

**STRATEGY
RESEARCH
PROJECT**

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**NATIONAL DRUG CONTROL STRATEGY:
AN HISTORICAL ANALYSIS**

BY

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ABSTRACT

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America has been faced with drug use and the problems associated with harmful drugs for over a century. We have spent billions of dollars waging this war against an elusive enemy with little success. The 1998 National Drug Control Strategy is a comprehensive ten-year plan to reduce illegal drug use in the United States by 50%. If this goal were achieved, it would be the lowest drug-use rate in American history. However, this strategy does not focus the majority of resources, specifically the budget, against the "center of gravity" of our nation's drug problems, the demand for illegal drugs. This paper will examine the history of our fight against drugs and the effectiveness of our efforts. Through this historical analysis, this paper will determine whether we can expect to achieve the goals in our current drug control strategy. Finally, it recommends where to focus our dollars to achieve the greatest results.

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NATIONAL DRUG CONTROL STRATEGY: AN HISTORICAL ANALYSIS

A center of gravity. . .presents the most effective target for a blow. . . That is the point against which all our energies should be directed....

— Carl Von Clausewitz

What is the "center of gravity" of our nation's drug problems? Is it the supply of drugs or is it the demand for drugs? Successful campaign planning begins with an accurate assessment of the strategic and operational centers of gravity. In the fight against drugs, we must first determine the center of gravity and then build our strategy to attack it. Simple economics defines demand for drugs as the true enemy center of gravity. Eliminating the supply of drugs does not eliminate the demand. But eliminate the demand, and the supply will surely dry up. As long as there is demand, supply will tend to fill it. To reduce the drug problems in America, we must design our strategy and focus our resources on the demand for drugs.

The 1998 National Drug Control Strategy outlines our nation's current policy and strategy in the "war on drugs". The strategy proposes a comprehensive ten-year plan to reduce illegal drug use and the availability of such drugs by 50% by the year 2007. That would be the lowest recorded

drug-use rate and lowest availability of illegal drugs in American history.¹ This would also reduce drug-related health, economic, social, and criminal costs. The strategy covers all aspects of the drug war: prevention, treatment, research, law enforcement, protection of our borders, and international cooperation. The strategy also targets the use and abuse of alcohol and tobacco. This broad approach diffuses our effort and does not focus resources on our drug problem's center of gravity. To make progress in the war on drugs, we must reduce demand.

Our fight against drugs can be compared to our efforts in Vietnam. We did not know what the center of gravity was and we did not focus our resources or strength on it. We expended billions of dollars in an attempt to destroy the supply bases and cut the supply lines with minimal success. Similarly, in our fight against drugs, we have spent billions of dollars to block the supply of drugs and drug trafficking with minimal success. President Clinton writes, "The 1998 Strategy reaffirms our bipartisan, enduring commitment to reduce drug use and its destructive consequences". If our nation hopes to reduce our use of drugs, we must focus our resources on the center of gravity, the demand for illegal drugs.

Historical Background

America's numerous challenges with all aspects of drugs are not new problems. Problems with opiate addiction date from widespread use of patent medicines in the 1800s.² The range of drugs included opium, morphine, laudanum, cocaine, and by the turn of the century, heroin. Morphine was discovered in 1806 and was thought to be a wonder drug. The use of morphine was so extensive during the Civil War that morphine addiction was termed the "army disease".³ The availability of the hypodermic syringe made morphine easier to administer and more popular among both veterans and civilians. Near the end of the 1800's, heroin was used to treat respiratory illness and morphine addiction. Coca also became widely available in the United States as a health tonic and remedy for many ills. It was a substitute for opium and a cure for asthma and toothaches. By 1900, in the face of an estimated quarter of a million addicts, state laws were enacted to curb drug addiction.⁴ The two major drugs of abuse were cocaine and morphine. Products laced with opium and morphine were sold over the counter, through the mail, and prescribed regularly by doctors as a cure-all to relieve aches, pains, and for a quick "pick me

up." America's first cocaine epidemic broke out in the mid 1880's and continued for about 35 years.⁵

The first laws controlling drug use were passed near the end of the 19th century. By the late 1870's, concern about opiate addiction and the nonmedical use of drugs had intensified. The first recorded antidrug law was an 1875 municipal ordinance in San Francisco that banned opium dens.⁶ This started a series of state and local actions and by 1912 most states had regulations to control these addictive drugs. The first actions taken at the federal level prohibited importation of opium by Chinese nationals in 1887 and followed by restricting opium smoking in the Philippines in 1905. By the turn of the century the dangers of addiction to these drugs became apparent. The first federal regulation to restrict the sale of drugs was the Harrison Act of 1914.⁷ The passage of this act began to shape our domestic drug policy. The Harrison Act was apparently a means of revenue that required physicians and pharmacists to register and buy tax stamps. It was unlawful for anyone else to possess drugs such as cocaine and opium unless under a doctor's prescription. Marijuana was elevated to growing public concern by the mid 1930's. The Marijuana Tax Act of 1937 was passed which required a substantial tax for all marijuana transactions.⁸ The

Federal Bureau of Narcotics was created in 1930 within the Treasury Department to enforce the Harrison Act and other related state drug laws.

Prohibition of alcohol began in 1919. The attempt to stop the sale and consumption of alcohol was unsuccessful. In fact, other problems were created, such as bootlegging and organized crime. Illegal alcohol was produced all over America to meet the demand. As long as the demand was present, there were those that made their living on the production, transport, and sale of alcohol. Al Capone once said:

I make money by supplying a public demand. If I break the law, my customers who number hundreds of the best people in Chicago are as guilty as I am. The only difference between us is that I sell and they buy. Everybody calls me a racketeer. I call myself a businessman. When I sell liquor, it's bootlegging. When my patrons serve it on a silver tray on Lake Shore Drive, it's hospitality.⁹

In a one-year period during Prohibition, Americans consumed 200 million gallons of malt liquor and 118 million gallons of wine. By 1930, more than half a million Americans had been arrested for drinking offenses and sentenced to a total of more than 33,000 years of imprisonment.¹⁰

Prohibition lasted a little over ten years. By the late 1920's, public opinion began to turn against Prohibition. In 1933 Congress passed the Twenty-first Amendment, which

ended Americas failure in the prohibition of alcohol.¹¹ Even though alcohol became legal again in the early 1930's, the prohibition against drug use continued. The Federal Bureau of Narcotics had the lead with much public support and pressure, mainly from the Protestant Churches.¹²

In 1929, the Porter Narcotic Farm Act authorized the Public Health Service to open federal hospitals for the treatment of incarcerated addicts.¹³ Two facilities opened in mid to late 1930, one in Lexington, Kentucky, and one in Fort Worth, Texas. These facilities were basically prisons that provided addicts medical and psychiatric treatment. This was the Federal government's first attempt to address health issues associated with drug abuse and addiction. This model held until the mid 1960's when the tax dollars shifted to the local communities for treatment of abuse and addiction. The facilities had basically failed. A Presidential Commission in 1963 determined them to be inadequate and only marginally effective. This led to the Community Mental Health Centers Act of 1963, which provided the first federal assistance to non-federal entities for treatment.¹⁴

During the 1950's, two major laws significantly increased the penalties for drug violations. These laws included mandatory prison sentences and higher fines for

violations of the drug laws. In the 1950's and early 1960's, the demand for illegal drugs was relatively low. By the mid 1960's, illegal drug use began to increase despite the more severe penalties. The Sixties were a period marked by rebellious youth, widespread drug use, and an unpopular war. The drug of choice was marijuana, but there was also a marked increase in the use of heroin and cocaine. Many American troops in Southeast Asia used marijuana and heroin to separate themselves mentally from the horrors of war.¹⁵ The use of hallucinogens, such as LSD, grew in the 1960's but decreased considerably in the 1970's. The use of heroin stabilized. The majority of its use was by hard core addicts. Cocaine use grew rapidly in the 1970's, peaked, and then began to decline between 1988 and 1991.¹⁶

Major drug control laws were enacted in the late 1960's under the 1965 Drug Abuse Control Amendments. Manufacture and distribution of amphetamines and barbiturates were brought under federal control. Criminal penalties were imposed for illegally producing these drugs.¹⁷

During the 1970's, other federal laws sought to reduce supply. Controlling global production and trafficking became a foreign relations issue. In 1972, President Nixon

extended the fight against drugs into Turkey. He fought the first battle on the Anatolian plateau. By manipulating the close U.S. military alliance with Turkey, he forced that country to eradicate legal poppy growing.¹⁸ With U.S. foreign aid, Turkey virtually eradicated poppy cultivation, which led to the disappearance of Marseilles' heroin laboratories.

Nixon won this battle but not the war. The drug syndicates simply shifted their sources from Turkey to Southeast Asia, Mexico, and then to Southwest Asia. The drug syndicates seemed to stay one step ahead of the U.S. diplomats and drug agents. The heroin pipeline from Turkey to Marseilles to New York was replaced by complex international smuggling routes. A quick battle victory by the Nixon administration caused a much larger war and a more complex enemy. Foreign aid was used to finance spraying of opium poppy and marijuana cultivation sites with the herbicide paraquat. Americas' first attempt at an international solution had, over the long term, compounded the problem.

President Nixon did not feel that domestic laws would solve the drug problem. Since Mexico was the source of supply for marijuana into the United States, Nixon ordered his drug fighters to "seal the border."¹⁹ Operation

Intercept carried out this task by searching each and every vehicle at the border. After less than a month, Operation Intercept was called off because of the economic hardship that it placed on Mexico. Mexican farm exports to the United States rotted in the sun as border traffic backed up for miles. Then Washington pressured the Mexican government to begin spraying the herbicide paraquat on the marijuana fields. These two actions slowed the drug traffickers in Mexico, but caused drug suppliers to shift to Columbia to fill the void. Again, the Nixon administration's attempt caused the illegal drug trade to expand.

The Drug Abuse Office and Treatment Act of 1972 created the Special Action Office for Drug Abuse Prevention (SAODAP). SAODAP was created within the Executive Office of the President to coordinate federal programs for treatment, prevention, and research into ways to reduce demand. This was the first effort at a balanced program looking at more than one aspect of the drug problem. The Drug Enforcement Agency (DEA) was established in 1973 by combining the Bureau of Narcotics and Dangerous Drugs, the Office of Drug Abuse Law Enforcement, and the Office of National Narcotics Intelligence.²⁰ While the SAODAP focused

its efforts on treatment and demand reduction, the DEA focused on supply reduction.

Over the past 100 years, drugs (opium, cocaine, and marijuana) have plagued our nation through use and abuse. Numerous laws, acts, and organizations have been created to reduce drug use by targeting all aspects of the drug war to include, supply, demand, and treatment. Yet only minimal success has been achieved, and only for short periods of time.

The idea of creating a Cabinet-level drug "czar" first emerged in the late 1970's in response to evidence that the various government agencies engaged in the anti-drug fight were spending more time protecting their respective turf than coordinating their activities.²¹ In 1981, Senator Biden proposed the creation of a Cabinet-level director for drug policy. This proposal cleared Congress in late 1982, but President Reagan vetoed it because he did not want to create another layer of bureaucracy. However, the issue became a political battle during the 1988 presidential campaign. In November 1988, Reagan reluctantly signed the Anti-Drug Abuse Act of 1988, which created the position of Director, Office of National Drug Control Policy (ONDCP).²² On January 13, 1989, President Bush appointed William Bennett as the first Director of the ONDCP. Bennett and

his staff produced the first national drug control strategy in September 1989. The primary focus of that strategy was supply reduction. President Bush wrote:

This report is the product of an unprecedented national effort over many months. America's fight against epidemic illegal drug use cannot be won on any single front alone; it must be waged everywhere - at every level of Federal, State, and local government and by every citizen in every community across the country. . .²³

President Bush officially began his "war on drugs" on September 5, 1989. In the first prime time address of his presidency, he outlined the federal government's strategy for eradicating drug use. The major initiatives in the 1980's first focused on supply reduction. These initiatives included dramatic increase in the use of asset seizure, use of the military in interdiction, mandatory urine testing, and more emphasis on user accountability. The last half of decade emphasized reduction in demand. However, the Bush Administration felt that demand reduction meant attacking the drug user and supplier, rather than focusing on prevention, education and treatment. Seventy percent of the budget went toward the supply side while only thirty percent went toward the demand side.²⁴

In a 1989 survey, the National Institute on Drug Abuse (NIDA) found that drug use had dropped 37% between 1985 to July 1989. In 1985, 23 million Americans used drugs; by

1989 the number was down to 14.5 million. Marijuana use had dropped 36% and cocaine use 48%.²⁵ Even though the survey indicated that drug use had decreased, the National Narcotics Intelligence Consumer Committee showed statistics that production of cocaine and marijuana increased each year from 1985 through 1988. The wholesale price of cocaine dropped from \$60,000 per kilo in 1980 to \$10,000 per kilo in 1988. In FY88, we seized an estimated 198,000 pounds of cocaine, a 29% increase from FY87. The estimated coca leaf production in 1988 was five times that, 450 metric tons. The small amount seized had little effect on the supply available in the U.S. There was 10 times as much cocaine in the U.S. in 1988 as there was in 1982. Between 1980 and 1989, the U.S. spent \$10 billion on interdiction and confiscated perhaps 10% of all cocaine entering into the country.²⁶

President Bush's war on drugs did produce some results. The biggest success was a 22% decrease in cocaine use. This reduction in use was primarily in the middle class. The poor used more cocaine, heroin, and crack by 1992 than when the war on drugs began.²⁷

During the 1980's, public statements appeared to indicate that the philosophy on drug control was shifting to demand, the true center of gravity. Yet 70% of the

budget continued to be spent on the supply side, with no effect on production, and little to no effect on the availability of illegal drugs in the U.S. In 1988, Americans spent \$52 billion on illegal drugs.²⁸ The National Drug Control Budget grew from \$1.5 billion in 1981 to \$6.6 billion by 1989.²⁹ Paul Yost, Commandant of the Coast Guard, stated that the Coast Guard had only seized 3% of all cocaine entering into the country, and that there wasn't enough money in the entire federal budget to seize half the cocaine entering into the United States.³⁰ If we had actually put our money and effort into reducing demand, we might have achieved more results.

In the 1990's, the drug war continued to develop, with objectives refined by ONDCP in the National Drug Control Strategies. According to the Gallup Poll, public opinion that drug abuse was the nation's most important problem peaked in September 1989 at 63%. This was a sharp increase from January 1985, when only 2% of the respondents had believed that drug abuse was our most important problem. However, by 1991, only about 10% of Gallup Poll respondents held that opinion. Over the past 100 years, it would appear that neither our policies, nor our war against drugs have had much effect on drug use, or on public opinion on the significance of the drug problem in our society.

However, the relative importance of any issue varies according to the perceived importance of competing political and economic events. In 1991, Americans had switched their focus to the Gulf War. The degree of importance the public places on the drug problem is partially related to media coverage. One study found that public concern about drug use was directly related to the number of newspaper, magazine, and television stories about drugs.³¹

At the beginning of the 1990's, the Bush Administration's war on drugs was at its peak. Even though our attention had shifted to the Gulf War, the strategy and resources were in place to continue the battle against drugs. The election of President William Clinton in November 1992 raised hopes of a fundamental change in U.S. drug policy. Since past drug policies placed most of the dollars against the supply of drugs, many thought the Clinton Administration would focus on the demand for drugs. After all, President Clinton had been elected on a domestic oriented platform that promised to shift America's focus to domestic issues.³²

Instead, President Clinton's first year in office was focused on the federal budget. The drug war was no longer considered a priority, either by the President or by the

American public. It soon became clear that President Clinton wanted to reduce the effort in the drug war. He cut the number of personnel in the Office of National Drug Control Policy from 146 to 25.³³ He also proposed cutting the drug control budget by 70%, to about \$5.8 million. It was obvious that the administration was placing the drug war on the back burner.

The attitude of the youth in America began to change as well. Their perception of the risk associated with drug use began to weaken after 1991. This perception could have been affected by President Clinton's public acknowledgment that he had tried marijuana, although he claimed he had not inhaled. He also gave many the perception that smoking marijuana was no big deal, even though it was, and still is, illegal. Perhaps as a result, 1992 saw a dramatic increase in marijuana use.³⁴

After a slow start, the Clinton Administration began to redirect attention to the drug war. In late April 1993, Clinton announced his nominee to be the nation's next drug czar.³⁵ He appointed former New York Police Commissioner Lee Brown, who had criticized the Bush Administration's drug strategy.³⁶ Brown rejected the notion of a "war on drugs." "You wouldn't hear us using the metaphor 'drug war,'" announced Brown. "We should help those who need

help and arrest those who are trafficking in drugs, but I don't think we should declare war against our own people."³⁷

Brown's 1994 National Drug Control Strategy was designed to redirect and reinvigorate national efforts to confront the drug crisis. The strategy called for a record \$13.2 billion for drug control activities, an increase of \$1 billion over the previous year.³⁸ The strategy shifted some emphasis and budget priorities to drug demand reduction, targeting important additional resources to reduce chronic, hard-core drug use. This strategy no longer perceived "America's drug problem through the narrow prism of supply versus demand activities." The strategy included all aspects of the drug problem, addressing both supply and demand.

In September 1994, the Department of Health and Human Services released the result of its 1994 National Household Survey on Drug Abuse. It showed that between 1992 and 1994, the rate of marijuana use among youth 12 to 17 years of age nearly doubled, rising from 1.6 million in 1992 to 2.9 million in 1994.³⁹ On December 12, 1995, Brown announced he was resigning as the drug "czar". Three days later, Health and Human Services released another study showing that the percentage of 8th, 10th, and 12th graders using marijuana had risen significantly from 1994 to 1995.⁴⁰

Despite renewed emphasis and more money spent on drug control, drug use continued to climb.

The Clinton Administration found itself with a major political liability: no drug czar, increased use of drugs, and rising concern about drugs among the public. To solve this political hot potato, General Barry McCaffrey was appointed the new drug czar, the Director, ONDCP. In his new duties, he was startled to discover that a document called The National Drug Control Strategy existed and had been published annually since 1989.⁴¹ As head of SOUTHCOM, McCaffrey had commanded one of the largest interdiction operations run by the federal government, yet had known nothing of the strategy that was supposed to focus the efforts of all the agencies involved in the drug fight.

Current Strategy

The 1998 National Drug Control Strategy is designed to reduce illegal drug use and availability of drugs in America by 50% over the next ten years. It focuses on all aspects of the problems that we face with illegal drugs, alcohol, and tobacco. This strategy is a comprehensive program that addresses five major goals and 32 supporting objectives in the fight against drugs. The five goals are

to educate and enable America's youth to reject illegal drugs, as well as alcohol and tobacco products; increase the safety of America's citizens by substantially reducing drug-related crime and violence; reduce health and social costs to the public due to illegal drug use; shield America's air, land, and sea frontiers from trafficking; and finally, break foreign and domestic drug sources of supply.⁴² This five-goal approach was established in 1996 and remains the core of today's strategy.

The anti-drug budget has increased each year. In 1986, the budget was \$2.9 billion. The budget for the 1998 Strategy is \$15.9 billion. The requested budget for FY 1999 is over \$17 billion.⁴³ Since 1986, approximately one third of the budget has been spent to combat the demand for drugs, and two thirds to combat the supply. Regardless of what we claim our strategy is, we still continue to spend the majority of the dollars against the supply of drugs. For example, the 1997 Strategy states that the number one priority is to decrease use of illegal drugs, alcohol, and tobacco by youths, by focusing on demand. Yet only 33% of the budget went toward demand, with only \$1.6 billion earmarked for drug prevention.⁴⁴

The first goal of the current strategy is to educate and enable America's youth to reject illegal drugs as well

as alcohol and tobacco. This is the most important goal in the entire strategy. It focuses on the demand now and for future generations. The youth of America are tomorrow's leaders and the future of our country. If we can positively influence the youth, we will definitely decrease the demand for drugs.

We have historically spent less than 10% of the anti-drug budget on prevention programs, and those programs have been ineffective. The National Institute on Drug Abuse (NIDA) released a study in 1991 that found no significant difference in drug use among those who had participated in the Drug Abuse Resistance Education (DARE) program and those who had not.⁴⁵ The program teaches kids how to say no to drugs, but does not actually make them any more likely to say no. The DARE program needs revision to produce worthwhile results.

In December 1998, the Department of Health and Human Services released a report indicating that teen drug use is leveling off.⁴⁶ The report showed a slight decline in drug use among 8th and 10th-graders. McCaffrey credits this decline to our drug control strategy: "It demonstrates that our balanced approach - focusing on preventing children from turning to drugs, treating drug addicts, and breaking trafficking organizations - works." There is

scant evidence that the stabilizing drug use is linked to the strategy. Strategies, policies, and laws certainly had not significantly affected drug use in America throughout the past century.

The youth of America are strongly influenced by television. A Stanford University study of 2,600 9th-graders found that for every extra hour per day spent watching music videos, youth were 31% more likely to begin drinking alcohol during the following 18-months. Ninth graders who watched an extra hour of regular television programming per day increased their chances of drinking by nearly 10% over the same time period.⁴⁷ We may achieve more success in the fight against drugs if we make greater use of the media. A sustained, high-quality television campaign will be expensive, but should be viewed as an investment. The amount of money we have been spending to educate the youth in America about drugs has been too small to bring significant return.

The 1999 National Drug Control Strategy was released on February 8, 1999. There are few differences compared to last year's strategy. Vice President Gore wrote:

This Strategy takes us into the next century with a goal of dramatic reduction in supply and demand for drugs, and a real chance of giving our children drug free communities in which to grow up.⁴⁸

The most significant change is that the stated primary goal is to educate and enable our youth to reject substance abuse. This goal emphasizes the true center of gravity - the demand for drugs. In addition, McCaffrey states, "The future is encouraging as our major prevention initiative, the \$2 billion five-year Anti-Drug Media Campaign, begins to leverage the full power of the media to change youth attitudes."⁴⁹ This strategy, as many in the past, states that the primary focus is on demand. Yet, only 34% of the 1999 budget is dedicated toward demand reduction.⁵⁰ Are we really doing anything different in this strategy? Are we putting our money where it will make the most difference? Or are we just giving lip service to demand reduction?

Conclusions

America has been faced with the problems associated with harmful drug use for over a century. There are over 100 agencies involved in the fight against illegal drugs, alcohol, tobacco, and their numerous associated problems. We have spent billions of dollars, yet are experiencing

record incidence of users, treatments, and crimes associated with drugs.

Our anti-drug budget has increased by huge amounts, from \$2.9 billion in 1986, to a record \$17.1 billion in 1999, and a proposed \$17.8 billion in FY2000.⁵¹ Vast sums of money have been spent in our fight against drugs with minimal success. Our attacks on the sources have, on many occasions, caused production to shift to different areas of the globe, affecting more countries and more people. We have destroyed many drug crops, but not enough to affect drug demand or use. Supply has always been more than enough to meet demand.

Our success against trafficking has also been minimal. It is virtually impossible to seal our borders to the flow of drugs. Even if we could, there are those who would simply produce the drugs within our own borders. Our attacks on trafficking have made the whole operation extremely complex. Traffickers have been able to stay ahead of our interdiction efforts.

Several times in the past century, we have attacked the supply of drugs as if it were the center of gravity. We have attacked production, drug lords, and traffickers. Our hope has been to reduce use by eliminating the supply, but our effort to reduce the supply of drugs has had

minimal effect on the use of drugs in the United States. Yet we continue to sink money into an area that does not produce worthwhile results. In the 1999 Strategy, the largest budget increase (11.8%) is toward interdiction, while the increase dedicated toward demand is 9.1%.⁵²

Illegal drug use costs our society approximately \$67 billion each year. Over \$8.8 billion, 51.8% of the anti-drug budget, goes toward domestic law enforcement.⁵³ Individuals charged with drug offenses and drug-related crimes crowd our courts and prisons. Many believe that legalizing drugs and regulating their trade would reduce our problems with drugs. They compare our current anti-drug efforts to Prohibition. We know that prohibition of alcohol was unsuccessful. If we legalized drugs, we could eliminate billions of dollars spent to fight drugs and even generate revenue through taxation.

It may take something this drastic to achieve better results in our fight against drugs. Would legalization reduce the adverse effects of drugs on our society? Would it strike at the demand for drugs and the dependency caused by harmful illegal drugs? Or would legalization promote wider use? This continues to be a serious debate.

Our National Drug Control Strategy exists primarily because the drug problem became a Presidential Campaign

issue in the 1980's. Drug use is merely a symptom of larger problems in America, such as poverty, peer pressure, decay of values, erosion of the family, and emotional problems. Public outcry has raised the issues to the federal level. The American people insist on action against drugs, and want the government to solve this social problem.

We need to focus our efforts on demand. There are three categories within demand: the first time user, the casual user, and the addict. A large body of research is available in this area. From that research, we must develop ways to target each type of user. Education must start at a very early age to mold our youth's values and perceptions about illegal drugs. Once someone is addicted to drugs, we must work with treatment programs to eliminate the drug dependency.

We need to reevaluate the distribution of the drug control budget. McCaffrey recently stated, "You can't solve the drug problem with the interdiction approach. Supply greatly exceeds demand." We must focus on the center of gravity, the demand for drugs. We have not, to this point in history, concentrated our efforts and dollars in the areas that will have the greatest impact on the war on drugs.

Our strategy on drug control must be long-term. Public pressure for quick results will only lead policy makers to focus on highly visible but ineffective interdiction campaigns. These may yield tons of confiscated drugs, but will not significantly reduce total supply, or decrease use.

It will take more than money and the government to make significant progress against the use of illegal drugs. Values cannot be bought. It will take the effort and dedication of many agencies, educators, parents, and volunteers to maintain a continuous battle in the fight against drugs. We need to equip the youth of America with the facts about illegal drugs, and instill in them the values and discipline to avoid the temptations of drugs. If we stay focused and committed, we will see positive results in the lives of our country's future leaders. But we will not realize our goals if we do not direct the majority of our efforts and resources against the center of gravity, the demand for drugs. Attacking the supply of drugs simply does not work.

We can never win the war on drugs. We can only hope to win some of the battles.

Word Count 5223

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⁵² Ibid.

⁵³ Ibid.

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