and implement the national drug control strategies.³ This law requires the President to produce a comprehensive strategy detailing the resources required for drug control. Also, it mandates that the programs in the strategy be classified as supply or demand reduction. Each year the federal government decides how much money to spend on supply reduction versus demand reduction programs.

Although the law mandates a balanced approach and the language in each of the strategies has suggested a balanced approach, the dollars for the drug control budget have been disproportionately weighted to support supply reduction. Despite receiving most of the drug control dollars, the supply reduction programs have failed to

significantly reduce drug abuse in the United States. At the same time, too few dollars have been allocated to demand reduction. There is compelling evidence that demand reduction programs work but require more funds to significantly impact drug abuse.

The purpose of this paper is to outline how the federal government could improve the National Drug Control Strategy, hereafter referred to as 'the strategy'. By reviewing the ends, ways, and means of past strategies, this paper suggests that it is time for the federal government to shift existing resources from supply reduction to demand reduction programs. It reviews the President's drug control budget requests since the 1988 Anti-Drug Abuse Act. It points out the limitations of supply reduction efforts and how they have failed to reduce drug abuse. It provides compelling evidence that demand reduction is more cost effective than supply reduction. Demand reduction programs work but they need priority and more funding support. Finally, the author concludes that the federal government could improve the strategy by acting with the utmost concentration on demand reduction while subordinating supply reduction as much as possible.

National Drug Control Budget

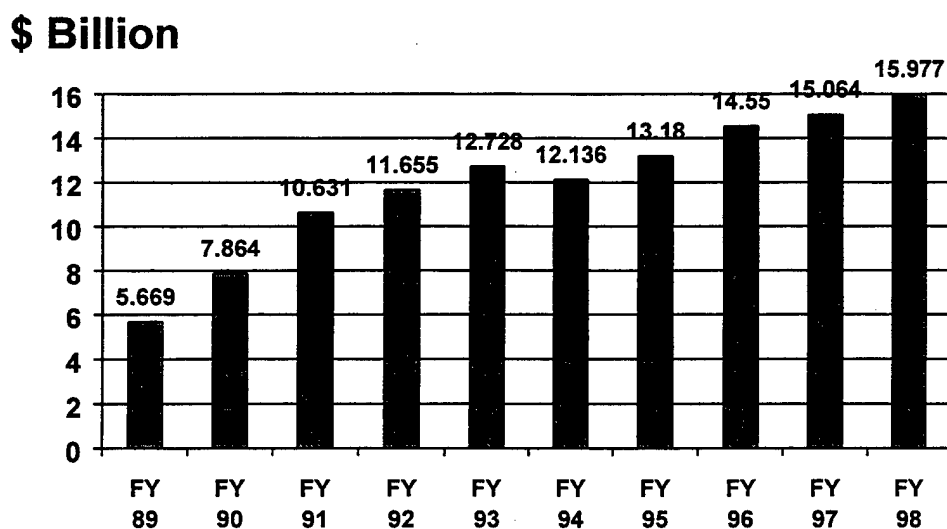
During both Republican and Democratic administrations, the Presidents' budget requests for the national drug control strategy have shown a generally steady increase over the past ten years. This trend reflects rising public concern about drug abuse. In 1996, two-thirds of the public thought that drug abuse was worse than five years before.⁴

The budget request for drug control doubled during the Bush Administration. President Bush's fiscal year 1989 (FY89) budget, the first since Congress passed the

1988 Anti-Drug Abuse Act, was almost \$5.7 billion.⁵ During the remainder of his administration, he increased his drug control budget request each year. He requested nearly \$7.9 billion for FY90,⁶ \$10.6 billion for FY91,⁷ and almost \$11.7 billion for FY92.⁸

During the Clinton Administration, the national budget request increased 26 percent from FY93⁹ to FY98¹⁰ with increases each year except for FY94.¹¹ President Clinton requested almost \$13.2 billion for FY95,¹² about \$14.5 billion for FY96,¹³ and more than \$15 billion for the first time for FY97.¹⁴ Over the years, Congress has supported increasing the budget for drug control.¹⁵ Figure 1 illustrates these drug control budget requests.

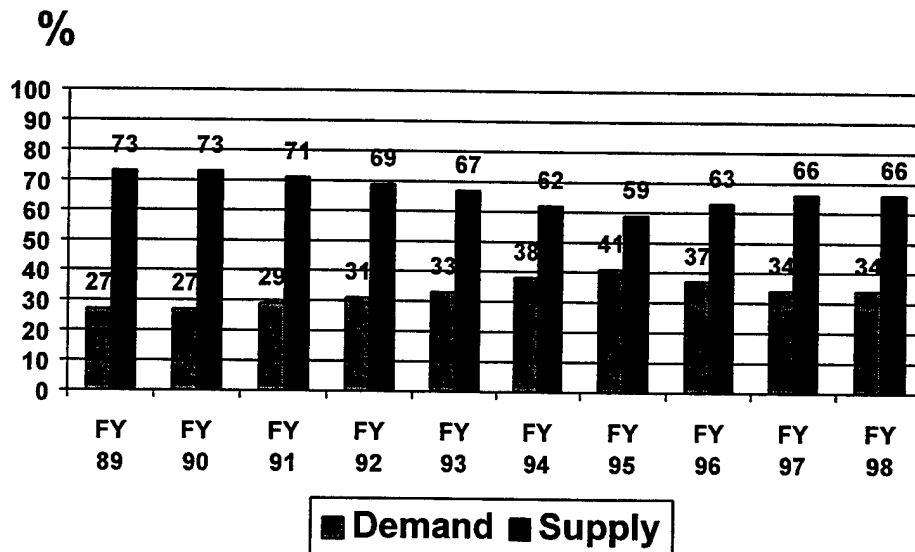
Figure 1. President's Budget Requests for Drug Control Strategy



While the drug control budget has steadily increased over the past ten years, the federal policy for spending the drug control dollars has consistently favored supply reduction efforts. Supply reduction efforts have focused on law enforcement, eradication, interdiction and international support programs. On average, the dollars for these programs consume approximately two-thirds of the drug control budget.

Only one-third of the drug control dollars goes to demand reduction efforts. Demand reduction efforts focus on prevention, treatment and community support programs to reduce drug abuse. Figure 2 shows the percentage of the drug control budget requested for supply and demand reduction over the past ten years. It illustrates graphically that the federal policy has consistently favored supply reduction. Unfortunately, there is evidence that this policy has failed to reduce illegal drug production or drug abuse.

Figure 2. Percent of Budget for Demand and Supply Reduction



Limited Impact of Supply Reduction

With just a glimpse, the supply reduction approach to reduce drug abuse appears compelling. The argument follows this logic: reducing the supply would drive up the price of illegal drugs on the streets deterring casual users and forcing hard-core users to quit or seek treatment. Ideally, if you eliminate the supply of drugs, then you eliminate the drug abuse problem. This logic is appealing if you assume that the United States has the wherewithal to eliminate or even reduce the supply of illegal drugs using its law enforcement, eradication, interdiction, and international support programs. Too few people have actually examined this approach. The assumption that the strategy must have robust supply reduction programs to reduce drug abuse is faulty.

Past efforts to suppress drug production and illicit drug trade simply caused producers and traffickers to set up operations elsewhere to meet the demand. Production spread to new regions and trafficking shifted to new routes. For example, the drug control efforts during the seventies against heroin in Turkey led to increased heroin production in Southeast Asia, Afghanistan, and Mexico. In South America, the successful disruption of the 'air bridge' from Peru to Colombia led to a switch to river routes.¹⁶ During the eighties when U.S. efforts reduced the smuggling of cocaine in southern Florida, traffickers began making air drops in the Caribbean for pickup by boat. When detected, they shifted to routes through Mexico and then to new routes in the Pacific. A U.S. Coast Guard Officer described the situation this way: "When you press the balloon in one area, it pops up in another...It's a market economy; with demand as it is in the U.S., they have plenty of incentive to try other routes."¹⁷

Spending more federal dollars for supply reduction has not made an appreciable impact. In 1995 the Administrator of the Drug Enforcement Administration (DEA) told Congress that the availability and purity of cocaine and heroin were at an all time high. "Despite a fivefold increase in federal expenditures for supply reduction efforts since 1986, cocaine is cheaper today than it was a decade ago. Heroin is sold on the streets for \$10 a bag at purities exceeding 60 percent compared to less than 30 percent in 1990."¹⁸

Although many agencies of the United States have made considerable efforts and expended many resources over the years to reduce the supply of illegal drugs, the price of drugs has not changed. According to a Government Accounting Office (GAO) report to Congress, the average price of cocaine has remained relatively constant from 1988 to 1995. The national retail price for one kilogram of cocaine ranged from \$11,000 - \$34,000 in 1988 to \$10,000 - \$36,000 in 1995. Similarly, the average price of a kilogram of heroin has remained relatively constant since 1990.¹⁹

The availability of cocaine from 1989 to 1995 has been more than sufficient to meet the demand in the United States despite interdiction efforts. Reports estimated cocaine production at 780 metric tons in 1995. Officials seized 230 metric tons worldwide. Therefore, 550 metric tons remained available to meet the demand in the United States. That is more than enough because officials estimate the U.S. demand to be about 300 metric tons.²⁰

The story for heroin availability from 1990 to 1995 is about the same. Reports estimated heroin production at 365 metric tons in 1995. Officials seized 32 metric tons leaving 333 metric tons of heroin available to meet the demand. This, too, is more than

enough because the heroin demand is estimated at only 10-15 metric tons in the United States.²¹

The current 'drug czar', General Barry McCaffrey, has criticized the level of funding proposed by the Department of Defense (DoD) for the fiscal year 1999 drug control budget. General McCaffrey indicated that the Department of Defense budget proposal was inadequate to implement the drug control policy. DoD supports the drug control strategy by providing intelligence, detection and monitoring, logistics, and training to domestic and foreign law enforcement organizations for interdiction of illegal drug trafficking. General McCaffrey claimed that DoD needed to add \$141 million to enhance operations against traffickers in the Andes, Mexico, and the Caribbean and U.S. border areas.²² General McCaffrey's criticism seems reasonable considering the insignificant impact that interdiction has had on reducing cocaine and heroin supplies over the past ten years. However, it is likely that increasing the funding for interdiction efforts will not make much difference because the drug business adapts too quickly. The factors of time, alternative options, and legal constraints favor the drug traffickers. The example of frustrated interdiction efforts during the war in Vietnam illustrates the point.

Despite escalation of efforts and technical superiority, U.S. military interdiction failed to stop supplies from North Vietnam to the Viet Cong in South Vietnam. The North Vietnamese used sampans during the early years of the war to move supplies down the coast. When U.S. ships and aircraft attacked and destroyed the sampans, the North Vietnamese shifted their trafficking to land routes. The Ho Chi Minh Trail became the principal route for arms, personnel, and supplies into the South. Although

the U.S. achieved some tactical successes, the U.S. never stopped the flow of troops and materiel.²³ The same thing is occurring with drugs.

Drug-trafficking organizations are international, sophisticated multi-billion dollar industries that can quickly adapt their tactics to thwart the United States supply reduction efforts.²⁴ Opium and cocaine production worldwide has doubled in the last ten years despite efforts directed overseas by the United States. Also, the number of countries producing drugs has doubled. Today, illicit drug trafficking is a global business.²⁵

Even if the United States increased interdiction efforts resulting in more metric tons of illegal drugs seized, it is likely that enough cocaine and heroin would still be available to satisfy the market. Farmers can grow drug crops cheaply in many parts of the world and they need little growing area to produce enough crops to supply the drug demand in the United States. An area of 25 square miles of opium poppy is enough to supply the heroin market in the United States for a year. An area of 300 square miles of coca plant is enough to supply the annual demand for cocaine in the United States.²⁶ Also, farmers can cultivate new drug crops faster than the United States and other countries can eradicate existing crops. The GAO reported, despite long-term efforts to eradicate drug crops, that the total area of land under cultivation for drug crops increased worldwide from 1988 to 1995. The area cultivated for coca leaf increased 15 percent and the area for opium poppy increased 25 percent.²⁷ Bolivia, Colombia, and Peru have been the principal producers of coca but cultivation is spreading to other parts of South America and poppy cultivation is expanding worldwide. For example,

opium is an important source of revenue in the Central Asian countries; in Columbia, cocaine traffickers are diversifying to heroin from locally grown opium poppies.²⁸

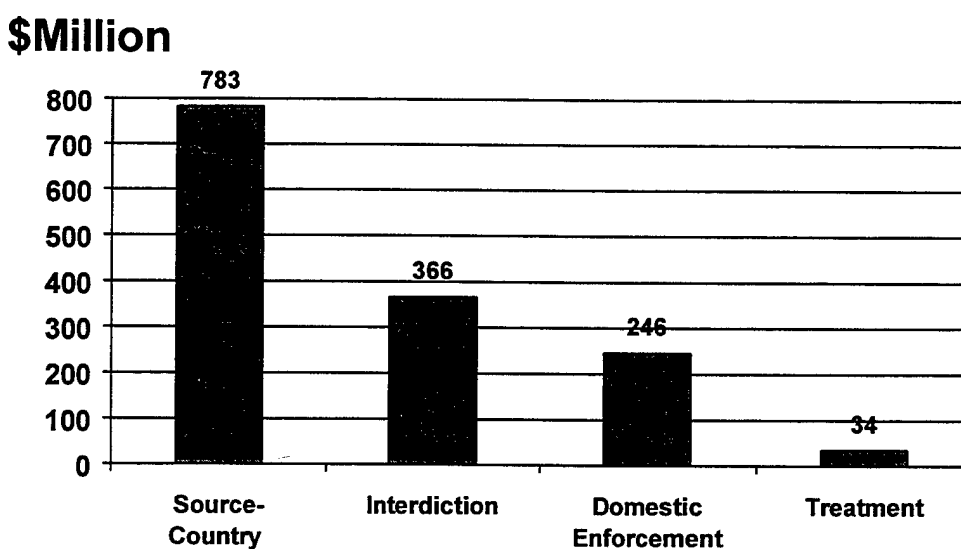
Supply Versus Demand Reduction

It is time to recognize that massive supply reduction efforts are inherently limited and far less effective in reducing drug abuse in the United States than are demand reduction efforts directed at prevention and treatment. Evidence indicates that shifting dollars in the drug control budget to concentrate on domestic demand reduction most likely would lead to sustained progress against drug abuse in the United States.

Research conducted at RAND's Drug Policy Research Center comparing cocaine supply and demand reduction efforts indicates that supply reduction is more costly than demand reduction.²⁹ The analysts studied the cost-effectiveness of three supply reduction programs (source-country control, interdiction, and law enforcement) plus one demand reduction program (treatment of heavy users). To assess the cost-effectiveness of these programs the analysts considered how much is being spent on them and what benefits result from the spending. Determining the spending levels is straightforward. However, to measure the benefits of the programs the analysts had to develop a common standard. Supply reduction programs yield drug seizures, asset seizures, arrests and imprisonment of drug dealers while demand reduction programs cause people to stop using drugs. Therefore, they translated the outcomes of these programs into a common measure of effectiveness. They used as the common measure the cost of decreasing the cocaine consumption in the United States by one percent.³⁰

In their model, the analysts used established discounting techniques for both benefits and costs. They used a 4 percent real discount rate to compute the present value of 15 years of drug consumption reductions. The most cost-effective program is the one that achieves the given one percent consumption reduction for the least additional cost. By way of comparison, source-country control costs \$783 million, interdiction costs \$366 million, domestic law enforcement costs \$246 million, while treatment costs \$34 million to achieve the same result. Figure 3 illustrates the comparison.³¹

Figure 3. Cost of Decreasing Cocaine Consumption by 1 Percent with Alternative Programs



The analysts did not limit their study to only one measure of effectiveness. They conducted a sensitivity analysis using additional criteria. Besides consumption reduction, they also evaluated the programs on their effects on the number of users and the societal costs of crime and lost productivity due to cocaine use. The purpose of this additional evaluation was to see whether the alternative criteria would contradict the

rankings determined in the first analysis. The sensitivity analysis led to the same conclusion -- treatment was the least costly control program. For example, the cost of a one percent decrease in cocaine users for each program was \$2,062 million per year for source-country control, \$964 million per year for interdiction, \$675 million per year for domestic enforcement, and \$155 million per year for treatment. The cost of a one percent decrease in the societal cost for each program was \$1,904 million per year for source-country control, \$890 million per year for interdiction, \$540 million per year for domestic enforcement, and \$37 million per year for treatment.³²

Demand reduction is less costly than supply reduction. Although the study examined only supply and demand reduction programs for cocaine, the analytical methods are relevant for analyzing supply and reduction programs for other illicit drugs such as heroin. Therefore, considering the inherent limitations and past results, shifting dollars to demand reduction efforts would be a prudent adjustment to improve the strategy -- if demand reduction programs really work.³³

Demand Reduction Can Make a Difference

Lessening demand can reduce the adverse consequences of drug abuse. It is logical that eliminating the demand for drugs would eventually solve the drug problem in the United States. Without demand, the profit incentive for the illicit drug trade would disappear. Therefore, eliminating the demand for illegal drugs would eventually ruin the drug market. Obviously, totally eliminating demand is an unrealistic goal. Nevertheless, demand reduction is worthy of vigorous pursuit.

The lasting solutions to America's drug abuse problems are here in the U.S., not at the borders or overseas. Demand reduction programs provide the key to protect

Americans from the harmful effects of drugs. Prevention and treatment work and more research will lead to better programs. When young people abstain from using drugs, alcohol, or tobacco until at least age twenty, research indicates that they are likely to avoid drug abuse for the remainder of their lives.³⁴ Education is key to changing attitudes and protecting America's youth. Yet, in 1996 Congress cut the budget by more than 50 percent for the Safe and Drug Free Schools Program from \$441 million to \$200 million. The Safe and Drug Free Schools Program is the federal government's primary program for reducing drug, alcohol, and tobacco use through education and prevention activities in America's schools.³⁵

Research indicates that prevention programs aimed at educating children to refuse drugs can be successful. Project High Road is a successful program that works in the South Bronx. That area is noted as a high crime and a drug-ridden environment. Project High Road is a ten-week program that teaches students vital refusal skills for situations they may confront every day. While 8th grade drug use rose nationally from 1993 to 1995, drug use by these 8th graders in Project High Road declined 25 percent. Additionally, smoking declined by 50 percent.³⁶

Another example is Life Skills Training.³⁷ It aims at junior high school students and reduces new tobacco and marijuana use by 50 percent and drinking by about 33 percent. Booster sessions in the 9th and 10th grade sustain these results throughout high school. The cost for Life Skills Training is only about \$7 per student per year for classroom materials and teacher training.³⁸ Research at Cornell University also shows that demand reduction can make a difference. The study found that the odds of drinking, smoking, and using marijuana were 40% lower among 6,000 students who

participated in school-based substance abuse programs in grades 7-9 than among their counterparts who did not.³⁹ Successful local government or privately funded programs such as these deserve priority in the strategy and the funding in the budget to expand their scope across the United States.

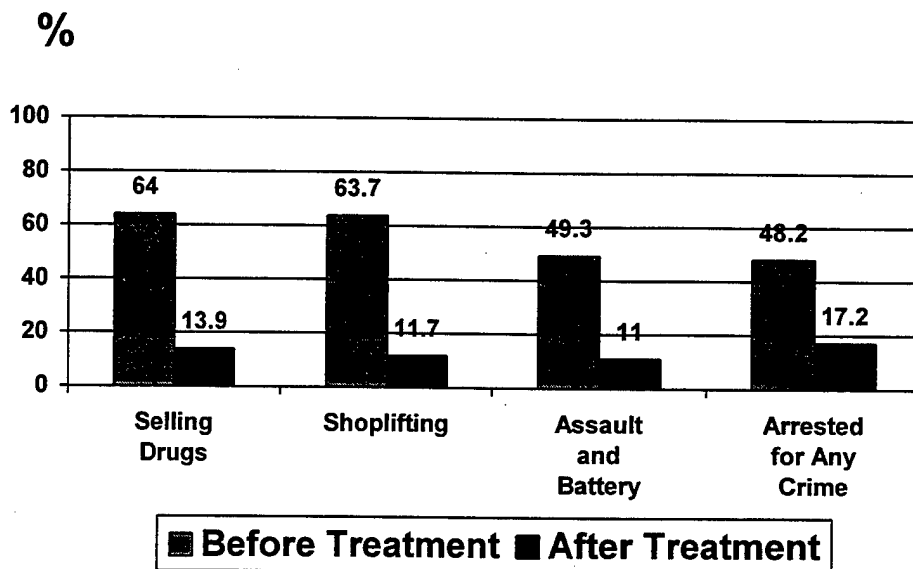
Shifting priority to prevention programs will reduce drug abuse but some individuals will still continue to need treatment and rehabilitation services. General McCaffrey emphasized treatment programs in his speech to the Senate Judiciary Committee in Washington D.C. when he was the Director Designee for the Office of National Drug Control Policy: "Effective treatment regimes are essential to reducing drug consumption. Specifically, let me underscore my conviction that drug testing and then treatment of convicted criminals prior to and following release from prison is vital. We simply must provide treatment to these people if we expect to protect the American people from violence and property crimes."⁴⁰

Treatment programs not only need increased attention but also increased funding in the drug control budget. A fact sheet from the Center for Substance Abuse Treatment indicates that one million prison inmates in the United States have serious drug habits. Yet, drug treatment is available for less than 10 percent of the federal inmates who need it.⁴¹ In 1996, Congress approved \$13.5 million for residential programs in federal prisons. That level of funding provided intensive treatment for only 4 percent of the inmates who needed it.⁴²

Reducing demand creates positive effects. The Center for Substance Abuse Treatment commissioned the National Treatment Improvement Study (NTIES) to determine the impact of drug and alcohol treatment provided by centers that received

public support. Analysts from the National Opinion Research Center, University of Chicago, and the Research Triangle Institute conducted the study gathering information from a population across the country of 4,411. The analysts concluded that substance abuse treatment significantly reduced alcohol and other drug use with lasting benefits regardless of the time spent in the programs.⁴³ They also found a significant decline in criminal activity due to treatment by analyzing reports of criminal behavior 12 months before and after treatment. Additionally, reports of arrests for selling drugs decreased from 64 percent to 13.9 percent. Reports of arrests for shoplifting decreased 63.7 percent to 11.7 percent. Reports of assault and battery decreased from 49.3 to 11 percent and reports of arrests for any crime decreased from 48.2 percent to 17.2 percent. Figure 4 illustrates these findings.⁴⁴

Figure 4. Changes in Criminal Activity in 12 Months Before and After Treatment



This NTIES study also found that treatment is cost-effective when compared to incarceration. For example, treatment costs range from \$1,800 to \$6,800 per person

while the estimated cost of incarceration is \$18,330 annually.⁴⁵ The low cost of \$1,800 applies to both treatments provided in jail and outpatient non-methadone treatment. The high cost of \$6,800 is for long term residential treatment. In between the high and the low are costs for short term residential treatment averaging \$4,000 and costs for outpatient methadone treatment averaging \$3,900.

Towards Improving the National Drug Control Strategy

A good first step towards improving any strategy is to analyze it using the conceptual approach described by Arthur F. Lykke, a distinguished military strategist. His model describes strategy as an equation: strategy equals ends (objectives towards which one strives) plus the ways (courses of action) plus means (instruments by which some end can be achieved).⁴⁶ This model provides a useful basis for analyzing the National Drug Control Strategy.

The purpose of the strategy is to reduce drug abuse and its destructive consequences. President Clinton expressed his commitment to this purpose when he transmitted the 1997 National Drug Control Strategy to Congress.⁴⁷ In this strategy, the "ends" are the objectives of reducing both the supply and the demand of illicit drugs. The "ways" are the various concepts of eradication, interdiction, law enforcement, international support, prevention, treatment, and community support. The "means" are all the resources in terms of dollars, personnel, organizations, time, equipment, and political will required to achieve the purpose.

Lykke uses a "three-legged stool" analogy to describe his strategy model. The stool represents the strategy designed to support the purpose. The three legs of the stool are the objectives, the concepts, and the resources. This analogy leads to the

observation that the legs of the stool must balance or the stool will tip. If the resources are not sufficient or the concepts are deficient to meet the objectives, the strategy may be at risk. The degree of tip in the stool caused by the unbalance between the legs indicates the magnitude of the risk. One can accept the risk and the potential consequences of an unbalanced strategy or take action to balance the three legs. If the risk is too great, one must adjust the strategy. Possible adjustments are increasing the resources, modifying the concepts, changing the objectives, or a combination of these actions.

Reducing drug abuse and its consequences is an important national interest. Americans, particularly our youth, are at risk. The President's 1997 National Drug Control Strategy describes it this way: "the most alarming trend is the increasing use of illegal drugs, tobacco, and alcohol among youth."⁴⁸ The current situation is unacceptable and demands that the strategy be adjusted. The objectives, concepts, and resources of this model establish a framework to suggest adjustments that the federal government could make to improve the strategy.

The objectives are sound. There is a relationship between supply and demand reduction but the concepts and resources must be carefully balanced to gain the desired effect. The evidence is clear that, over the years, the balance has not been correct. Interdiction, eradication, and law enforcement have been and continue to be the backbone of the strategy. They have had limited impact over the years but the federal government should not abandon these efforts. They provide the right message that illicit drug use is wrong and that the United States will not tolerate drug trafficking.

However, the federal government must restrict these efforts insofar as they serve as a deterrent to drug use and trafficking.

Supply reduction should be a secondary objective. It must be pursued with an economy of effort towards interdiction, eradication, and law enforcement. Resources are finite and these concepts have inherent limitations. Within this context, however, international support is one effort that merits more emphasis. International support that helps countries develop economic alternatives to drug trafficking is vital and it supports the imperative of engagement in the National Security Strategy.⁴⁹ Drug trafficking can threaten democracies such as Colombia's. International efforts can serve America's larger interests in strengthening democratic institutions and freeing countries from the influence of international drug traffickers.⁵⁰ An act such as passing the North America Free Trade Agreement (NAFTA) provides hope for development of legitimate economic markets. Efforts such as introducing replacement crops, developing markets for legal produce, industrialization, providing social infrastructure, and organizational development sponsored by the United States Agency for International Development (USAID) have shown promise.⁵¹ Efforts such as these must be continued and increased to the extent possible while maintaining the correct balance with demand reduction.

Demand reduction should be the primary objective of the strategy. Resources must be concentrated on prevention, treatment, community support, and research to make lasting progress in reducing drug abuse and its destructive consequences. The law enforcement efforts must be incorporated to support demand reduction. America can add more police on the streets but their efforts should be preemptive rather than

reactive. For example, police efforts should prevent the development of a crack house in a neighborhood, rather than conducting operations to destroy it later.⁵²

Effective prevention programs for every school child will do more to curb domestic drug abuse for the long term than trying to reduce drug crops. Admittedly not all prevention efforts have been or will be totally effective. Drug Abuse Resistance Education (DARE), the nation's most popular and best known drug-education program, has generated much controversy about its effectiveness.⁵³ However, methods to determine effective prevention programs are available and more research will lead to better programs.

Drug Strategies, a non-profit research and public policy organization, produced a guide, "Making the Grade: A Guide to School Drug Prevention Programs", to help parents and school administrators understand what works. The best programs help students recognize the pressures that lead people to try drugs, involve parents and the community, and use interactive teaching techniques. A good drug prevention program accomplishes nine basic elements: (1) it helps the students recognize peer pressure and advertising gimmicks; (2) it develops personal and social skills to reject such pressure; (3) it teaches that drug use is not the norm among young people; (4) it provides information about the physical and psychological effects of drug abuse; (5) it openly discusses ways of preventing drug abuse; (6) it uses interactive teaching techniques such as role-playing and mentoring; (7) it actively involves family and community in anti-drug activities; (8) it trains and supports teachers to help curtail drug abuse among their students; and (9) it provides teachers, parents, and local officials

with training and support materials that are relevant for students of the age groups being targeted.⁵⁴

Where prevention fails, providing treatment to those addicted to drugs will do more to reduce drug consumption than trying to increase efforts to seize drugs or to destroy them at the source. Treatment, in conjunction with or as an alternative to prison, offers a good opportunity to improve the strategy. Treatment must be available but more funding is needed to expand treatment programs in the federal prisons today. The policy must be tough. If treatment is refused, it must be forced.

Data collected in 23 cities indicate that arrested individuals frequently test positive for recent drug use.⁵⁵ Drug courts can effectively funnel criminals with drug problems into treatment. Special drug courts in Miami already do this. The drug court judge gives the defendant a choice between prosecution, with the chance of going to jail, or participation in a program where treatment and social, educational, and vocational skills are provided. The program has been successful. For example, from June 1989 to April 1991, two-thirds of the 4,300 defendants processed through the drug court successfully completed treatment. Also, the rearrest rate was less than 3 percent among the 1,600 that graduated from the program after a full year or longer.⁵⁶ Furthermore, the program is cost-effective. For example, it costs about \$30,000 a year to keep one offender in the Dade County jail compared to \$700 for each participant in the Drug Court treatment program.⁵⁷ However, this is only one city and Miami's program is too limited to treat every candidate there. Here is an area where the federal government can adjust the strategy to provide needed funds to help and to encourage other communities to use this program. The federal government could improve drug control by supporting

research to determine the best treatment programs for the various types of drug abusers. Then it must provide the funding support to make treatment available to handle all who need it.

Making demand reduction the primary objective, adjusting the concepts, and concentrating the resources to enhance the programs is not sufficient without a way to measure the results. Determining how much to adjust the strategy is more difficult than simply determining the need to adjust it. However, to ensure the suggested adjustments lead to an improved strategy, measuring success along the way is imperative. Feedback is essential to refine the strategy, to manage the many different programs, and to assist with efficient resource allocation.

The 1997 National Drug Control Strategy represents a long-term systematic approach to reduce drug abuse but it lacks measures of effectiveness. The Office of National Drug Control Policy now has a program evaluation office. It will oversee the design and implementation of a dynamic, flexible and responsive measurement system. However, it will be several years before it is ready.⁵⁸

The federal government should not wait years to implement measurement. The strategy does not need the perfect measurement system. The indicators that point to the drug problem in America today are sufficient measures to evaluate the adjustments to the strategy. For example, studies such as the National Household Survey on Drug Abuse and the Monitoring the Future Study provide estimates of the prevalence of drug use. Over time, estimates from these studies define trends. The 1997 National Drug Control Strategy does refer to these studies to define the alarming increase in drug use

by America's youth.⁵⁹ Statistics from these studies can also provide a way to measure the effectiveness of the strategy.

President Bush used statistics to evaluate his drug control efforts. The 1989 National Drug Control Strategy was the first strategy written by the Bush Administration in response to the 1988 Anti-Drug Abuse Act. It selected nine statistics to evaluate the strategy. The nine statistics indicated: 1) current overall drug use, 2) current adolescent drug use, 3) occasional cocaine use, 4) frequent cocaine use, 5) current adolescent cocaine use, 6) drug related medical emergencies, 7) drug availability, 8) domestic marijuana production, and 9) student attitudes towards drug abuse.⁶⁰ President Bush established a reduction goal in each case.

The 1991 National Drug Control Strategy reported the first evaluation using the nine statistics. Seven of the nine statistics indicated improvement.⁶¹ Table 1 lists the results as measured from 1989 to 1991.

Table 1. National Drug Control Strategy Evaluation		
	1989 Goal	1991 Actual
Current Overall Drug Use	-10%	-11%
Current Adolescent Drug Use	-10%	-13%
Ocassional Cocaine Use	-10%	-29%
Frequent Coacaine Use	Reduce rate of increase by 50%	-23% actual decline
Current Adolescent Cocaine Use	-20%	-49%
Drug Related Medical Emergencies	-10%	-18%
Drug Availability	-10%	N/A
Domestic Marijuana Production	-10%	N/A
Student Attitudes toward Drug Use	-10%	-28%

This technique or something similar is possible today. If used, it would focus efforts where needed and provide the valuable feedback to make adjustments.

Conclusion

*I would, therefore, state it as a principle that if you can vanquish all your enemies by defeating one of them, that defeat must be the main objective in the war. In this one enemy we strike at the center of gravity of the entire conflict.*⁶²

— Carl von Clausewitz

The drug control budgets have shown a generally steady increase over the past decade. The federal government has spent almost \$120 billion to develop and implement the national drug control strategies. Yet there exists a persistently high level of drug use and a rising trend of drug use by America's youth. The strategies have emphasized supply reduction rather than demand reduction. Yet, supply-side efforts have failed to reduce the flow of cocaine, heroin, and other illegal drugs into the United States or to reduce the cultivation of drug crops. The current strategy perpetuates this trend in 1998.

It is time for the federal government to adjust the ends, ways, and means of the strategy to make an impact on drug abuse and its destructive consequences. Demand reduction is more cost-effective than supply reduction. The evidence is compelling that demand reduction programs work, but they require more funds to significantly affect drug abuse. The federal government could improve the strategy by concentrating more on demand reduction -- the true center of gravity in the fight against drug abuse.

5358 words

ENDNOTES

¹ Carl von Clausewitz, On War, translated by Michael Howard and Peter Paret (Princeton, NJ: Princeton University Press, 1986), 617.

² Office of National Drug Control Policy, The National Drug Control Strategy, 1997 (Washington D.C.: The White House, February, 1997), 65.

³ Anti-Drug Abuse Act of 1988, United States Code Congressional and Administrative News, 100th Cong., 2d sess., 1988 (St. Paul: West Publishing Co., 1989) vol 3, 4181.

⁴ "Keeping Score: What We Are Getting For Our Federal Drug Control Dollars," Drug Strategies: Washington D.C. available from <<http://www.inform.umd.edu/EdRes/College/BSOS/Depts/Cesar/drugs/KS1996>>; Internet; accessed 1 January 1998.

⁵ Office of the National Drug Control Policy. National Drug Control Strategy. (Washington D.C.: The White House, September, 1989), 113.

⁶ Ibid.

⁷ Office of the National Drug Control Policy. National Drug Control Strategy. (Washington D.C.: The White House, January, 1990), 100.

⁸ Office of the National Drug Control Policy. National Drug Control Strategy. (Washington D.C.: The White House, February, 1991), 135.

⁹ Office of the National Drug Control Policy. National Drug Control Strategy: Budget Summary. (Washington D.C.: The White House, January, 1992), 214.

¹⁰ Office of the National Drug Control Policy. National Drug Control Strategy. (Washington D.C.: The White House, February, 1997), 63.

¹¹ Office of the National Drug Control Policy. National Drug Control Strategy. (Washington D.C.: The White House, February, 1994), 77.

¹² Ibid.

¹³ Office of the National Drug Control Policy. National Drug Control Strategy. (Washington D.C.: The White House, February, 1995), 113.

¹⁴ Office of the National Drug Control Policy. National Drug Control Strategy. (Washington D.C.: The White House, 1996), 67.

¹⁵ Except for FY93 and FY96 Congress increased the drug control budget above the President's request. Congress reduced the budget below the President's request by about \$550M for FY93 and by about \$770M for FY96. See Table 5-1, in the 1996 National Drug Control Strategy, p77.

¹⁶ Joseph Sora, ed. Substance Abuse (New York: The H. W. Wilson Company, 1997), 17.

¹⁷ Ibid.

¹⁸ "Keeping Score: What We Are Getting For Our Federal Drug Control Dollars," Drug Strategies: Washington D.C. available from <<http://www.inform.umd.edu/EdRes/College/BSOS/Depts/Cesar/drugs/KS1996>>; Internet; accessed 1 January 1998.

¹⁹ General Accounting Office, Report: Drug Control Long Standing Problems Hinder U.S. International Efforts. (Washington D.C.: U.S. General Accounting Office, February 1997), 5.

²⁰ Ibid, 7.

²¹ Ibid.

²² Bradley Graham, "McCaffrey Wants Pentagon To Spend More Against Drugs," Washington Post, 7 November 1997, p. 3.

²³ Carl H. Builder, Measuring the Leverage: Assessing Military Contributions to Drug Interdiction, (Santa Monica CA: RAND, 1993), 12-13.

²⁴ General Accounting Office, 3.

²⁵ "Keeping Score: What We Are Getting For Our Federal Drug Control Dollars," Drug Strategies: Washington D.C. available from <<http://www.inform.umd.edu/EdRes/College/BSOS/Depts/Cesar/drugs/KS1996>>; Internet; accessed 1 January 1998.

²⁶ Mathea Falco, "U.S. Drug Policy: Addicted to Failure," Foreign Policy 102 (Spring 1996): 127.

²⁷ General Accounting Office, 6.

²⁸ Falco, 125.

²⁹ C. Peter Rydell and Susan S. Everingham, Controlling Cocaine: Supply Versus Demand Programs (Santa Monica, CA: RAND, 1994), xv.

³⁰ Ibid, xiii.

³¹ Ibid, xiv.

³² Ibid, 35-39.

³³ Ibid, xv.

³⁴ Office of National Drug Control Policy, The National Drug Control Strategy, 1997 (Washington D.C.: The White House, February, 1997), 29.

³⁵ Falco, 129. The Safe and Drug Free Schools Program (SDFS) consists of two major programs: State Grants for Drug and Violence Prevention Programs and National Programs. The first program provides funds to state and local education agencies for a wide range of school and community education and prevention activities. The latter provides direct grants to school districts and communities with severe drug and violence problems for a variety of discretionary initiatives that respond to emerging needs. More information about SDFS is available from
<<http://www.ed.gov/offices/OES/SDFS/aboutsdf.html>>.

³⁶ "Keeping Score: What We Are Getting for Our Federal Drug Control Dollars 1996" (Washington D.C.: Drug Strategies, 1996); available from
<<http://www.inform.umd.edu/EdRes/Colleges.BSOS/Depts/Cesar/drugs/KS1996>>; Internet; accessed 6 January 1998.

³⁷ Mathea Falco, "Drug Prevention Makes a Difference," June 1997; available from
<<http://usiahq.usis.usemb.se/journal/itgic/0697/ijge/gj-5.htm>>; Internet; accessed 6 January 1998.

³⁸ Ibid.

³⁹ "Prevention Woks!" available from <<http://www.samhsa.gov/csap/facts4.htm>>; Internet; accessed 6 January 1998.

⁴⁰ Joseph Sora, ed. Substance Abuse (New York: The H. W. Wilson Company, 1997), 12.

⁴¹ "Substance Abuse, Crime and Treatment," Fact Sheet #2; available from
<http://www.health.org/csat/tfiles/fact_sheets/fact1_7.htm>; Internet; accessed 6 January 1998.

⁴² "Keeping Score: What We Are Getting for Our Federal Drug Control Dollars 1996" (Washington D.C.: Drug Strategies, 1996); available from <<http://www.inform.umd.edu/EdRes/Colleges.BSOS/Depts/Cesar/drugs/KS1996>>; Internet; accessed 6 January 1998.

⁴³ "The National Treatment Improvement Evaluation Study," available from <<http://www.health.org/nties97/index.htm>>; Internet; accessed 6 January 1998.

⁴⁴ "Substance Abuse, Crime and Treatment," Fact Sheet #2; available from <http://www.health.org/csat/txfiles/fact_sheets/fact1_7.htm>; Internet; accessed 6 January 1998. The before and after difference is statistically significant at the 95 percent confidence level.

⁴⁵ "The National Treatment Improvement Evaluation Study: Costs of Treatment," available from <<http://www.health.org/nties97/index.htm>>; Internet; accessed 6 January 1998.

⁴⁶ Arthur F. Lykke, Jr., ed. Military Strategy: Theory and Application (Carlisle Barracks, PA: U.S. Army War College Text, 1993), 3.

⁴⁷ Office of the National Drug Control Policy. National Drug Control Strategy. (Washington D.C.: The White House, February, 1997), iii.

⁴⁸ Ibid, 13.

⁴⁹ William J. Clinton, A National Security Strategy For A New Century. (Washington D.C.: The White House, May 1997), 2.

⁵⁰ Falco, 132.

⁵¹ David P. Brostrom, The National Drug Control Strategy: A Reality Check. (Carlisle Barracks, PA: US Army War College Strategy Research Project, 31 January 1997), 10.

⁵² Leif R. Rosenberger, America's Drug War Debacle (Suffolk, England: Ipswich Book Company, 1996), 44.

⁵³ "Controversy continues in DARE" drug program" available from <<http://www.pbn.com/W093096/Contro.htm>>; Internet; accessed 6 January 1998.

⁵⁴ Bruce Carey, "How To Choose An Effective School Drug Prevention Program" available from <<http://www.usis.usemb.se/topical/global/drugs/school.htm>>; Internet; accessed 6 January 1998.

⁵⁵ Office of the National Drug Control Policy. National Drug Control Strategy. (Washington D.C.: The White House, February, 1997), 18.

⁵⁶ Mathea Falco, The Making of a Drug-Free America. (New York: Times Books, 1992), 140.

⁵⁷ Ibid.

⁵⁸ Office of National Drug Control Policy, The National Drug Control Strategy. 1997 (Washington D.C.: The White House, February, 1997), 38.

⁵⁹ Ibid, 13.

⁶⁰ Office of National Drug Control Policy, The National Drug Control Strategy (Washington D.C.: The White House, September, 1989), 93-97.

⁶¹ Office of National Drug Control Policy, The National Drug Control Strategy (Washington D.C.: The White House, 1991), 4.

⁶² Clausewitz, 596.

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