

**STRATEGY
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**APPLYING THE CENTER OF GRAVITY CONCEPT TO THE WAR
ON DRUGS**

BY

COLONEL THOMAS B. BENNETT
United States Army

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USAWC STRATEGY RESEARCH PROJECT

Applying the Center of Gravity Concept to the War on Drugs

by

COL Thomas B. Bennett
U.S. Army

COL Dennis Keller
Project Advisor

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U.S. Army War College
CARLISLE BARRACKS, PENNSYLVANIA 17013

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ABSTRACT

AUTHOR: COL Thomas B. Bennett

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The U. S. Government has been striving to reduce illicit drug use in America since the early 1900s. The current "war on drugs" was initiated in the 1970s and has used various policies and strategies, to include enlisting the support of the Department of Defense in 1989. U.S. drug control programs are classified as either demand-reduction or supply-reduction activities. Several strategies aimed at reducing either demand or supply have been implemented with modest success. Yet, illegal drugs are still readily available on American streets. To achieve greater success, where should the priority of effort be placed? In planning operations, the military relies on identifying centers of gravity as an important concept for focusing efforts to defeat an adversary. It is deeply ingrained in today's military doctrine. Is this concept applicable to the "war on drugs"? This paper presents the center of gravity concept, examines its relevance to the illegal narcotics industry, analyzes drug control strategies, and offers recommendations on where U.S. agencies might focus efforts in order to have a greater impact on reducing the availability and use of illegal drugs.

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APPLYING THE CENTER OF GRAVITY CONCEPT TO THE WAR ON DRUGS

"The metaphor of a 'war on drugs' is inappropriate. Drug abuse is more like a cancer affecting American communities."¹

—Barry McCaffrey

The U.S. Government has been striving to reduce illicit drug use in America since the early 1900s when it first recognized the extent of the illegal use of opium and other opiates by its citizens. The current "war on drugs" was initiated in the early 1970s in response to the proliferation of drug use during the previous turbulent decade. For over 30 years various policies, strategies, and programs have been developed and implemented, to include enlisting the support of the Department of Defense in 1988. Despite the nation's best efforts, millions of Americans remain addicted, millions more remain casual users, and illegal drugs are readily accessible.

The December 2000 National Security Strategy classifies drug trafficking as a transnational threat. It is part of a broad range of criminal activities that originates overseas and threatens the safety and well being of the American people.² The Government Accounting Office estimates that drug use and its damaging consequences cost U.S. society over \$110 billion annually.³

Overwhelmingly, American citizens see illegal drugs and its consequences on society and the nation as a high priority. Its negative effects permeate our society. The fiscal year 2001 counterdrug budget exceeds \$18 billion⁴ and over 50 U.S. federal agencies are involved in the war on drugs. Additionally, countless state, local, and nongovernmental organizations are involved in treatment, prevention, and interdiction. Nearly every country in the Western Hemisphere is somehow affected by the drug trade either as a source country, a transit country, or a consumer country. Vulnerable Latin American democracies, sometimes corrupted or influenced by the vast sums of money associated with the drug trade, continue to struggle against drug cultivators, producers, traffickers, and the criminal organizations that protect and support them.

While there have been many successes in the war on drugs, it remains a continuing menace and victory is elusive. There is much debate on where the priority of effort should be placed in order to achieve greater success. In planning operations, the military relies on

identifying centers of gravity as an important concept for focusing efforts to defeat an adversary. It is deeply ingrained in today's military doctrine. Is this concept applicable to a war on drugs? This paper examines the center of gravity concept, determines its relevance and applicability to the drug problem at the strategic level, and offers recommendations for future U.S. drug control strategies.

EVOLUTION OF U.S. DRUG CONTROL STRATEGY

In order to understand current U.S. strategy in the war on drugs, it is important to know its history and evolution. Drug abuse is not a new phenomenon; America has been struggling with it for well over a hundred years. In fact, addiction to narcotics in the late 19th Century was far more prevalent than addiction to heroin is today.⁵ Before and after the Civil War, the use of opium based products skyrocketed and many of the now illegal drugs were at one time seen as beneficial.⁶ Gradually, Americans learned of drugs' addictive power and began wrestling with the problem.

The Harrison Act of 1914 was the first federal regulation to restrict the sale of drugs and is the basis for today's prohibition against narcotics. The Act marked a new approach to the drug problem by taxing and regulating the distribution and sale of narcotics, permitting the sale of cocaine only through prescriptions, and forbidding any trace of cocaine in patent remedies.⁷ The actual effectiveness of the Act is debatable since by the time it was enacted the use of cocaine had largely died out and ceased to be a major problem. Indeed, cocaine use disappeared from American culture until the 1970's and even demand for other illegal drugs remained low until the early 1960's.

Illicit drug use came roaring back in the mid 1960's when social turmoil stripped away the social stigma of drug use. Marijuana was the drug of choice, although hallucinogens were popular also. In response to the explosion in drug use, the Johnson administration instituted several initiatives aimed at curbing demand.⁸ Unfortunately, the initiatives were too small in scope to keep pace with the escalating rise in demand. Consequently, a number of drug control laws designed to impact the supply of illegal drugs were enacted and in 1968 the Katzenbach Commission urged increased spending to regulate the supply of drugs.⁹

In 1971, President Nixon declared a "war on drugs". Despite his drug war rhetoric, his administration executed a relatively balanced approach to demand and supply reduction. In all, his administration spent \$3 billion on anti-drug programs, most of it devoted to prevention and

treatment.¹⁰ However, drug use continued to proliferate causing Congress to take further legalistic and regulatory approaches aimed at reducing the supply of drugs. After these efforts failed to mitigate the problem, Congress held hearings to explore demand reduction issues. The thrust of the testimony called for greater emphasis on treatment, rehabilitation, training, education, and research.¹¹

By the end of the 1970's, marijuana use was voracious and widespread in American society. President Carter, surprisingly enough, conducted a strategy with more of a supply reduction emphasis than his predecessors did yet he endorsed the decriminalization of marijuana. Carter was against legalization but believed that "penalties against possession of the drug should not be more damaging than the drug itself."¹² Ten states agreed and decriminalized small amounts of marijuana. Meanwhile, cocaine use exploded in the late 1970's and early 1980's.

Early in his administration, Ronald Reagan stated that he would refocus U.S. antidrug policy toward demand reduction but in actuality shifted to a radical supply reduction strategy.¹³ Federal spending on supply reduction programs more than tripled while demand reduction spending decreased.¹⁴ The overall thrust of the antidrug strategy was aimed abroad, particularly against cocaine traffickers in Latin America. However, by the end of the decade cocaine use continued unabated and the even more dangerous crack cocaine had appeared. A national outcry prompted Congress to pressure the Reagan administration to spend more on demand reduction programs. Reagan responded with a demand side strategy, the thrust of which was punitive and emphasized "getting tough" on drugs. It became known as the "zero tolerance" program.¹⁵

By the time George H. Bush was elected president in 1988 the war on drugs had failed to halt the flow of illegal drugs into the country and drugs had risen to the number one issue in America.¹⁶ Accordingly, President Bush instituted a three-pronged strategy aimed primarily at the cocaine industry. The strategy was to attack drugs at their source, interdict their flow, and attack drugs domestically.¹⁷ Additionally, Congress passed the Anti-Drug Abuse Act in 1988 calling for a balanced, comprehensive National Drug Control Strategy and tasked the military to support the war in the 1989 Defense Authorization Act.¹⁸

During the Clinton presidency, his administration made the argument that demand reduction and supply reduction programs are synergistic. That is, demand reduction programs cannot succeed if drugs are readily available and supply reduction programs cannot succeed if America's demand for illegal drugs is not curbed.¹⁹ Clinton wanted to spend more money on

each while emphasizing demand reduction. The current strategy, a Clinton holdover, has an overall goal of reducing drug use and availability by half and the consequences of drug abuse by at least 25 percent by 2007 (compared to 1996 levels).²⁰ Achieving this goal would result in just 3 percent of the household population aged twelve and over using illegal drugs -- the lowest documented drug-use rate in American history according to the Office of National Drug Control Policy.²¹

The Office of National Drug Control Policy summarizes the current U.S. strategy as "a balanced array of demand reduction and supply reduction actions." The strategy is delineated as five goals in the Strategic Goals and Objectives of the 2001 National Drug Control Strategy.²²

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

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

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

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

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

Goals 1, 2, and 3 deal with prevention and treatment (demand) while Goals 4 and 5 deal with law enforcement and interdiction (supply).

As is obvious, the current U.S. strategy evolved over several years. Depending on the mood of the administration or Congress, the strategy fluctuated from a focus on reducing demand or supply. More often than not, the focus was on supply reduction. When it did focus on demand the focus was generally punitive in nature and demand reduction programs continued to receive only a small percentage of the overall counterdrug budget. Certain aspects of various strategies have proven successful, only to be abandoned in pursuit of other endeavors. Critics of U.S. strategy note that the federal government has failed to address the true nature of the drug problem. Past administrations have blamed the problem on foreign drug suppliers while foreign governments argue that the problem is one of American demand. There's certainly some validity in both accusations. Now that the military is involved in supporting the war on drugs, perhaps it is time to attempt to apply a concept familiar to all military planners -- identifying the true center of gravity. Before that can be done, it is necessary to elucidate the concept.

THE CENTER OF GRAVITY CONCEPT

As a testament to the validity of his philosophical writings on war in the 19th century, Carl von Clausewitz's theory on centers of gravity remains an important tool in military planning and is deeply rooted by definitions and descriptions in today's joint and service doctrine. Proper identification of centers of gravity is a vital step in strategy development and subsequent campaign planning. Misidentifying or ignoring an adversary's center of gravity can result in squandered resources and have grave consequences.

Clausewitz recognized the dynamic nature of centers of gravity and noted that they must be appropriate not only to the nature of the conflict but ultimately to the overarching political objectives as well. From a historical perspective, Clausewitz originally formulated one of the first and arguably the most famous treatises on the center of gravity concept in his classic *On War*. He argued

"One must keep the dominant characteristics of both belligerents in mind. Out of these characteristics a certain center of gravity develops, the hub of all power and movement, on which everything depends. That is the point against which all our energies should be directed...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 first task, then, in planning for war is to identify the enemy's centers of gravity, and if possible trace them back to a single one."²³

Clausewitz emphasized that the enemy's fighting force, or army, was this single center of gravity. He argued that whatever central feature of an adversary's power may be – the point upon which to focus efforts – the defeat and destruction of his fighting force remains the best way to begin, and in every case will be a very significant feature of the campaign.²⁴

Although Clausewitz emphasized the enemy's army as the single center of gravity, historians and military strategists note that this has led to confusion when taken out of context. Clausewitz's theory was based on his own operational perspective and historical setting. When studying the complete context of Clausewitz's far-reaching writings he allowed the proverbial academic notion that "it depends". He acknowledged

"We can see that in war, many roads lead to success, and that they do not all involve the opponent's outright defeat. They range from the destruction of the enemy's forces, the conquest of his territory, to a temporary occupation or invasion, to projects with an immediate political purpose, and finally to passively awaiting the enemy's attacks."²⁵

Taken alone, this suggests that Clausewitz viewed the defeat of the enemy's army as the surest path to victory. However, he also theorized that other centers of gravity were possible. He noted that "Among alliances, it [center of gravity] lies in the community of interest, and in popular uprisings it is the personalities of the leaders and public opinion. It is against these that our energies should be directed."²⁶ He argued that in overcoming an enemy's will, the choice would depend on circumstances.²⁷

Thus, Clausewitz allowed for the possibility of other centers of gravity and that each would depend on the nature of the conflict. Acknowledging that his writings were not fully developed, Clausewitz even noted that later revisions of his work would show how "...this idea of a center of gravity in the enemy's forces operates throughout the plan of war."²⁸ Unfortunately, he died before he could fully develop his theory.

Clarity on the center of gravity provides a valuable link between national strategic objectives, operational objectives, and the employment of national resources. Fundamental to Clausewitz's logic is that no one should initiate a war "...without being clear in his mind what he intends to achieve."²⁹ However, it may not be possible to attack an adversary's center of gravity in one decisive blow. This requires a commander to demonstrate his operational art or genius in planning a winning campaign. As Clausewitz suggested "...a general can best demonstrate his genius by managing a campaign to exactly suit his objectives and his resources doing neither too much nor too little."³⁰

As previously mentioned, Clausewitz's centers of gravity concept is deeply rooted by definitions and descriptions in both joint and service doctrine. The Department of Defense Dictionary of Military and Associated Terms defines center of gravity as "those characteristics, capabilities, or localities from which a military derives its freedom of action, physical strength, or will to fight."³¹ Joint Publication 3-0 similarly defines it with the only exception being that "localities" is replaced with "sources of power." Each of the military services uses essentially the same definition as Joint Publication 3-0. Army Field Manual 3-0 uses exactly the same definition and recognizes the concept of centers of gravity as key to all operational design.³²

Properly applied, centers of gravity provide focus for campaign planning. In planning, joint doctrine states that

"The center of gravity concept is useful as an analytical tool while designing campaigns and operations to assist commanders and staffs in analyzing friendly and enemy sources of strength as well as weakness and vulnerabilities...In theory, destruction or neutralization of enemy centers of gravity is the most direct path to victory."³³

But how does a planner apply and implement Clausewitz's theoretical concepts and current doctrine into the art of strategy? In an effort to clarify the application of the centers of gravity concept William Mendel and Lamar Tooke developed a decision flow model or selection process based on two principles concerning the strong linkage between centers of gravity and objectives. First, centers of gravity are derived from the objectives established for the appropriate level of planning (strategic, operational, or tactical). Second, objectives established at the operational or tactical levels must contribute to imposing friendly will upon the overarching enemy strategic centers of gravity. Their model recommends that each proposed center of gravity be tested using the criterion of *validity* and *feasibility*. According to Mendel and Tooke a *valid* center of gravity is established when one can say with confidence that "...imposing our will upon the selected center of gravity creates the deteriorating effect that prevents our foe from achieving his aims and allows the achievement of our aims."³⁴ *Feasibility*, on the other hand, considers whether or not one has the capability to impose his will over an adversary's center of gravity.³⁵

After examining the centers of gravity concept from Clausewitz through current doctrine and theories, it is possible to determine the relevance and applicability of the concept to the war on drugs at the strategic level.

RELEVANCE OF THE CENTER OF GRAVITY CONCEPT TO THE DRUG WAR

Is there a "hub of all power" in the drug war? Is there a strategic center of gravity upon which the U.S. can focus its efforts in order to maximize resources and facilitate greater success at mitigating the harmful effects of illicit drugs? William Mendel and Murl Munger, authors of the study "Strategic Planning and the Drug Threat" note a clear need for a strategy that coordinates the instruments of counterdrug power to achieve objectives that contribute to national security and a vision for success in the counterdrug effort.³⁶ They argue that "most important is that the campaign plan...achieve a synergistic effect in attacking the center of gravity and its components."³⁷ At the operational level, Mendel and Munger provide examples of what the various agencies involved in the drug war might consider centers of gravity. These examples include key individuals, key nodes in the distribution system, major transportation assets, communications capabilities, or financial war chests. However, they fail to identify or suggest a strategic center of gravity. They note only that the National Drug Control Strategy establishes policy and a general sense of direction for the counterdrug effort.³⁸

So, is the center of gravity concept relevant at the strategic level and, if so, what is the strategic center of gravity in the drug war? What "general sense of direction" should the U.S. national counterdrug effort take? If the national strategy is misoriented and focuses on the wrong center of gravity, does it not preclude probable and eventual failure? If Mendel and Munger are correct that centers of gravity can be determined at the operational and tactical levels of the drug war, it seems reasonable that the concept is relevant and that a center of gravity must exist at the strategic level also. Identifying that center of gravity should be the first step in developing a national strategy. All other campaign plans developed by the various agencies supporting the counterdrug effort should focus on defeating the strategic center of gravity.

The U.S. Congress requires that all counterdrug activities be classified as relating to either reducing supply or demand. Current U.S. strategy purports to be a balanced approach to supply reduction and demand reduction programs. Assuming that the center of gravity concept is relevant to the drug war, the strategic center of gravity must necessarily be some aspect of supply such as those suggested by Mendel and Munger or it must be some aspect of demand such as prevention, treatment, or education. Identification of a strategic center of gravity that enables policy makers to better focus U.S. counterdrug efforts requires an analysis of supply and demand before the concept can be applied.

ANALYSIS OF SUPPLY

Supply equates to the availability of illegal drugs. U.S. supply reduction programs are designed to limit supply so that users either cannot find or cannot afford drugs. A second aim is to discourage people from consuming drugs, mainly through tough law enforcement. Unfortunately, the main objective of raising prices and limiting availability has not been achieved. Despite efforts, the availability of illegal drugs has increased, prices have dropped, and purity levels have risen. Supplies of cocaine were so plentiful throughout the 1980s that the wholesale price of a kilogram in Miami dropped from \$60,000 to \$10,000. Similarly, the purity level of heroin in the 1990's increased while the average street price of a milligram dropped from \$3.90 in 1980 to 80 cents in 1999.³⁹

The authors of the book "Drug War Politics" argue convincingly that the relative failure of supply reduction programs is due to two self-defeating effects – the *profit paradox* and the *hydra effect*. The *profit paradox* suggests that the drug war has been unable to raise the cost of

being involved in the drug trade enough to put drug prices out of the range of consumers because its success in artificially raising prices also inflates profits. These inflated profits have the paradoxical effect of providing a steady incentive for drug suppliers to stay in business while attracting new suppliers.⁴⁰ The *hydra effect* suggests that attempts to prohibit production and dealing often spreads the problem and makes hard-fought gains short-lived. The profits of the drug trade make it lucrative for suppliers to produce more in order to offset losses in seizures. Additionally, there are always new recruits to take the place of those arrested. The hydra effect is analogous to the mythical sea serpent that Hercules battled, each time one head of the hydra is cut off, two more grow in its place.⁴¹ Combined, the *profit paradox* and *hydra effect* undermine supply reduction strategies.

U.S. supply reduction programs are executed at three stages in the global drug trade. First, they target drugs at the source by assisting foreign governments in eliminating drug production through eradication or crop-substitution and by dismantling processing facilities. Second, agencies target drugs in route to the U.S through interdiction of shipments. Third, law enforcement organizations combat illegal drugs on U.S. streets through seizures and prosecution of dealers. The goal at each stage is to make it too costly and dangerous for cultivators, processors, smugglers, and dealers to produce and market drugs with the overall objective of reducing availability and dissuading consumers from buying and using.⁴² The profit paradox and hydra effect explain why the drug war has been unsuccessful at each of these three stages.

The strategy of executing the drug war at the source is exemplified in the George H. Bush administration's "Andean Initiative."⁴³ The goals of the strategy, not to be confused with the current "Andean Ridge Initiative", was to cut supply by eradicating coca crops, destroying processing laboratories, blocking the transport of precursor chemicals, and intercepting shipments. Drug traffickers were to be arrested and prosecuted, laboratories dismantled, assets seized, and networks destroyed.

A major problem with the strategy was that eradication efforts were not able to keep up with new growth. The U.S Department of Agriculture estimates that 2.5 million square miles in South America are suitable for growing coca.⁴⁴ Eradication efforts have resulted in growers dispersing their fields, which makes detection more difficult. Even recent successes in Peru and Bolivia have only resulted in increased production in Colombia. Additionally, success against one drug cartel only increases the market share of others. U.S. strategy keeps prices up at black market levels without reducing demand which results in huge profits for producers and

dealers. Low production costs and inflated profits mean drug cartels can lose 70 to 80 percent of their product and still be profitable.⁴⁵

Another impediment to source zone programs is their reliance on local governments, militaries, and police forces possessing the will to fight in the U.S. drug war. Many of these nations have little choice but to accept revenue from any source due to other overwhelming priorities such as economic and political survival. Author David Jordan describes this corruption of the state as a process called narcostatization and notes that governments may have a substantial interest in protecting the drug trade.⁴⁶ A successful crackdown could easily threaten their economic viability.

The war on drugs fought at the second stage, in-transit, is also disappointing. Drugs continue to flow into America despite the heroic efforts of several federal agencies such as the Drug Enforcement Administration, Customs Service, Border Patrol, Coast Guard, and the military. Consider what these agencies are up against. Each year 574,000 planes, 177,000 ships, 118 million automobiles, and 442 million people enter the U.S. However, four Boeing 747s or thirteen tractor-trailer trucks loaded with cocaine could satisfy demand for a year.⁴⁷ At best, a small percentage of drugs destined for America are interdicted. The profit paradox undermines even the best of efforts. An analyst at the Government Accounting Office notes that "the enormous profits in cocaine trafficking make interdiction losses relatively inconsequential."⁴⁸

Compounding the problem of interdiction is that even successful efforts are offset by the hydra effect -- success against one transit route only results in new routes. For example, intense interdiction efforts in southern Florida in the 1980s led to a significant drop in smuggling in that area. Before long, however, traffickers shifted to air drops over the Caribbean Sea for pickup by boat. When those routes were interdicted, new routes developed through northern Mexico.⁴⁹

Another result of the interdiction strategy has been the expansion of domestic drug production and dealing. Protected from cheaper foreign imports, drug producers within the U.S. have greatly expanded their operations while marijuana smugglers from outside the country have been encouraged to switch to cocaine which is less bulky, easier to conceal, and more profitable. The result confirms that interdiction efforts have had little impact on reducing the availability or the price of drugs. Indeed, the economist Peter Reuter argues that even unimaginable successes at the source or the borders would not significantly affect the street price of drugs due to the value added. In the case of cocaine, about 90 percent is added after it arrives in America. Reuter estimated that even an interdiction rate of 50 percent of Latin American cocaine would only result in a 3 percent rise in street price.⁵⁰

The third stage of the U.S. strategy for supply reduction is fought on the streets of America. It, too, has been less than successful. The Treasury department continues to work at preventing dealers from hiding their profits, and assets are seized under forfeiture laws. Yet, although major drug busts occur regularly, the U.S. continues to loose ground on the war against supply at home. Part of the reason is because it is a collusive crime in which both the buyers and sellers strive to keep the transaction secret.

More importantly, the profit paradox and the hydra effect make long-term success on American streets nearly impossible. At each stage of the drug trade, profits are multiplied and remain high while business costs are relatively low. Easy access into the drug trade and the promise of quick profits results in an endless stream of new dealers. The hydra effect promises that when one dealer is arrested, others are quick to emerge and fill the void. Successful efforts at breaking up criminal organizations and cleaning up the streets in one area seemingly spreads the dealing to other areas with greater sophistication among the dealers who are determined to reap the high profits of the drug trade.⁵¹ Ultimately, the hydra effect keeps law enforcement agents chasing drug dealing from one area to another, like "throwing sand against the tide."⁵²

Another aspect of the drug trade that does not bode well for supply reduction programs is the increasing availability of synthetic drugs. Methamphetamines such as "ice" and "crank" are as addictive as crack cocaine and easier to produce. While ice is synthetically produced by amateur chemists in Asia, crank can be produced in the kitchen using legally available equipment and chemicals.⁵³ An argument can easily be made that even if all illegal drugs produced overseas could be stopped at the border, the expanding synthetic drug market would replace it as long as domestic demand persists.

ANALYSIS OF DEMAND

Demand equates to the desire to consume illegal drugs. The demand reduction programs of the current U.S. drug control strategy reportedly focus on shrinking America's demand for drugs through prevention and treatment.⁵⁴ America's strategy toward non-punitive prevention and treatment programs dealing with abuse and addiction are slowly evolving as new research sheds new light on drug abuse. However, they remain overshadowed by the punitive policies exemplified by the law enforcement aspect of demand reduction. An examination of the demand-side war explains how the U.S has arrived at the mostly punitive strategy it currently conducts for demand reduction.

As previously noted, debate about how to define and deal with America's drug problem has raged for nearly a hundred years. The punitive strategy focuses mainly on law enforcement and is the product of intense political struggles that have set the agenda for an increasingly narrowed public debate.⁵⁵ The Harrison Act of 1914 put drug use on the national agenda for the first time but did not criminalize addicts or punish possession or use. How to address addiction and abuse was left open. Eventually, a sustained crusade advocating prohibition and punishment replaced treatment as the acceptable form of drug control. By the time the treatment movement gained any momentum, critical assumptions about addicts and abuse were already in place. Slowly, however, treatment has come to be accepted as a limited supplement to law enforcement.⁵⁶

It is difficult to measure America's progress against demand because of the variance and often dilatory nature of U.S. efforts. For example, when Ronald Reagan took office in 1981 he stated that he would refocus the nation's counterdrug efforts to demand reduction. He noted that "It's far more effective if you take the customers away than if you try to take the drugs away from those who want to be customers."⁵⁷ His administration's subsequent strategy, however, shifted to a strategy dramatically tilted toward supply reduction. During the mid 1980s, Congress challenged this strategy and pressured Reagan to increase spending on demand reduction programs. The result was Reagan's domestic crusade against drugs which became known as "zero tolerance." The thrust of his strategy remained punitive and emphasized "getting tough on drugs."

Although fear of arrest and punishment obviously works to dissuade some people from becoming drug users, evidence indicates that its deterrent effect is dubious at best.⁵⁸ Indeed, drug offenders comprise approximately one in four of those in American prisons and more than half of all federal prisoners.⁵⁹ One would imagine that these figures would certainly provide some sort of deterrent effect, but numerous studies have concluded that fear of punishment is insignificant in deterring drug use.⁶⁰

So why has casual drug use in the U.S. steadily declined since 1979? In 1999, 6.7 percent (14.8 million) of Americans twelve and older were current users of illicit drugs. This figure is down from 14.1 percent in 1979.⁶¹ Since drugs remain readily available and punitive measures have proven relatively ineffective, most of this decline must be attributed to treatment programs, preventive-education efforts, an increased emphasis on health, and fear of AIDS. Unfortunately, while casual drug use has declined in America, hard-core addiction has actually increased. This further suggests that punitive measures, especially against chronic abusers,

are ineffectual. Criminal justice experts note that the failure to provide treatment to hard-core addicts feeds the cycle of addiction-based crime.⁶²

Advocates of treatment programs argue that punitive programs aimed at punishment should be supplemented by more non-punitive programs aimed at treating addiction. In truth, little is known about which treatment program works best for each type of abuser. Different kinds of addicts abusing different drugs require a variety of programs tailored to each drug and type of abuser.⁶³ Proponents of treatment note that there are simply not enough openings in drug treatment programs and not enough financial resources allocated to treatment to make much of a dent in the problem. According to recent estimates, as many as five million users could benefit from drug treatment while only 2.1 million have received it.⁶⁴ Additionally, more research is needed to determine which treatment program is best for each type of abuser.⁶⁵ That notwithstanding, treatment programs have proven successful. According to one Ohio-based study, worker absenteeism for drug users who completed a treatment program decreased by 89 percent, tardiness by 92 percent, and job related injuries by 57 percent.⁶⁶

The 1986 Anti-Drug Abuse Act increased treatment and prevention efforts and encouraged greater emphasis on volunteer and community grass roots efforts to reduce drug use. Although they receive only a small percentage of the national drug control budget, community-based programs have proven successful because the problem is in their backyard. For example, a concerned minister in Tampa, Florida, co-opted city authorities and reduced street drug markets from 154 to 4.⁶⁷ Another example of a community-based effort is Second Genesis, a local organization in Bethesda, Maryland. Second Genesis claims that 79 percent of the men and women who complete the full program remain free of drugs or alcohol.⁶⁸

Recovery programs at the grass roots level have also proven successful. In contrast to large government run programs, recovery programs follow a slow, long-term path to recovery with the ultimate goals of self-reliance and individual responsibility. While as many as 90 percent of the graduates of drug and alcohol programs relapse within six months, 90 percent of Recovery graduates stay clean.⁶⁹

The drop in casual drug use even while availability has remained high portends that prevention and education programs can be successful even though they receive only a small portion, less than 30 percent,⁷⁰ of the U.S. drug control budget. Additionally, treatment programs operated at the grass roots or community level have demonstrated promising results.

APPLYING THE CENTER OF GRAVITY CONCEPT TO SUPPLY AND DEMAND

Analysis of supply and demand, and the U.S. government's efforts at reducing both, demonstrates that demand has decreased over the past two decades even while supply has remained abundant, prices have decreased, and purity levels have risen. This analysis suggests that demand is obviously the true center of gravity at the strategic level. Reduce demand to a negligible level and the availability of supply becomes irrelevant. The military's success at ending its drug problem offers a compelling example. In the 1970s, nearly a third of those in uniform used drugs.⁷¹ Today, very few do so. Yet, as the analysis of supply demonstrated, drugs remain readily available. Stringent drug policies supported by accurate drug testing allowed the military to rid itself of offenders while many others opted to stop using in-lieu of potential dismissal. Whether the reduction is attributed to getting caught, fear of getting caught, prevention, or education the result is the same – reduced demand made supply irrelevant.

Analysis of the supply side of the drug trade and the ineffectual strategy to combat it demonstrates that no aspect of supply is the true strategic center of gravity as defined in military theory or doctrine. Nothing in the source zone pertaining to the cultivation or processing of illegal drugs can be deemed a center of gravity. Source zone operations to disrupt drug trafficking by eradicating crops, destroying laboratories, prosecuting cartel leaders, and attacking money laundering have sometimes achieved short-term success but have proven largely ineffective in the long-term and seemingly only result in increasing the market share of other cartels. Nor can any aspect of the transit of illegal drugs be deemed the center of gravity. Drug traffickers have demonstrated great ingenuity and, despite efforts, at best only a small percentage of drugs are intercepted. Likewise, no aspect of drug distribution can be deemed the center of gravity. Drugs remain readily available on American streets despite efforts to arrest dealers, attack money laundering, and seize assets. The profit paradox and hydra effect ensure that as long as the demand for illegal drugs exists, efforts to reduce supply will likely be ineffectual. Thus, no aspect of supply can be deemed with any confidence as the strategic center of gravity.

Joint doctrine theorizes that destruction or neutralization of an adversary's center of gravity is the most direct path to victory. Countless short-term successes against the perceived center of gravity have failed to produce lasting results. The availability of drugs continues relatively unabated despite the well-intentioned efforts of countless federal, state, and local agencies to combat the drug problem through supply reduction programs conducted in the

source zone, in-transit, and on American streets. In fact, attempts at supply reduction have had the unintended consequence of increasing profits for those criminal organizations involved in the drug trade.

Identifying the supply of drugs as the strategic center of gravity also fails the Mendel and Tooke validity and feasibility test. Given the evidence of failure, or at best short-term successes of supply reduction programs, the designers and implementers of U.S. national drug control strategy cannot state with any confidence that supply is a valid center of gravity. For decades now and to little avail, American strategy focused primarily on reducing the supply of illegal drugs in order to prevent drug traffickers from achieving their aims. Yet, the drug trade continues as a lucrative business and availability is undiminished. Supply also fails the feasibility test. Past performance has demonstrated that America does not possess the capability to effectively reduce the availability of supply. More and more resources dedicated to stopping the flow of illegal drugs has had no discernible long-term impact. Small successes achieved proved to be short-lived. The profit paradox and hydra effect of the drug trade essentially doom supply reduction activities to ultimate failure.

Conversely, analysis of the war on demand demonstrates that although it receives only a small amount of the drug control budget, it has proven much more successful than efforts to reduce supply. It is arguable whether punitive measures are responsible for the decrease in casual drug use or whether other measures such as prevention and education are responsible. However, the results are not disputable. Casual drug use has declined substantially since 1979 even though supply remains abundant. Unfortunately, hardcore addiction has risen which seems to suggest a requirement to increase treatment and prevention.

Clausewitz theorizes that the enemy strength must be traced back to the fewest possible sources, and ideally to one. It is easy to surmise that the drug barons' ultimate source of strength is the demand of their customers. Take the demand away and the drug trade will necessarily cease to exist as a significant threat to American society. Current joint doctrine also supports demand as the strategic center of gravity. It advocates that the enemy derives its freedom of action, physical strength, or will to fight from its center of gravity. In the drug war, without demand those attributes are stripped away from the drug traffickers.

Demand as the strategic center of gravity also passes the Mendel and Tooke validity and feasibility test. It is valid because it can be stated with confidence that imposing American will upon the selected center of gravity (demand) will create the deteriorating effect that prevents our adversaries from achieving their aims. Without demand, the drug suppliers have no market in which to barter their product. Likewise, demand conceivably passes the feasibility test.

Prevention and treatment programs received approximately \$5.4 billion, or 29.89 percent, of the National Drug Control Budget in fiscal year 2001.⁷² This ratio mirrors the trend throughout the drug war. Yet, analysis of these programs demonstrated that prevention and treatment works and that the demand for illegal drugs has decreased over the past twenty years. America managed this decrease even though supply remained abundant and while giving prevention and treatment programs a relatively low priority. This suggests that even just a portion of the billions of dollars wasted on the war against supply and users could make a real difference if shifted to prevention and treatment.

CONCLUSION AND RECOMMENDATIONS

The center of gravity concept is applicable to the drug war. Unfortunately, recognizing demand as the strategic center of gravity really does little to advance the debate on how to design U.S. strategy. Application of military theory and doctrine frames the problem in military terminology but only lends credence to what many critics of current strategy have long argued – that demand is the real problem, not supply. However, maybe it will assist in persuading those who continue to advocate supply reduction programs at the expense of demand reduction that the drug problem truly requires a more balanced approach. George W. Bush even noted during his visit to Mexico early in his presidency that “...demand is the real problem.”⁷³ Critics of U.S. drug control strategy have long argued this point. They note that there have been many short-term successes in eradicating crops, destroying laboratories, interdicting shipments, and prosecuting dealers but these victories are short-lived and do little to affect the availability or price of drugs on the streets of America. The war on supply is unlikely to ever result in raising the price or reducing the supply of drugs to the extent necessary to significantly lower abuse and addiction as long as consumers have an insatiable appetite for drugs.

Some critics of U.S. strategy advocate decriminalization of less-dangerous substances while retaining bars on access to heroin, cocaine, and other addictive drugs. Others advocate the outright legalization of drugs. They take a libertarian approach and argue that whether drugs are good or bad is a personal decision and should not be determined by the government.⁷⁴ They do, however, agree that the number of users would probably rise since drug prices would be lower, access easier, quality assured, and the social stigma would likely diminish. Unfortunately, there is too little evidence to suggest that legalization would be the cure for the drug problem. Indeed, if drugs were legalized, decriminalized, or made available through

other policies, the costs to the individual and society would likely grow astronomically. Studies show that people commit more crime while on drugs than in any other circumstance.⁷⁵ Many of these offenses, 17.1 percent, are committed by persons trying to get money to buy drugs. More, 31.1 percent, are committed by people simply under the influence of drugs.⁷⁶ This portends that increased availability and expanded drug use would serve to increase, not decrease, crime. Most Americans ostensibly realize this -- eighty percent reject the legalization of cocaine and heroin, while 64 percent reject the legalization of marijuana⁷⁷. Legalization is not the answer to the drug problem.

Probably what is most important right now in the drug debate is to realize that the U.S. has never really given demand reduction programs the priority they deserve. If demand is truly the strategic center of gravity and the crux of the drug problem, then U.S. policy makers should reorient the strategy and devote more emphasis and resources to reducing demand. Additionally, demand reduction programs should focus less on ineffective punitive measures and more on prevention, education, and treatment. The Office of National Drug Control Policy has indeed been moving in this direction in recent years, but more can be done. In the past five years, resources focused on prevention have increased 58 percent while those focused on treatment have increased 36 percent.⁷⁸ Still, these types of programs comprise less than 30 percent of the overall drug control budget.⁷⁹

Reorienting U.S drug control strategy does not preclude continuing with supply reduction efforts. Indeed, abandonment of these programs could be catastrophic to many of the fragile nations America has pressured into actively supporting the drug war. The drug problem truly is international in nature. Nearly every country in the Western Hemisphere is somehow affected by the drug trade either as a source country, a transit country, or a consumer country. The governments of many countries have entered into what has been termed advanced narcostatization -- a process in which economic globalization coupled with narcotics trafficking has facilitated the corruption of the state.⁸⁰ To varying extents, these governments depend on the monetary surpluses provided by the drug trade to service debts, limit taxes, subsidize constituencies, buy off power contenders, and project state power into other states and societies.⁸¹ Under continuing U.S. pressure and assistance, vulnerable Latin American democracies continue to struggle against drug cultivators, producers, traffickers, and the criminal organizations that protect and support them. International cooperation is the only way to mitigate the negative consequences of the illegal drug trade.

While recognizing that there is a synergism between supply and demand, America must reorient its drug control strategy and achieve a truly balanced approach. The strategy should

focus on demand reduction programs aimed at prevention while simultaneously executing a determined foreign policy that assists foreign governments in reducing supply and in dealing with the underlying political, economic, and social problems that exacerbate corruption, money laundering, and criminal cartels. The focus of the strategy, however, should be on the true center of gravity – demand. Demand reduction programs should support community-based efforts aimed at preventing children from using drugs and treating hard-core addicts through expanded programs that have been proven effective. America must come to realize that combating the illegal drug problem is a complex, long-term effort that requires increased emphasis on demand reduction if the war on drugs is going to be won.

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ENDNOTES

¹ Mary H. Cooper, "Drug-Policy Debate, Is there too much emphasis on law enforcement?", The CQ Researcher, Volume 10 No. 26 (28 July 2000): 596. Quote is attributed to Barry McCaffrey, former Director of the Office of National Drug Control Policy (ONDCP). He also discusses this metaphor in the ONDCP 2001 Annual Report.

² William J. Clinton, A National Security Strategy for a Global Age, (Washington D.C.: The White House, December 2000), 25.

³ Government Accounting Office, Drug Control: DEA's Strategies and Operations in the 1990s, (Washington D.C.: U.S. Government Accounting Office, 29 July 1999), available from <<http://www.gao.gov/docdb/lite/summary.php>>; Internet; accessed 21 September, 2001.

⁴ Office of National Drug Control Policy, Summary: FY 2002 National Drug Control Budget, (Washington D.C.: US Government Printing Office, April 2001), 1.

⁵ Leif Roderick Rosenberger, America's Drug War Debacle, (Brookfield, Vermont: Ashgate Publishing Company, 1996), 16.

⁶ Ibid, 16.

⁷ Ibid, 17.

⁸ Ibid, 20.

⁹ Ibid, 21.

¹⁰ Ibid, 22.

¹¹ Ibid, 21.

¹² Ibid, 25.

¹³ Ibid, 26.

¹⁴ Ibid, 26.

¹⁵ Ibid, 27.

¹⁶ Ibid, 29.

¹⁷ Ibid, 31.

¹⁸ Ibid, 50.

¹⁹ Ibid, 50.

²⁰ Office of National Drug Control Strategy, FY 2001-2007 Strategic Plan, (Washington D.C.: U.S. Government Printing Office), 4.

²¹ Ibid, 4.

²² Office of National Drug Control Policy, Strategy Goals and Objectives of the 2000 National Drug Control Strategy, available from <<http://whitehousedrugpolicy.gov/publications/policy/99ndcs/goals.html>>, Internet; accessed 21 September 2001.

²³ Carl von Clausewitz, On War, edited and translated by Michael Howard and Peter Paret, (Princeton: Princeton University Press, 1976), 617 – 619.

²⁴ Ibid, 596.

²⁵ Ibid, 94.

²⁶ Ibid, 596.

²⁷ Ibid, 94.

²⁸ Ibid, 486.

²⁹ Ibid, 177.

³⁰ Ibid, 177.

³¹ Department of Defense. Dictionary of Military and Associated Terms Joint Publication 1-02 (Washington D.C.: U.S. Department of Defense, 12 April 2001), 63.

³² Department of the Army, Operations, Field Manual 3-0 (Washington D.C.: U.S. Department of the Army, June 2001), 5-7.

³³ Department of Defense, Doctrine for Joint Operations, Joint Publication 3-0 (Washington D.C.: U.S. Department of Defense, 10 September 2001), III22.

³⁴ William W. Mendel and Lamar Tooke, "Operational Logic: Selecting the Center of Gravity," Military Review (June 1993), 5.

³⁵ Ibid, 5.

³⁶ William W. Mendel and Murl Munger, Strategic Planning and the Drug Threat, (Fort Leavenworth, Kansas, August 1997), 83 – 84.

³⁷ Ibid, 93.

³⁸ Ibid, 83.

³⁹ Cooper, 595,610.

⁴⁰ Eva Bertram, Morris Blackman, Kenneth Sharpe, and Peter Adreas, Drug War Politics, (Berkeley and Los Angeles, California: University of California Press, 1996), 11.

⁴¹ Ibid, 13.

⁴² Ibid, 13.

⁴³ Ibid, 14.

⁴⁴ Ibid, 18.

⁴⁵ Ibid, 15.

⁴⁶ David C. Jordan, Drug Politics: Dirty Money and Democracies, (Norman: University of Oklahoma Press, 1999), 17.

⁴⁷ Bertram, 20.

⁴⁸ Ibid, 20.

⁴⁹ Ibid, 21.

⁵⁰ Peter Reuter, "Can the Borders Be Sealed?", Public Trust, Issue 92 (Summer 1988), 57.

⁵¹ Ibid, 24.

⁵² Ibid, 25.

⁵³ Rosenberger, 8 – 9.

⁵⁴ Office of National Drug Control Policy, 2001 Annual Report, (Washington D.C.: U.S. Government Printing Office), iii.

⁵⁵ Bertram, 100.

⁵⁶ Ibid, 101.

⁵⁷ Rosenberger, 26.

⁵⁸ Bertram, 28.

⁵⁹ "The case for legalizing drugs", The Economist, July 28th – August 3rd 2001, 13.

⁶⁰ Bertram, 29.

⁶¹ Office of National Drug Control Policy, 2001 Annual Report, 3.

⁶² Bertram, 26.

- ⁶³ Rosenberg, 85.
- ⁶⁴ Office of National Drug Control Policy, 2001 Annual Report, 65.
- ⁶⁵ Rosenberg, 85.
- ⁶⁶ Bertram, 239.
- ⁶⁷ Ibid, 45.
- ⁶⁸ Cooper, 602
- ⁶⁹ Rosenberg, 60 – 61.
- ⁷⁰ Office of National Drug Control Policy, Summary: FY 2002 National Drug Control Budget, 3.
- ⁷¹ Cooper, 596.
- ⁷² Office of National Drug Control Policy, Summary: FY 2002 National Drug Control Budget, 3.
- ⁷³ "The case for legalizing drugs", 11.
- ⁷⁴ Ibid, 15.
- ⁷⁵ Jordan, 186.
- ⁷⁶ Ibid, 191.
- ⁷⁷ Office of Nation Drug Control Policy, 2001 Annual Report, 56.
- ⁷⁸ Barry R. McCaffrey, The Drug Scourge as a Hemishperic Problem, (Strategic Studies Institute: U. S. Army War College, August 2001) 6.
- ⁷⁹ Cooper, 608.
- ⁸⁰ Jordan, 4.
- ⁸¹ Ibid, 44.

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