

# The Effective National Drug Control Strategy

This is a four page summary of *The Effective National Drug Control Strategy* - the first comprehensive alternative to the "War on Drugs." *The Effective National Drug Control Strategy* was written by the Network of Reform Groups, a federation of two dozen organizations representing 100,000 members. The goal of *The Effective Strategy* is to make a safer and healthier America for our children, reduce the spread of disease related to drug use, lower crime rates related to the illegal drug market and end the racial injustice associated with current drug policy. Information on how to receive a full copy is available at the end of this summary.

## The need for a new model of drug control

The current model of drug control relies primarily on law enforcement to seize drugs and imprison drug offenders. While these efforts have produced large numbers of arrests, incarcerations and seizures, drug overdose deaths have increased 540% since 1980 and drug-related problems have worsened:<sup>1</sup> emergency room visits, adolescent drug use, and the spread of disease (particularly AIDS and hepatitis) have also risen substantially and drug-related crime continues at high levels. In an effort to minimize drug-related crime, illness and death, *The Effective National Drug Control Strategy* advocates a policy which emphasizes public health approaches to drug control.

## How many people must we incarcerate for current drug policy to work?

The drug war has succeeded in arresting and incarcerating large numbers of people. There are over 1.7 million Americans behind bars. As of June 1996, 5.5 million Americans were under some form of control by the justice system. This translates into 1 out of every 35 adults in the nation.<sup>2</sup> According to the Department of Justice, 85% of the increase in the federal prison population from 1985 to 1995 was due to drug convictions.<sup>3</sup> Figure 1 illustrates the massive expansion of drug offenders in the jail and prison population, which has increased nearly 12-fold from 1980 to 1995, and a strikingly similar rise in drug overdose deaths over the same period. The graph cannot express the financial and psychological damage endured by the children and spouses of those incarcerated. Nor does it express the damage that certain communities and racial groups experience. For example, black males born today have a nearly one in three chance of going to prison.<sup>4</sup>

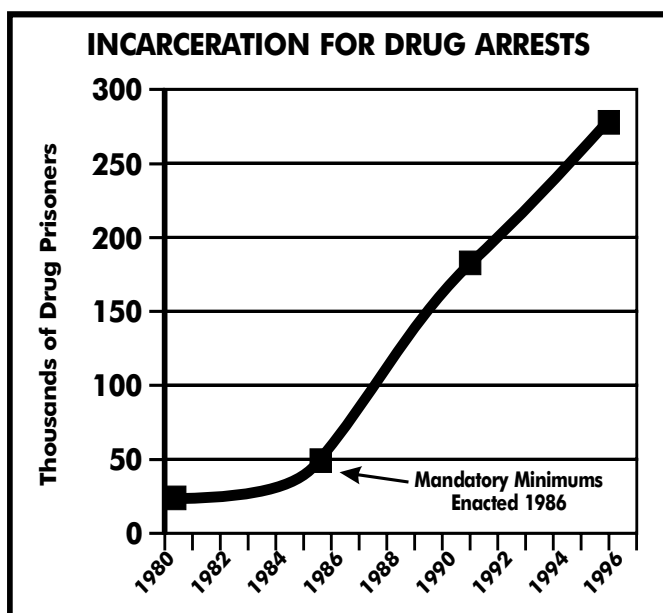


Figure 1 Sources: Bureau of Justice Statistics. *Trends in US Correctional Populations, 1995*. US Department of Justice; National Institute on Drug Abuse.

## Does the U.S. drug strategy protect children from drugs?

Current government policy seeks to prevent children from gaining access to illegal substances. Since 1975, the federal government has been asking high school seniors how easy it is for them to obtain marijuana. Illustrated by Figure 2 on the following page, adolescents' access to marijuana is virtually unchanged by the drug war. In 1975, 87% of youths said it was "very easy" or "fairly easy" to obtain marijuana. Twenty-three years and millions of arrests later, 89.6% said it was easily obtained. Has the drug war succeeded in reducing adolescents' access to drugs?

<sup>1</sup> Drucker, Dr. Ernest. (1998, Jan./Feb.). Public Health Reports, "Drug Prohibition and Public Health." U.S. Public Health Service. Vol. 114.

<sup>2</sup> Bureau of Justice Statistics. (1997, August 14). Nation's probation and parole population reached almost 3.9 million last year. Press Release. Washington, DC: Department of Justice.

<sup>3</sup> Bureau of Justice Statistics. Prisoners in 1996. Washington, DC: Department of Justice.

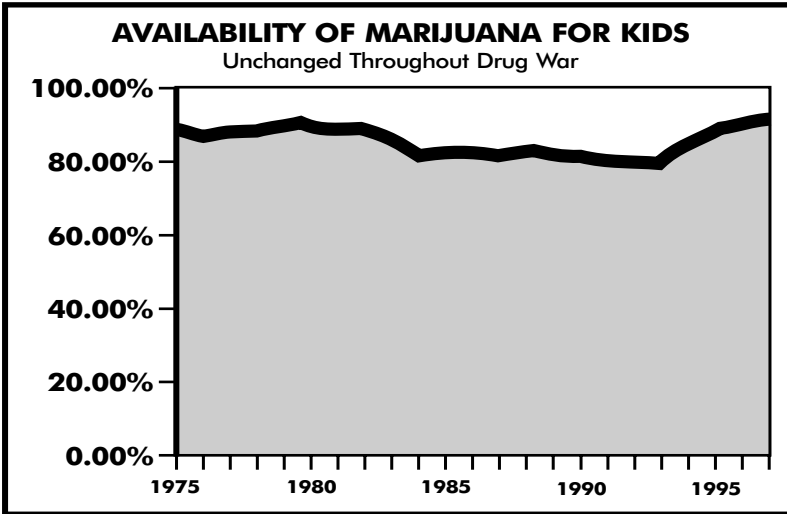
<sup>4</sup> Bureau of Justice Statistics. (1997, March). Lifetime Likelihood of Going to State or Federal Prison. p. 1. Washington, DC: Department of Justice.

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## The Drug War does not protect our youth

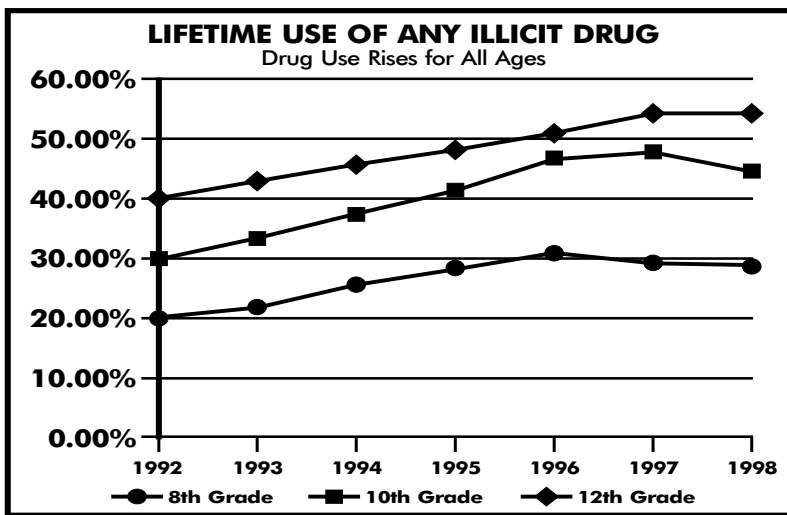
Since 1992, federal surveys show there has been a rise in adolescent drug use. In particular cocaine and heroin use have been increasing among youth. Since 1991 twice as many 8th grade students report using heroin and three times as many report using crack. This has coincided with record spending, record arrests and record incarceration rates. The drug war has escalated for decades, but has not resulted in less adolescent drug use.



**Figure 2** Percent of high school seniors who say marijuana is 'very easy' or 'fairly easy' to obtain. Source: NIDA. (1997). *Monitoring the Future Survey*. Table 12, "Long-term trends in perceived availability of drugs, twelfth graders."

Drug crimes receive some of the most severe criminal sanctions in our legal system. Based on federal surveys of adolescent drug use and by definition of state and federal law, more than 50% of all high school seniors are drug criminals who should be imprisoned. Is this a realistic or appropriate approach to controlling juvenile drug use? If not, then why should only some be arrested? How do we determine who gets prison sentences and who does not?

The current model of youth drug control essentially relies on the random chance of arrest, coupled with an increasing use of locker searches, drug-sniffing dogs, and "just say no" television ads to reduce adolescent drug use. These are unsophisticated approaches to youth drug use that are not based on strategies proven to work.



**Figure 3** Source: NIDA. (1998) *The Monitoring the Future Survey 1998*. Washington, DC: Department of Health and Human Services.

Does the current drug control strategy reduce the supply of drugs and raise their price?

The indicators of a successful supply-reduction effort are rising drug prices and decreasing drug purity levels.<sup>5</sup> Using data supplied by the ONDCP (Office of National Drug Control Policy), it is clear that the price of heroin has instead dropped significantly over time, while its production has risen greatly. The price of cocaine has similarly dropped from \$275.12 per gram in 1981 to \$94.52 in 1996.

Despite massive investments in border patrols, overseas crop eradication efforts, Department of Defense involvement and arrests of drug smugglers and drug dealers, the drug war has not reduced the supply of drugs nor made them more costly to obtain.

The market prices for illegal drugs follow the same laws of supply and demand that apply to all commodities. The drug war created an artificially high commodity price, and these huge profit margins encouraged more drug producers to enter the market. Greater production created economies of scale with lower production costs. Since then, lower production lower production costs have allowed drug cartels to earn the same high profit margins with lower retail prices. The cartels accommodate for interdiction efforts

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<sup>5</sup> ONDCP. (1998). *Performance Measures of Effectiveness*. Washington, DC. p. 13.

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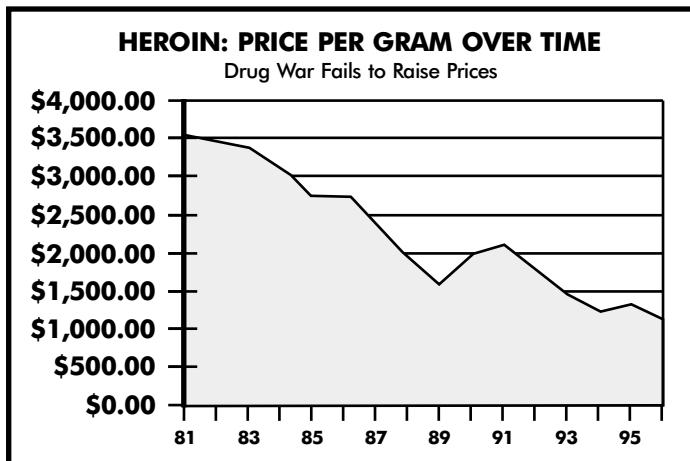


Figure 4 Source: ONDCP. 1998 National Drug Control Strategy. Table 20.

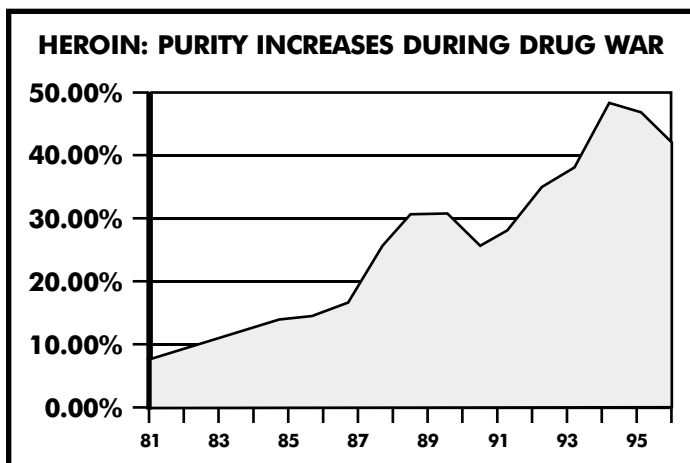


Figure 5 Source: ONDCP. 1998 National Drug Control Strategy. Table 20.

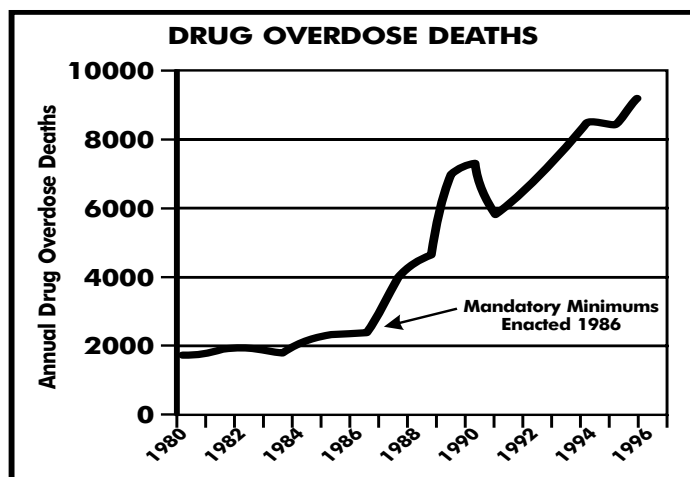


Figure 6 Source: Substance Abuse and Mental Health Services Administration. Data from the Drug Abuse Warning Network (DAWN): Annual Medical Examiner Data [1980-1996].

by over-producing their commodity to account for the losses. Since a kilogram of raw opium has been reported to sell for \$90 in Pakistan, but is worth \$290,000 in the United States, law enforcement seizures at our borders have very little impact on cartel operations or profitability.<sup>6</sup>

## Does the current strategy protect public health?

Easy availability, increased purity and lowered prices have resulted in high levels of overdose deaths and drug-related hospital emergency room visits. Figure 6 illustrates the steady rise in overdose deaths as recorded by the Drug Abuse Warning Network (DAWN).

Even more alarming has been the devastating expansion of the HIV and Hepatitis C epidemics due to the prohibition on needle possession. Sharing of needles is an engine for the spread of HIV and Hepatitis C. Each day 33 more people are infected with HIV due to injection drug use.<sup>7</sup> The epidemics have been particularly onerous on African-American and Latino communities. By the end of 1997, it was estimated that more than 110,000 African-Americans and 55,000 Latinos were living with injection-related AIDS or had already died from it.<sup>8</sup> These facts make it hard to avoid the conclusion that the current model of drug control: 1) does not reduce adolescent drug use; 2) does not reduce the supply of drugs; 3) does not reduce the harm caused by drugs.

## It is time to develop a drug strategy that works.

Since we are failing to reduce the supply and use of drugs, while incarcerating record numbers of drug offenders, we need to accept that criminal laws cannot effectively solve the complex issue of drug use. Indeed, there is mounting evidence that the extreme criminal sanctions we employ today may actually worsen some of the problems of drug abuse. *The Effective National Drug Control Strategy* provides a detailed alternative model of drug control based on sound research and empirical evidence, and was developed by a wide range of professional associations. *The Effective Strategy* emphasizes public health approaches, investment in our children and confronting the underlying economic and social problems, which are the root causes of drug abuse.

<sup>6</sup> Associated Press. (1997, June 26). "U.N. estimates drug business equal to eight percent of world trade."

<sup>7</sup> Day, Dawn. Health Emergency 1999: The Spread of Drug-Related AIDS and Other Deadly Diseases Among African-Americans and Latinos. (1998).

The Dogwood Center, p. 5.

<sup>8</sup> Day, Dawn. (1998). pp. 1, 4.

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The Effective Strategy seeks to balance law enforcement, treatment and prevention efforts. As this strategy takes effect we expect that law enforcement's role in drug control can be reduced further, to solely focusing on major international drug smugglers - instead of its current emphasis on arresting individual drug users. We urge that five years after implementation, the policy be evaluated and a longer term strategy be developed.

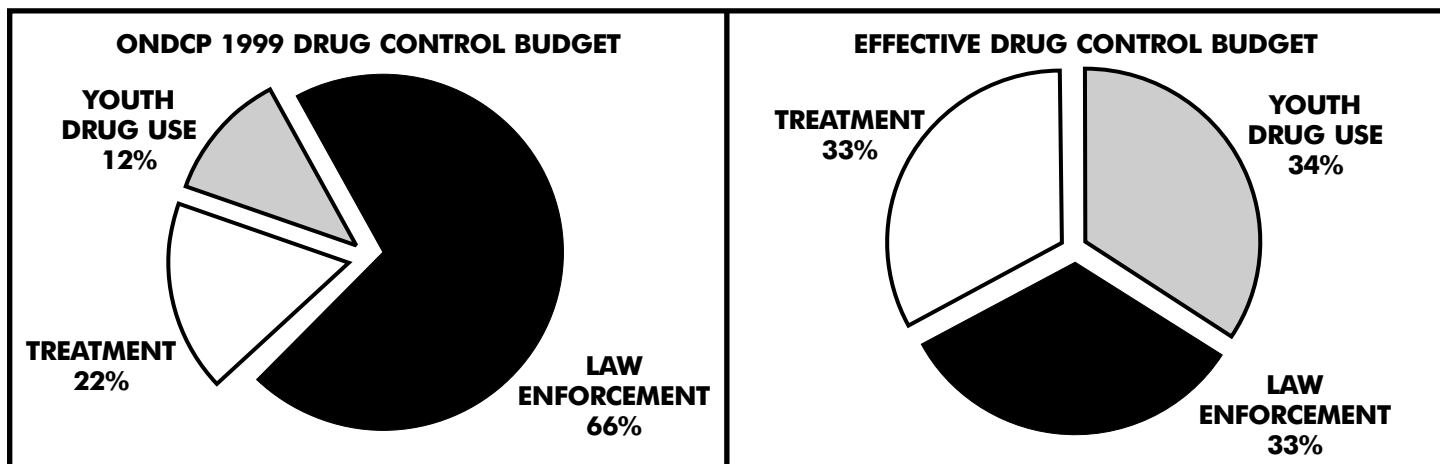


Figure 7 ONDCP National Drug Control Budget vs. *The Effective Drug Control Budget*.

Without increasing the federal drug control budget (currently \$17.9 billion) by a single dime, we can adequately fund public health based drug control programs which are friendly to family values and are proven to work. These include:

- After school programs, mentor programs and activities for youth which have been shown to be the most effective way to prevent adolescent drug use;
- Treatment on request, as has been mandated by Federal law since 1988, so drug-dependent persons who want to stop their drug use can do so;
- Rehabilitation programs including skills building, job training and education programs;
- Treatment and rehabilitation designed for the specific needs of women, and easing access to Temporary Assistance to Needy Families and education benefits to women with substance abuse problems;
- Disease prevention programs emphasizing education, syringe exchange and other public health strategies;
- Alternatives to incarceration so that families can be kept together and people with drug problems can develop successful lives;
- Educational activities from K through college so we keep kids in school and provide opportunities for the future rather than investing in prisons.

By de-emphasizing law enforcement we can:

- Dramatically reduce the prison population;
- End racial disparities in drug arrests and imprisonment;
- Restore civil liberties eroded as a result of the drug war;
  - End mandatory sentencing and restore judicial authority;
  - Demilitarize law enforcement activities;
  - Restore due process to property forfeiture;
  - Reduce the burdens placed on our justice system by drug enforcement;

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**View the entire report at: [www.csdp.org](http://www.csdp.org)**

If you would like more information or a hard copy of *The Effective Strategy* contact: [info@csdp.org](mailto:info@csdp.org) or call 703-354-5694 or Fax 703-354-5695.

**Common Sense for Drug Policy, Kevin B. Zeese, President**

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