

THE MAKING OF DRUG POLICY IN THE
GEORGE H.W. BUSH AND WILLIAM J. CLINTON ADMINISTRATIONS:
THE PURSUIT OF FAILURE

by

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(Under the Direction of Loch Johnson)

ABSTRACT

The current U.S. drug policy, which emphasizes supply control programs to reduce the flow of drugs, is widely perceived to be a failed policy. The question this dissertation addresses is why there has been no shift away from the strategy of supply control toward demand reduction initiatives like treatment and prevention. This study focuses on the policymaking process during the George H.W. Bush and William J. Clinton Administrations and on how the interactions of agencies and actors have resulted in the perpetuation of a failed policy. The rational actor, organizational behavior, and governmental politics models are applied to data found in government documents and media reports to analyze the policy process and ascertain what drives the continued emphasis on supply control.

The rational actor model presents almost no explanation of the continuation of the current policy, particularly as interdiction and eradication programs cost billions of dollars yet yield no impact on the availability and use of drugs. The organizational behavior model illustrates the ongoing weakness of the institutions dedicated to demand reduction. This is one factor that helps

perpetuate the current policy, as the institutions may not have the capacity to carry out a national policy that focuses on demand reduction. Of the three models, the governmental politics model, which allows for the interaction of the various actors in the policy process, is the most revealing. The model points to Congress as the single most important actor in the drug policy process.

As the key player in the making of drug policy, Congress maintains a strong emphasis on supply control programs in counter-narcotics policy. Partisan politics, budget inertia, and the reelection necessity of appearing to be tough on drugs are reasons underlying Congress' position. In addition, the weakness of the treatment and prevention organizations provides Congress with little incentive to shift funding or emphasis toward reducing demand for drugs. This study concludes that Congress perpetuates the U.S. focus on supply-side programs, and that the weakness of the demand reduction institutions complicates any shift in federal policy.

INDEX WORDS: DRUG POLICY, PUBLIC POLICY, COUNTERNARCOTICS,
BUREAUCRATIC POLITICS

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DEDICATION

This dissertation is dedicated to the memory of my father, Edwin Davis Moses, 1929-2002, whose work in national security and intelligence gave rise to my passion for politics.

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My dear husband Ken has never known me when I was not working on this research. We had our first date just days after I defended my prospectus. Over the next years, I taught four classes a semester, planned a wedding, got married, and had a baby. Through this all, my husband cooked meals, calmed my fears, and was patient when in a panicked voice I said, “I can’t go out/commit to a date/go on vacation—I have to write!” I cannot imagine a more supporting and loving husband. My other thanks go to my mother, Barbara Moses, who never stopped saying, “finish that paper” and took care of baby Eleanor so that I could write and, indeed, finish this dissertation.

TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS	v
LIST OF TABLES	vii
LIST OF FIGURES	ix
LIST OF ABBREVIATIONS.....	x
CHAPTER	
1 INTRODUCTION	1
2 LITERATURE REVIEW AND RESEARCH DESIGN	18
3 THE BUSH ADMINISTRATION: A RATIONAL ACTOR APPROACH	58
4 THE CLINTON ADMINISTRATION: A RATIONAL ACTOR APPROACH	101
5 DRUG POLICY: THE ORGANIZATIONAL ACTORS	162
6 THE BUSH YEARS: AN ORGANIZATIONAL BEHAVIOR ASSESSMENT	178
7 THE CLINTON YEARS: AN ORGANIZATIONAL BEHAVIOR ASSESSMENT	203
8 THE BUSH YEARS: A GOVERNMENTAL POLITICS ASSESSMENT.....	233
9 THE CLINTON YEARS: A GOVERNMENTAL POLITICS ASSESSMENT.....	254
10 CONCLUSIONS.....	277
REFERENCES	295

LIST OF TABLES

Table 3.1:	Interdiction: Expenditure, Drug Budget Percentage, Cocaine Shipment Amounts, and Quantities of Cocaine and Heroin Seized, 1989-1992.....	96
Table 3.2:	Coca Eradication in Bolivia, Colombia, and Peru (1989-1992): Coca Leaf Cultivation and Eradication and Percentage of the Crop Eradicated	97
Table 3.3:	Opium Poppy Eradication in Colombia, Guatemala and Mexico (1990-1992): Opium Poppy Cultivation and Eradication and Percentage of the Crop Eradicated.....	98
Table 3.4:	Federal Drug Charges: Number of Suspects and Prosecutions and Percentage of Suspects Prosecuted (1988-1992)	98
Table 3.5:	Federal Convictions for Trafficking and Possession: Number Convicted and Percentage of those Prosecuted who were Convicted (1988-1992)	99
Table 3.6:	Number of People in State Correctional Facilities with Drug Charges as the Most Serious Offense	99
Table 3.7:	Sentence Length for Federal Drug Offenses	100
Table 4.1:	Interdiction: Expenditure, Drug Budget Percentage, Cocaine Shipment Amounts, and Quantities of Cocaine and Heroin Seized, 1993-2000.....	155
Table 4.2:	Coca Eradication in Bolivia, Colombia and Peru (1993-2000): Amount of Coca Leaf Cultivated and Eradicated and the Percentage of Cultivated Area Eradicated.....	156

Table 4.3: Total Coca Cultivation and Eradication in the Andean Countries, and Amount of Cocaine Available for Export	157
Table 4.4: Federal Drug Charges: Number of Suspects and Prosecutions and Percentage of Suspects Prosecuted (1993-2000)	158
Table 4.5: Federal Convictions for Trafficking and Possession: Number Convicted and Percentage of those Prosecuted who were Convicted (1988-1992)	159
Table 4.6: Number of People in State Correctional Facilities with Drug Charges as the Most Serious Offense, Total Number of State Prisoners, and Prisoners on Drug Charges as a Percentage of the Total.....	160
Table 4.7: Mean Sentence Length for Federal Drug Offenses, Trafficking, and Possession (1993-2000)	161

LIST OF FIGURES

	Page
Figure 1.1: Counter-narcotics Budget, 1989-2000	17
Figure 2.1: The Models and the Conceptual Focus of Each.....	57
Figure 3.1: The Rational Actor Seeking to Limit the Use and Trade of Drugs: Theoretical Expectation and Analytical Outcome of Counter-narcotics Strategies, 1989- 1992.....	94
Figure 4.1: The Rational Actor Seeking to Limit the Use and Trade of Drugs: Theoretical Expectation and Analytical Outcome of Counter-narcotics Strategies, 1993- 2000.....	153
Figure 6.1: Organizational Behavior: Theoretical Expectation and Analytical Outcome of Organizations Pursuing Standard Operating Procedures, 1989-1992.....	201
Figure 7.1: Organizational Behavior: Theoretical Expectation and Analytical Outcome of Organizations Pursuing Standard Operating Procedures, 1993-2000.....	231
Figure 8.1: Governmental Politics: Theoretical Expectation and Analytical Outcome of Organizations Interactions, 1989-1992.....	252
Figure 9.1: Governmental Politics: Theoretical Expectation and Analytical Outcome of Organizations Interactions, 1993-2000.....	275
Figure 10.1: Results of the Assessments of the Rational Actor, Organizational Behavior, and Governmental Politics Models for the Bush and Clinton Administrations.....	294

LIST OF ABBREVIATIONS

ADAMHA:	Alcohol, Drug Abuse, and Mental Health Services Administration
BJS:	Bureau of Justice Statistics
CIA:	Central Intelligence Agency
CSAP:	Center for Substance Abuse Prevention
CSAT:	Center for Substance Abuse Treatment
DEA:	Drug Enforcement Agency
ELN:	National Liberation Army (Ejercito de Liberacion Nacional)
FARC:	Revolutionary Armed Forces of Colombia (Fuerzas Armadas Revolucionarias de Colombia)
GAO:	General Accounting Office
GDP:	Gross Domestic Product
HHS:	Department of Health and Human Services
INS:	Immigration and Naturalization Service
NHSDA:	National Household Survey on Drug Abuse
NIDA:	National Institute on of for Drug Abuse
ONDCP:	Office of National Drug Control Policy
PCP:	phencyclidine, a synthetic hallucinogen
RICO:	Racketeer Influenced and Corrupt Organizations statute
RNC:	Republican National Committee
SAMHSA:	Substance Abuse and Mental Health Services Administration
SAODAP:	Special Action Office for Drug Abuse Prevention

SOUTHCOM:Southern Command

UN:United Nations

UNIDCP:United Nations International Drug Control Programme

USTR:United States Trade Representative

CHAPTER 1

INTRODUCTION

“This is a global war.” —Andrés Pastrana, 2000

Colombian President Andrés Pastrana’s words have new relevance as evidence of the Islamic militant group Al Qaeda’s involvement in drug trafficking emerges.

Terrorism is partly funded by drug trafficking, whether the terror is in Colombia or another country. Very simply, the trade in illegal narcotics is no longer a domestic or international problem. It is a global problem.¹

For almost a century, the United States has been attempting to control the drug trade. Those efforts escalated under President Richard M. Nixon, and then surged under Presidents Ronald Reagan, George H.W. Bush, and William Clinton. The approach each president has taken has been a combination of controlling the supply of drugs and reducing the demand for drugs. Under Reagan, Bush, and Clinton, about two-thirds of the counter-narcotics budget was dedicated to supply-side programs designed to reduce the availability of drugs. The remaining third of the budget was committed to demand reduction programs, including drug treatment, prevention, and education. During the administrations of Bush and Clinton, the amount of money dedicated to counter-narcotics increased from \$6.7 billion in 1989 to over \$18.5 billion in 2000(ONDCP 1995, 2000a). See Figure 1.1. The increase in funding did not substantially affect the availability of drugs or hard-core usage levels. Because the drug problem remained pervasive, many

¹ For a complete discussion of the global scope of narcotics, see Paul Stares, *Global Habit: The Drug Problem in a Borderless World* (Washington, DC: Brookings Institution, 1996).

scholars and researchers consider the policy of emphasizing controlling supply to have failed (Baggins 1998; Duke and Gross 1993; Krauss and Lazear 1991; McCoy and Block 1992). The question I am addressing in this research is why the United States government has not shifted the policy to place much more emphasis on demand reduction.

The Global Challenge

The United Nations estimates that the illicit drug trade generates over \$400 billion each year (UNIDCP 1997), a sum that is greater than the gross domestic product (GDP) of more than eighty percent of the countries in the world. This number will continue to rise because the drug trade is growing. Drug usage, whether of opiates or cocaine, is increasing worldwide. This is partly because the number of young people, those traditionally most at risk of using drugs, is growing. In Asia and in the post-communist countries of Europe, social and economic upheavals have left many frustrated or in despair, factors that have often led individuals to drug use (Stares 1996, 7).

In addition to the demand for drugs fueling an expansion, there is no shortage of individuals willing to enter the trade. Dire economic circumstances that many face in the world can quickly be overcome individually by involvement in drug trafficking. Coca and opium poppies present a reliable cash crop for less developed countries. The drug trade is now so widespread that seemingly no nation is immune from its influence.

As the drug trade has expanded, traffickers have become more efficient. In the past ten years, as the world economy has globalized, narcotics traffickers have taken advantage of the improvements in communications, banking, and technology to improve their production, distribution, and money laundering techniques (Stares 1996, 5-6). The

financial resources of narcotics traffickers are almost unlimited and some of these funds are invested in perpetuating the trade. They can afford to pay high prices for delivery, using human mules, air and sea cargo, and fast boats; for weapons; and for the latest in high tech communications. The traffickers continue to find new routes, develop new markets, and employ new marketing strategies.

Traffickers have also taken advantage of the worldwide political transition toward democracy to establish a strong foothold in many nations where the state is weak. Drug money has been used in Latin America and in the new republics of the former Soviet Union to influence political parties, courts, legislators, and presidents (Jordan 1999, 5-7). Drug trafficking organizations do not play by the accepted rules of politics or business and often gain influence through violence, bribery, and terror tactics. Extensive international links have developed between criminal organizations in Russia, Latin America, and Asia which have facilitated not only the trafficking in drugs, but also the arms trade, money laundering, and smuggling of people. The power wielded by these organizations can undermine judiciaries, the rule of law, and ultimately, governments. Now, international terrorists are also seeking to enrich their coffers through exploiting the West's weakness for drugs. Shipments of heroin and hashish can provide a steady and sizable income to terrorist groups.

For almost a century, international efforts have been made to control the narcotics trade. In 1906, by inviting eight nations to the Shanghai narcotics conference, the United States first took its position as the leader in this ongoing battle (Musto 1994, 1-2). In the decade of the 1990s, the United States spent billions of dollars to control the trade internationally and domestically, but drugs, including cocaine, remained readily available

in all major U.S. markets. According to the ONDCP, the amount of cocaine available for consumption in the United States dropped by over twenty-five percent during the 1990s (ONDCP 2000b).² There was, however, no real impact on the drug trade, for both heroin and cocaine were plentiful enough for their prices to have fallen about twenty percent over the decade (ONDCP 2000c). The number of dependent (hard-core) drug users in the country, those responsible for most of U.S. drug consumption, has remained constant at about 1.6 percent of the population over the age of twelve. In 1999, 3.6 million people were dependent on drugs, 65 percent of those were dependent on marijuana or hashish (SAMHSA 2000, 26). Given the historic role that the United States has taken internationally as the leader in the counter-narcotics effort, the failure of its drug policy has worldwide implications. If the United States, with its abundant resources, cannot successfully counter the drug trade, how can weaker, less affluent states hope to do so? In addition, now, more than ever, drug trafficking is a national security issue because terrorist groups are obtaining funding from trafficking.

U.S. Drug Policy: The Debate

The debate about U.S. drug policy encompasses arguments ranging from a classically liberal point of view that the government should have no say in what one does to one's body to the position that penalties for selling and using drugs should be even more severe than they are. Those of the first opinion would argue for a decriminalization of the distribution and use of at least some currently illegal drugs. Those of the second would likely support stricter enforcement of domestic law and an escalation of the war on drugs. Within the range of debate, there is also a difference—one that is important for

² The lack of good information on levels of drug trafficking is one of the difficulties of study in this area. For a discussion, see Paul Stares (1996, 10) and Peter Reuter (1993, 167-184).

policy making—between those who argue for control of the flow of drugs, or supply-side intervention, and those who argue for demand reduction.³

Current U.S. policy emphasizes supply-side programs, which aim at reducing the flow of drugs to consumers. To limit the supply of drugs, the United States pursues eradication, to eliminate drug crops in the countries where they are grown; interdiction, to stop the drugs that are being shipped to the United States; and tough drug laws and domestic law enforcement, to stop the domestic distribution of drugs and sale on the street. Critics argue that eradication programs often only serve to drive production from one area to another and that interdiction is unlikely to be successful because of the number of people and vehicles that enter the United States each day. Critics also argue that tough laws against drug use, particularly making possession of narcotics a felony, because the laws violate civil liberties of users and non-users and lead to prison overcrowding: over half of all prisoners are drug offenders (Duke and Gross, 207-215; Zeese 1991, 256-261).

Those who favor demand reduction argue that treatment and prevention programs directly aimed at reducing the demand for drugs should receive sharp increases in funding. They argue that drug enforcement has failed to contain U.S. drug problems. To address the drug problem, they promote education and prevention programs designed to discourage people, particularly the young, from using drugs (Reuter 1991, 138-139). They also emphasize the need for an expansion of treatment programs. Treatment programs are not available to all who seek treatment, and public programs have difficulties obtaining funding (Massing 1998, 17-54). They argue that through treatment programs,

³ For a full discussion of the dynamics and the criticisms of the supply-side and demand reduction approaches, see Chapter 2, pages 28-38.

the United States could reduce the number of people dependent on drugs, and thereby reduce the overall use of drugs. Critics of treatment claim that drug treatment programs have a low rate of success and they argue that neither treatment nor education will have an immediate effect on the problems on the streets (Reuter 1991, 138-139).

The Question

This project is designed to analyze the process of making drug policy in the United States and to address the question of why the United States does not shift its emphasis away from supply-side programs and toward demand reduction. For this study, I will be focusing on the control of the trade in heroin and cocaine. Although marijuana is more widely used in the United States, heroin and cocaine are the drugs that impose greater costs on society in terms of crime and public health. They are also the two drugs on which the Office of National Drug Control Policy focuses its efforts. I am also focusing on drug trafficking in the Western Hemisphere, particularly on Colombia and Mexico, because they are the primary suppliers of cocaine and heroin to the United States (State 1999). Although countries in Asia produce large amounts of heroin, most of their production is not destined for the United States, and the areas of production are often remote and beyond the effective control of any central government authority (Levitsky 1994, 41-45).

The U.S. counter-narcotics effort is widely perceived as having failed, but some could argue that the effort is holding firm against a rising tide of drugs by pointing to the steady rate of interdiction and seizures of narcotics by law enforcement officials. The United States spent eleven billion dollars more a year to control drugs in 2000 than it did in 1989, but gained no significant ground in the drug war. This increased expenditure on

counter-narcotics raises the symbolic stakes of the war on drugs: the United States has made a significantly larger commitment of resources to the battle, but is not winning, and may be losing ground.

Since the supply-side approach to drug control has apparently failed, why has the United States not changed its strategy? U.S. control efforts have focused on reducing the supply of illegal opiates and cocaine since the beginning of the 20th Century. In the 1990s, despite the increased investment of tax dollars in the counter-narcotics effort, the number of addictions did not decline, consumption did not subside, and the flow of drugs did not abate. Since the supply-side approach has not been successful in all the years it has been used, why has the United States not changed its focus away from controlling supply and instead looked toward reducing demand? To address that question, I will answer other questions, including those that follow.

- Is the continued emphasis on the supply-side approach a result of rational choice by the government?
- If the government is not acting as a unitary rational actor, then which organizations are the forces behind the policy?
- Is there no shift because the bureaucracy has been in the trenches of the drug war for so long it is hard to change the direction of the counter-narcotics effort?
- Are some institutions weaker and therefore unable to play a greater role or obtain a larger share of the funding?
- Can the explanation be found in the symbolic importance of being “tough on drugs” influencing policymaking?

Why this question is important

From a global perspective, questions about the U.S. response to the drug trade need to be addressed because of the role the United States plays as a consuming nation and as a major player in countering the international narcotics trade. The United States is the largest consumer of drugs in the world, and this demand is often seen as driving the global trade. Producer nations are quick to remind consumer nations that if there were no demand, there would be no drug trade. Andrés Pastrana, former president of Colombia, said “Colombia can put a stop to drugs here at some point, but if the demand continues, somebody else somewhere else is going to produce them.”⁴ At the same time, since the United States has historically taken a leading role in combating the drug trade, its grand strategy of reducing the global flow of opiates and cocaine has set supply-side control as the standard of the international anti-drug regime. Despite the almost complete failure of this approach, no alternative strategy has yet emerged that could replace it (Walker 1994, 8). Because of the prominence of the U.S. role in the drug trade, examining the decision-making that leads to drug policy is of particular importance.

From a domestic perspective, the questions are important for national security, for public health, and for symbolic reasons. From the turn of the century to the 1960s, drugs were a national public policy issue because of public health concerns. Although those public health concerns remain and are intensifying, the national security aspect of the drug trade has been the primary focus since the late 1960s. In 1969, when President Richard Nixon implemented a new policy to interdict drugs at the Mexican border, the United States was delivering the message that “the production of drugs threatened U.S.

⁴ Clifford Krauss, “Colombia says Key to Drug Fight is for U.S. to Tame Demand Here,” The New York Times, August 30, 2000.

security and demonstrated a lack of political will by the country of origin in the fight against drugs.” Prior to “Operation Intercept,” the United States had acted as if most other nations shared its goals of drug control, but since then U.S. policymakers have perceived the U.S. relationship with most producer states as adversarial (Walker 1994, 26).

In addition to the obvious national security and public health aspects that make these questions important from a domestic perspective, there is also symbolic importance in the U.S. counter-narcotics effort. Presidents have repeatedly declared war on drugs, an action that shapes public opinion and expectations. If the rhetoric of a drug war is not followed by any measurable success, eventually the public may stop supporting the entire premise. As Murray Edelman observes, “A belief patently contradicted by empirical evidence cannot long maintain quiescence or acquiescence if people can win money or status by heeding the evidence”(Edelman 1971, 180). The counter-narcotics effort is based on national security and public health concerns, but if the evidence of failure continues to mount, the symbolic power of the drug war may ultimately undermine the effort.

Public Health and Economic Costs

Former Secretary of State James Baker commented, “There is no foreign policy issue short of war or peace which has a more direct bearing on the well-being of the American people” (State 1991). His reference may well be applied to the public health problems and economic costs that drug use creates. Drug use in the United States is widespread. The 1998 National Household Survey on Drug Abuse revealed that marijuana was the most commonly used drug, with about 72 million Americans having

ever used the drug, but it was cocaine that was most common in hospital emergency room cases. Survey data reflect that about 23 million Americans have used cocaine at some time. Of those, about four million had used it in the past year (SAMHSA 1998, 18). Heroin, which has been used by at least two percent of the population, presents significant risks to public health because it is usually taken intravenously and this can contribute to the spreading of AIDS (SAMHSA 1998, 59). Methamphetamines and the amphetamine derivative Ecstasy are increasingly popular and are common substitutes for the stimulating effects of cocaine. This usage does not come without cost. The costs of drug use include “drug addiction treatment and additional health care costs...borne by the taxpayer; the damage done by drug-abusing parents to their offspring; the accidental deaths, injuries and property damage imposed by drug users on third parties due to drug-induced violence, incapacity, misjudgment, irresponsibility, neglect, and other behavioral impairments; the excess damage done by drug abusers to themselves...; the pain, suffering, distress, and anxiety imposed by drug abusers on their relatives and friends” (Hay 1991, 203).

The economic costs of drug abuse are not limited to the area of public health. There are considerations in lost productivity, social costs, crime, law enforcement, and criminal justice expenses. According to a study conducted for National Institute for Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism, the estimated total economic cost of drug abuse in the United States in 1992 was \$110 billion. The estimate included the costs “associated with substance abuse treatment and prevention, economic losses resulting from reduced job productivity or lost earnings, and other costs to society such as crime and social welfare”(Harwood, Fountain, Livermore 1998). The costs in

crime refer to the facts reported by the Office of National Drug Control Policy (ONDCP) that a “large percentage of the twelve million property crimes committed each year in America are drug related, as is a significant proportion of nearly two million violent crimes”(ONDCP 2000d).

National Security

Former Assistant Secretary of State for International Narcotics Matters Melvyn Levitsky described the narcotics trade as posing as “great a risk to [U.S.] national security as terrorism, environmental degradation, or nuclear proliferation.” The narcotics trade, he observed, “has the potential to inflict staggering economic and social costs on the United States while simultaneously undermining the political and economic stability of many of our foreign allies and other countries”(Levitsky 1994, 41).

In this “new world order” made up of so many new states and new democracies struggling to consolidate their political systems, the drug trade poses a genuine threat to the stability of these nations and their sometimes fragile democracies. The money associated with the narcotics trade is often wielded as a powerful tool to influence the outcome of court decisions and to affect political decision-making. In some circumstances, the criminal mafia use their power against honest government officials. In others, the ruling elite “find the merging of organized crime with the state useful for maintaining power” (Jordan 1999, 6). In some nations, assassinations of judges, prosecutors, and witnesses bring drug prosecutions to a standstill. Bribery and threats by narcotraffickers can corrupt legislators and other public officials. Colombia provides an excellent example of the power of narcotraffickers to corrupt and intimidate government authority. Through assassination campaigns targeting high-ranking justice officials and

congressmen, traffickers have tried to weaken or abolish the enactment of anti-drug laws. At one point, their attacks almost paralyzed the judicial system in Colombia (Levitsky 1994, 44). Traffickers, because of their influence, often operate above the law and through their actions undermine the rule of law.

Another way that narcotics trafficking affects stability of governments lies with an emerging tendency of separatist groups and terrorist organizations in countries like Colombia, Peru, and Turkey to purchase weapons and supplies with money derived from the drug trade (Stares 1996, 6). Non-state based terrorist groups, like Al Qaeda, are also benefiting from the abundant income produced by drug trafficking. Considering the difficulties governments have stopping the flow of money related to drugs, this access to drug money could undermine efforts to cut off the sources of financial support to Al Qaeda. The Colombian guerrillas have access to tremendous quantities of money because of their ties to drugs. Al Qaeda is active in Afghanistan, a prime supplier of opium poppies, and hence, heroin to the world, so that group potentially has a wellspring of funding for terrorism.

As part of its foreign policy, the United States has encouraged and celebrated the growth of new democracies, with even President Clinton referring to the broadly held view that democracies do not go to war with one another. As drug trafficking and organized crime organizations gain power worldwide and obtain strong footholds in new or weak states, United States' interests in a largely democratic world are threatened. Drug trafficking and the accompanying corruption and crime present a direct threat to democracy because they undermine the rule of law, the courts, and legislative systems in

other countries. This undermining of democracy ultimately affects the United States through political instability.

In addition, the United States itself is not immune from the tactics used by traffickers to undermine the rule of law in other countries. Corruption related to drugs has emerged on the border, at ports, and in police departments. U.S. federal agents, local police, prosecutors, and judges have been convicted for their complicity in the drug trade (Zeese 1991, 260). The control of drug trafficking at this point should not only be about limiting the flow of narcotics but also about limiting the corruptive influence of the trade on U.S. society.

Symbolic Reasons

From the first U.S. efforts to control narcotics, elected officials have been shaping public opinion about drug control. The rhetoric underscores the threat that narcotics were and are perceived to be to the safety and security of the United States. In 1983, in his State of the Union address, President Ronald Reagan declared “an all-out war on big-time organized crime and drug racketeers who are poisoning our young people” (Reagan 1983). President George Bush called drugs in 1989 the “gravest threat facing our nation today”(Bush 1989a). President Bill Clinton also placed emphasis on the on the evils of drugs, and the rhetoric was accompanied by an increasing budget for the counter-narcotics effort. The failure of the drug war contradicts the rhetoric and makes the money budgeted to the effort appear to have been wasted. This situation is not favorable for a president’s administration, the government, or the country as a whole. Perhaps because of the symbolic power of the phrase “drug war,” the ONDCP has moved away

from that language, which implies both battles and an end to conflict, and is likening fighting drugs to fighting cancer, a long term battle that does not end (ONDCP 2000e).

The use of drugs will probably never disappear, for it has been occurring for most of recorded history. However, drug abuse, the violence, and the corruption associated with the trade are costly to any society. It is important for public health, national security, and symbolic reasons to effectively address the drug problem. The current approach does not work, which leads to the question, why has the government not tried something else, like a greater emphasis on treatment and prevention.

The Analysis

At the heart of this analysis is a comparison of the George H.W. Bush and William Clinton Administrations. Examining two administrations allows for a comparison, as the two administrations advocated different approaches, even though the policy outcome was the same. The Bush Administration pursued a policy with a clear supply-side emphasis. The Clinton Administration attempted to emphasize demand reduction, proposing treatment and education programs, but then perpetuated the same balance between supply-side and demand reduction programs.

I am seeking to understand why national drug policy has not shifted toward demand reduction programs. To do this, I am comparing a Republican and a Democratic administration using the three different lenses used by Graham Allison: the rational actor approach, the organizational behavior approach, and the governmental politics approach. These approaches will allow me to assess the policy, the actors, and the interaction of the actors (Allison and Zelikow 1999). After reviewing the literature written on drug policy and establishing the framework of my study in Chapter 2, I will examine the Bush

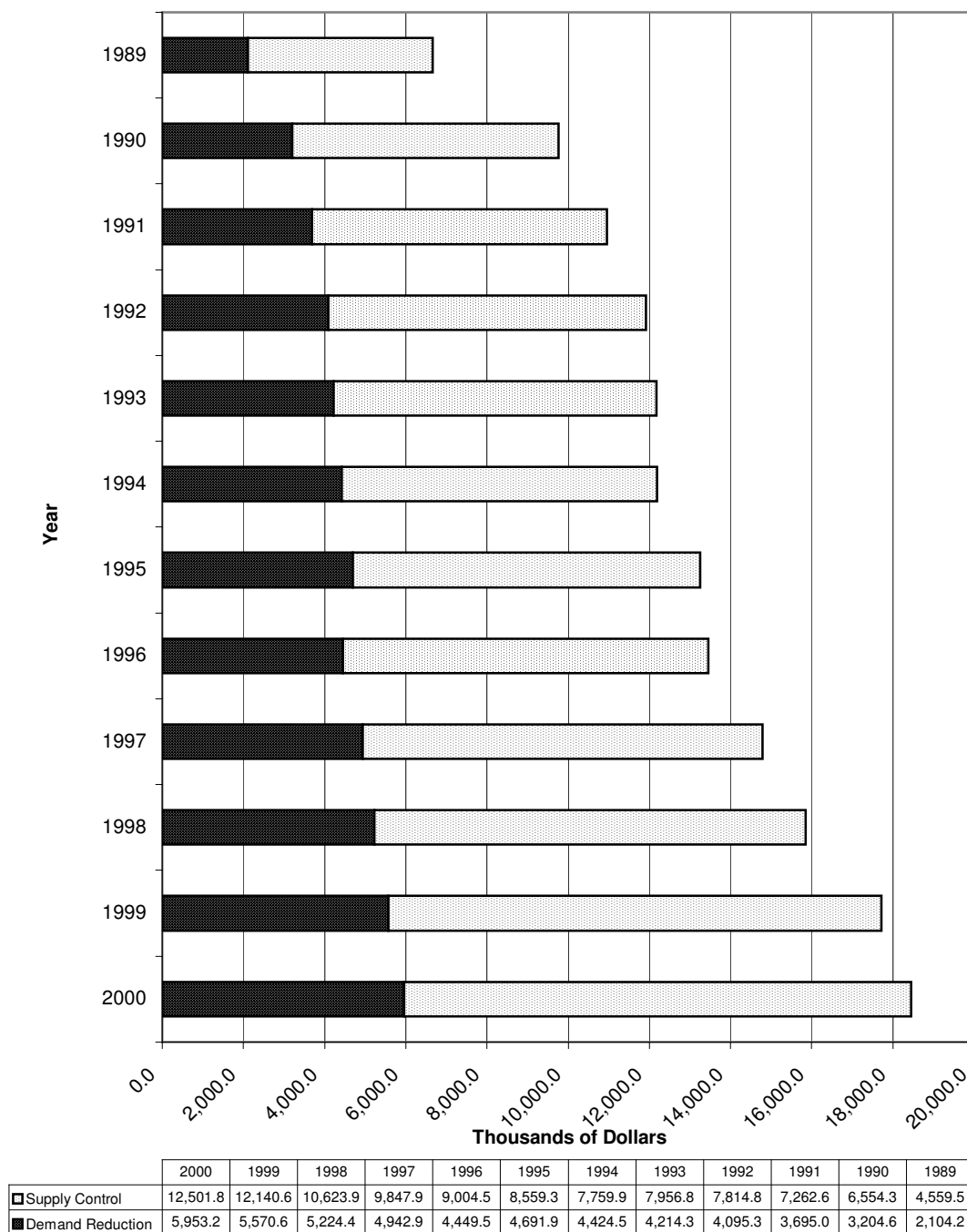
Administration from the perspective of the rational actor, and then will do the same for the Clinton Administration in Chapters 3 and 4 respectively. In Chapter 5, I will introduce each of the institutional actors, then will examine them in terms of Organizational Behavior in Chapters 6 and 7, and then in terms of Governmental Politics Chapters 8 and 9.

There are two working hypotheses drawn from political science literature that I will consider as I progress through these models. The first of these is that the policy may not have shifted because of entrenched bureaucratic interests. Mort Halperin wrote, “One of the truisms of bureaucracy is that it resists change” (Halperin 1974, 308). Participants, he observes, “will examine any particular issue in terms of their own interests and arrive easily at a stand” (Halperin 1974, 100). Facing a policy change that could reduce its role, influence, or funding, a government agency will fight and resist the change. This resistance may help explain why the United States has not moved away from a supply-side strategy.

Second, public opinion and expressed interests may be driving the continued supply-side emphasis. Murray Edelman observed that the “shaping of mass political support and opposition is the basic political phenomenon underlying and constraining the actions of elites”(Edelman 1971, 175). The United States has been committed to the drug war, particularly its overseas aspect, by years of political rhetoric and action that have shaped mass support for, or at least acceptance of, this major counter-narcotics effort. This broadly recognized commitment may constrain the behavior of the policymakers, leading to maintenance of the strategy. The public expects Congress to take a tough stance on drugs, which, by practice, has meant an emphasis on supply-side programs.

The drug problem is now clearly a national security problem, as international terrorist groups, like Al Qaeda, are gaining funding through drug trafficking. If we, as a nation, are to address the drug problem, we must understand how policy is made and why, in the face of failure, the government continues to pursue a supply-side strategy.

Figure 1.1. Counter-narcotics Budget, 1989-2000



CHAPTER 2

LITERATURE REVIEW AND RESEARCH DESIGN

Recent public service announcements that imply drug users help sponsor terrorism have sparked criticism, but the characterization of drugs and drug users as presenting a threat to national security is not new. Presidents have called drugs a “scourge,” “public enemy number one,” and an “evil tide.”(Bush 1989b, 1990; Clinton 1998b; Nixon 1971) To defend against the danger, presidents, starting with Richard Nixon, have sustained a war on drugs. The attempt by the U.S. government to control the use and trafficking of narcotics has spun a complex web of policies and agency actions that are broadly described as the “drug war” or “war on drugs.” Dozens of government agencies spend tens of billions of dollars on programs intended to stem the supply of drugs and a lesser amount to decrease demand for the substances. During the Bush and Clinton Administrations, approximately two-thirds of the total anti-narcotics budget was spent on controlling the supply of drugs through interdiction, eradication, and law enforcement; the remaining third was spent on programs of treatment and prevention to decrease demand for drugs. U.S. policy is characterized by prohibition and criminal punishment.

Academics, government officials, and other experts have extensively debated and critiqued the approach to controlling drugs, and the vast majority of them perceive it as a failed policy (Baggins 1998; Duke and Gross 1993; Krauss and Lazear 1991; McCoy and Block 1992). One of the noted failures is the apparent increase in the availability of heroin and cocaine during the 1990s, a time when the amount of money spent on the

counter narcotics effort increased from \$6.7 billion to over \$18.5 billion. Between 1988 and 1998, the price per milligram of heroin dropped from \$2.66 to \$0.85 while the purity increased from 23.6 percent to 41.7 percent (NDIC 2000); this implies a high availability of heroin. Cocaine, similarly, grew less expensive and remained readily available.

This apparent failure has fueled debate over alternatives to the current policy, like placing greater emphasis on treatment, or considering steps such as decriminalization and harm reduction,¹ or, in some circles, legalization. Beyond these discussions are the practical and political considerations of drug policy-making, the area of this study. A number of authors have sought to explain why the policy has not changed in the face of failure. They have looked to social conditions, shadow agendas, and entrenched views that deny the failures of the war on drugs. This study, instead, looks to government processes and the politics of policy-making to explain why the U.S. government continues emphasis on supply-side intervention in the drug war.

To lay the groundwork for this study, I will discuss the history of drug use in the United States and the way the government has addressed it. I will explain and define supply-side and demand-side control, and will present arguments supporting and criticizing both approaches. Most studies about drug policy have been in this area, focusing on the shortcomings of the policy and offering some type of remedy. I will also briefly discuss the legalization debate as it pertains to U.S. policy. The vast majority of the literature on drug policy was not written by people in the field of political science, but rather by those in sociology, criminal justice, law, psychology, and medicine. Perhaps

¹ Harm reduction is defined by Erich Goode (1997) as public health approach designed to reduce the consequences of drug use. It incorporates elements like needle exchange, treatment and rehabilitation, and non-penal alternatives for small drug offenses

because of this, relatively few studies address the policy-making process that created and maintains the current supply and demand strategy. My study differs from the literature that exists in that I am studying the policy-making players and how their actions have resulted in the maintenance of the current emphasis on supply-side control.

The use of drugs is not a new phenomenon. Humans have consumed some form of mind-altering substances for thousands of years. These may have been narcotics, stimulants, or hallucinogens. The word “narcotic” by definition refers to opium and its derivatives, including heroin and morphine. Stimulants include cocaine and methamphetamines, while hallucinogens include marijuana, LSD, and peyote. In addressing drug control policy, all of these varieties are considered. Perhaps as a result of this, in common usage, “drugs” and “narcotics” have become synonymous and will be used interchangeably in this paper. Although synthetic drugs are an increasing problem, much of the U.S. drug control emphasis through the Bush and Clinton Administrations targeted controlling cocaine and heroin trafficking.

Historical View of Narcotics Control

The Era of the Harrison Act

In looking at the history of the use and control of drugs in the United States, David Musto’s *The American Disease: Origins of Narcotic Control* is by far the most comprehensive study. He begins by addressing the use of opiates in the United States, commonly used in medicines like laudanum (tincture of opium), from before 1800. In the wake of the Civil War, morphine was widely used for pain control. For centuries, physicians commonly prescribed opium and morphine for medical ailments. Opium extracts, Musto writes, if they had no curative aspects, at least helped a patient relax, so

the physician could relieve a person's anxiety (Musto 1999, 1). Cocaine was embraced in the last decades of the nineteenth century as "a general tonic, for sinusitis and hay fever, and as a cure for the opium, morphine, and alcohol habits" (Musto 1999, 7). Coca-Cola, a popular "nerve tonic," contained both caffeine and cocaine (Pendergrast 2000, 9, 53). Given the broad use of these drugs in medicine, it is not surprising that the U.S. government's first attempt at narcotics control focused on restricting physicians in prescribing opiates. Several aspects of modern drug control policy find their origins in the era of the Harrison Act (1914)²: the tendency toward prohibition, an emphasis on morality, existence of treatment or maintenance programs, and a reliance on international cooperation.

The first federal effort to control narcotics was the Harrison Act of 1914. The act required anyone dealing in narcotics, including physicians, to be registered. District internal revenue offices were to keep records of purchases of narcotics, and limits were placed on the amount of narcotic or cocaine that could be in patent medicines sold in general stores or by mail order (Musto 1999, 59). Subsequent legislation focused on banning importation of narcotics and, in the 1930s, broadened the controls to cocaine and cannabis. The enforcement of the Harrison Act by prohibition officers reflected the view that the law "had a moral effect and was designed to prohibit the use of narcotics for the maintenance of 'mere' addiction" or any other non-medicinal purpose (Musto 1999, 68). The prohibition of substances and the emphasis on the moral effect of the law continue to be underpinnings of drug policy making today.

² The act was named for Representative Francis Burton Harrison (D-NY), (1873-1957), who introduced the legislation.

Before the Harrison Act was passed, states had been attempting to limit addiction by controlling narcotics. This produced an ineffective tangled web of restrictions that varied from state to state and did little to affect the drug problem. To address problems of addiction, between 1910 and 1920, clinics were opened in a number of cities by public health or police departments. It was a period of treatment experimentation during which drug users could receive free narcotic prescriptions at these public health clinics (Musto 1999, 96-97). The clinics provided no cure, but some were respected by their local community and seen as alleviating the drug problem. With the strict enforcement of the Harrison Act, however, these clinics gradually were closed. This happened because although some clinics were successful, none were able to “cure” addiction, and under the policy, addiction maintenance was not an acceptable use of narcotics. These early clinics represent the forerunner of one aspect of modern treatment, the methadone maintenance clinic.

The third aspect from this era that provides a foundation for today’s drug policy lies in the drug trade’s international dimension. Because opium poppies and coca plants have never been cultivated to any great extent in this country, the narcotics and cocaine consumed in the United States have been imported. Since the narcotics usually come from other countries, Americans have long blamed foreigners for their drug epidemics. Former Assistant Secretary for International Narcotics Matters Mathea Falco observes, “drugs have been viewed as essentially a foreign problem best controlled through law enforcement, interdiction, and eradication in drug-producing countries” (Falco 1995, 16).

Until 1909, when the importation of smoking opium was limited, there were no restrictions on the importation of drugs except for a modest tariff (Musto 1999, 2). It

was, in fact, not domestic drug use, but rather opium use in the newly acquired territory of the Philippines that inspired reformers to take action in the United States against drugs. The reformers were aware that any effort to control narcotics would need the support of other nations to control the trade. The United States initiated the first international meeting on drug control, the Shanghai Opium Commission of 1909, by inviting eight nations to discuss the problem.

In the early 1900s, the need for international collaboration and the attempt to control the international drug trade were entwined with the original push for prohibition domestically, just as today's supply-side control targets both the international and domestic drug supply networks. The Opium Conference of 1912 was one of the events that helped precipitate federal laws on drug control. To comply with the Opium Convention that emerged from the 1912 conference, the United States had to pass federal narcotics control laws. This was necessary because although the United States was taking the lead in advocating international counter-narcotics action, it lagged behind other nations, including those involved in trafficking, in implementing strong national drug control legislation. By the outbreak of World War One, forty-four governments had signed the Opium Convention, but only half had ratified it, and even fewer implementing it (Musto 1999, 51-54). The policies and problems presented in those early international meetings are the same ones that plague drug policy today, especially its international aspects (Musto 1999, 36). Most notable is the enduring assumption that "tough international measures to destroy drugs at their foreign sources curtail domestic drug abuse" (Falco 1995, 16).

The Vietnam Era and Nixon's Experiment

Public awareness of drug abuse ebbs and flows. From 1930 until 1962, Harry Anslinger, the Director of the Federal Bureau of Narcotics, was the dominant force in the area of drug control. His time was characterized by harsh penalties for narcotics violations and fearful imagery designed to scare people away from any use of dangerous drugs (Musto 1999, 246). By the 1960s, the approach he used had little resonance, because young people had little memory of previous generations' drug problems and the warnings about drugs were not consistent with their own experiences. In the 1960s, as marijuana and heroin use surged to record levels, Congress and newly elected President Richard M. Nixon were moved to action. One point of great interest was that of soldiers returning to the United States from Vietnam addicted to heroin. In 1971, Nixon declared drug abuse "public enemy number one" (Nixon 1971). To address the problem, he created the Special Action Office for Drug Abuse Prevention (SAODAP) and requested \$155 million dollars, of which \$105 million would go to treatment and rehabilitation (Massing 1998, 112). The government opened methadone clinics and screened returning soldiers for opiates. This was the only period in modern U.S. history in which the U.S. government emphasized drug treatment over enforcement. Funding for treatment and rehabilitation increased more than ten fold between 1970 and 1973. Education and prevention efforts received more than five times as much, while law enforcement merely doubled. Some argue that the emphasis on treatment and methadone maintenance was a political ploy to show results in the fight against drugs and crime in time for Nixon's reelection. The reduced arrests for drug possession would show up statistically as

diminished crime. After the nation “turned the corner” on drug abuse in 1973, funding for treatment and prevention sharply declined (Sharp 1994, 29-30).

Nixon did not neglect interdiction and enforcement. In 1970, the Racketeer Influenced and Corrupt Organizations statute (RICO) instituted severe penalties for drug law violators and gave power to enforcement agencies to seize property gained through organized crime (Sharp 1994, 26). Between this tough new law and the creation of a new drug control agency, arrests on the street and in trafficking organizations increased. The case that best illustrates the problems of controlling the flow of narcotics across the border, especially across the U.S. border with Mexico, dates from the Nixon Administration. In 1969, in order to stem the flow of drugs across the U.S.- Mexico border and to pressure the Mexican government to act against drug producers, Nixon initiated Operation Intercept, in which U.S. authorities searched every vehicle crossing the border. The result was an enormous traffic jam on both sides of the border that resulted in Operation Intercept being quickly cancelled.

President Ford and President Carter

Gerald Ford pursued the drug war, but with less vigor than Nixon. Enforcement agencies continued their prosecution of drug offenders, but the movement for decriminalization of marijuana was gaining strength. By the time Jimmy Carter was elected, the public desire for reform and the influence of interest groups promoting decriminalization of marijuana were strong enough that Jimmy Carter advocated the decriminalization of small (personal) amounts of marijuana. The legislation that would have made this idea law died in Congress. While there were many voices calling for reform, there was also widespread and growing conservative resistance to reforming

marijuana laws. The conservative groups took a moralistic stance against drug use and set the stage for Reagan's war on drugs (Bertram et al. 1996, 97-99).

The Reagan Years

President Ronald Reagan initially focused his attention on drug education, but within a year, he had shifted to controlling drug supply. His policies continued the pattern of emphasizing supply and demand, but had a greater intensity than the initiatives of the Nixon years. With the notable exception of Nancy Reagan's widely known "Just Say No" demand reduction campaign, the Reagan's policy was largely one of enforcement and controlling supply. One of the most significant events in the drug war in this era was the amending of the Reconstruction era *Posse Comitatus* Act (1878). Until 1981, this act had prohibited the U.S. military from engaging in civilian law enforcement activity—only indirect or supportive relationships between law enforcement agencies and the military had been allowed. The amendment of the Act allowed more military support for civilian activities (Sharp 1994, 51). As part of this expansion, the military—despite clear reluctance of the Department of Defense—became the center for collection of intelligence data on the aerial and maritime transit of illicit drugs (Mabry 1989, 84). It also began transporting civilian law enforcement personnel and gained authority to shoot at suspected smugglers' boats and ships (Mabry 1989, 86). The military also lent equipment and provided training to civilian law enforcement. During Reagan's presidency, two other factors rallied the nation for a stricter approach to drug control: the appearance of crack cocaine and the emergence of AIDS. By the end of the Reagan's term in office, a wide variety of departments and agencies were involved in

drug control. The policies of the Reagan Administration set the current balance in the dynamics of controlling supply and demand.

The Bush and Clinton Approaches

This study examines drug policy making during the administrations of George H. W. Bush and William J. Clinton. The two presidents differed in their approaches to drug control, but did not vary from the fundamental emphasis on supply control. George Bush, in his inaugural address, stressed the drug problem and the importance it held for his administration, saying: “There are few clear areas in which we as a society must rise up and express our intolerance. The most obvious now is drugs...This scourge will stop!” (Bush 1989b). Bill Clinton, however, did not mention drugs in his inaugural address; nor did he mention them more than once in his first three months in office. Bush’s rhetoric stressed the importance of education programs. Clinton, likewise, promoted education; but he also supported expanding treatment programs. In practice, despite rhetoric favoring demand control through education and treatment, both continued to dedicate most funding to supply-side programs. Bush-era counter-narcotics efforts focused on federal and state law enforcement, intelligence gathering, and international programs. Within two months of taking office, George Bush sent senior Administration officials to Bolivia, Peru, and Colombia to “ask for their total cooperation and support” (Bush 1989b, 169) The years of the Bush Administration brought a high level of cooperation with producer nations and regular increases in funding for interdiction, international eradication efforts, and law enforcement. When Bush left office, the United States was spending almost \$12 billion a year on counter-narcotics, but this figure was still less than one half of one percent of the U.S. gross domestic product

(GDP). Although that figure increased to over \$18 billion under Clinton, the percentage of the GDP remained almost constant.

During the first four years of the Clinton Administration, the policy emphasis and the largest share of the budget went toward domestic law enforcement and increasing the number of police on the streets. During the presidential debate in St. Louis in 1992, candidate Bill Clinton announced a plan to increase the police force by 100,000 and to provide drug treatment on demand in order to control the drug problem (Debate 1992). At drug czar Lee Brown's swearing-in ceremony, Bill Clinton said "It's time we turned our attention home and built a strategy to make neighborhoods in the United States safer and more drug-free"(Clinton 1993). This statement reflects the Clinton Administration's emphasis on domestic supply control instead of international control, which Bush favored. In 1994, the crime bill providing for 100,000 new police officers on the streets passed, and funding for treatment and education reached its highest percentage level in the twelve years covered by this study. By 1996, with the arrival of new drug czar Barry McCaffrey, the proclaimed strategy was to "get young people to reject drugs" and focus on "effective treatment and prevention" (Clinton 1997). Although funding for drug control increased by 9.3 percent that year, the percentage dedicated to demand-side programs continued to fall from its 1994 peak.

Although the top priorities of U.S. counter-narcotics, according to the 1999 ONDCP National Drug Control Strategy, were "to educate children, decrease the addicted population, and to break the cycle of drugs and crime," the budget dedicated to demand-side programs fell to its lowest percentage level in this study: 29 percent. Notably, in late 1998, the Clinton Administration's focus shifted toward international

programs at the time of a visit to the United States by newly elected Colombian President Andres Pastrana. President Clinton announced, “a new alliance against drugs to intensify our joint efforts in education, prevention, law enforcement, extradition, eradication, economic development, and again in ending civil conflict”(Clinton 1998a). This alliance ultimately led to the United States committing \$1.3 billion to Plan Colombia, a plan to help Colombia emerge from its struggle with civil conflict and with narcotics trafficking.

Bush and Clinton approached the problem of drug control differently. Bush emphasized international supply-side programs, like eradication and interdiction. Clinton focused on domestic supply control, putting more police on the street to improve law enforcement, before he returned attention, at the end of his tenure, to overseas cooperation. Although both presidents, in their rhetoric, promoted education and treatment, funding under both Administrations went largely to supply-side programs.

The Dynamics of Supply and Demand

Supply-Side Approach

U.S. policy emphasizes supply-side control of narcotics. This approach aims at reducing the flow of drugs to consumers. It targets all parts of the drug production and distribution process, from cultivation and processing to transit, wholesale distribution, and street sales (Jordan 1999, 15). To limit cultivation, the U.S. government has emphasized control at the source, through eradication (often by aerial spraying) and crop substitution. To limit processing, the U.S. and other governments placed controls on precursor chemicals used in the refining of cocaine. Interdiction, the interception by law enforcement officers of drug shipments en route to and within the United States, has been used to disrupt shipment, distribution and sales. Interdiction includes border searches,

searches of vessels on the high seas, tracking of aircraft, and infiltration of smuggling organizations. Control at the source and interdiction are both intended to decrease the drug trade by reducing the availability of drugs. Together these would, ideally, disrupt the flow of drugs to the United States. This reduction would limit availability and drive up the prices, theoretically reducing demand. Interdiction is also intended to inflict losses on the drug-traffickers, who would not only lose the shipment, but also would have to seek out other trafficking routes to replace the lost route. While limits on production and processing have been focused overseas, the United States also attempts to control supply domestically by enforcing anti-drug laws, seizing shipments, and prosecuting traffickers and users. This effort involves federal, state, and local law enforcement.

Criticism of the Supply-Side

The Hydra Effect

The supply-side approach has come under intense criticism because of perceived flaws in the approach. One of the major problems which impedes interdiction and law enforcement efforts is the “hydra” effect. Basically, when a route is cut off or policemen move into a drug-ridden neighborhood, the transit, production, or selling of the drugs simply moves somewhere else. The trade is not stopped, but shifted. One head may seem to be cut off, but other heads grow, so the drugs start taking a variety of different paths or a different neighborhood becomes the area to sell drugs.

When U.S. interdiction efforts close one route, traffickers simply move to other routes. For example, in the 1980s, the South Florida Task Force focused on the flow of drugs to Florida. Smuggling routes shifted from South Florida to the Gulf Coast, West Coast, and East Coast. The smugglers also shifted to less bulky drugs, switching from

marijuana to cocaine (Zeese 1991, 255). Making any interdiction effort difficult is the length of U.S. borders and coastlines and the number of airplanes, ships, automobiles and people that cross those borders every day. In 2000, approximately 140 million vehicles (including airplanes, cars, trucks, boats and trains) and 489 million people passed through the 301 ports of entry to the United States (GAO 2001, 4). It is impossible to inspect all, or even most, vehicles and containers that enter the United States. The Customs Service physically inspects two percent of cargo containers entering the United States.³ (Salisbury 2002).

On the street dealing level, the same rule holds. Scholars criticize attempts to disrupt distribution on the street level because the effect is similar to closing off a trafficking route: the dealers move to another neighborhood. One example of this is the effort in 1992 to clean up the open heroin trafficking on 110th Street in Spanish Harlem. In a sustained and intense year-long campaign that included a thousand arrests, the police only managed to move the trade from one block to another (Massing 1998, 55-64).

The most telling criticism of interdiction, however, is that despite the resources and manpower addressed to it, only a fraction of the drugs bound for U.S. markets are intercepted. Only about 30 percent of the drugs trafficked to the United States are successfully seized. The remaining 70 percent of the drugs are more than enough to meet U.S. market demands (Johnson 2000, 44).

The Balloon Effect

Eradication efforts suffer from a related problem called the “balloon” effect. In order to destroy coca and poppy crops at the source, the U.S. government has

³ Marsha Salisbury, “Customs official disputes container inspection claims,” *Journal of Commerce*, March 19, 2002.

collaborated with the governments of producer nations to spray herbicides and otherwise eradicate the crops. Eradication programs, however, often serve only to drive production from one area to another. When eradication of a coca or poppy crop occurs, cultivation shifts to a new area where pressure from government forces is not so high. In the early 1970s, the Turkish opium crop was eradicated. In the wake of that eradication success, the Mexican opium market made up the difference in two years, and heroin use surged worldwide (Zeese 1991, 252). In the 1990s, this type of trend was evident in the decrease in production of coca in Peru and Bolivia, after intense eradication campaigns, that was accompanied by a surge in cultivation in Colombia.

Coca and opium poppies can be cultivated in many parts of the world, and can provide a guaranteed cash crop for impoverished farmers. Peru, Colombia and Bolivia are the main providers of the world's coca, but Venezuela, Brazil, and Guyana also may have coca growers. Colombia and Mexico provide most of the heroin consumed in the United States, but they are minor players on the world stage. Afghanistan and Myanmar (Burma) are the world's major producers of opium poppies. In the mid-1990s, those two countries had about 80 percent of the worldwide total of land under poppy cultivation and they produced about 90 percent of the world's supply of opium. Laos and Pakistan are other large producers (U.N. General Assembly 1998). The amount of land under cultivation for these cash crops is growing worldwide. Eradication programs, Zeese (1991) argues, may not affect whether coca and opium poppies "will be grown, but where and by whom."

Criticisms on the Domestic Front

The illegal nature of drugs means that they must be sold on the black market, which drives prices higher. Efforts to control the drug trade have in many cases given the traffickers the best of all possible situations: street prices increased but the flow of drugs did not decrease, so the profit margin increased. Traffickers were aware of increased interdiction and law enforcement efforts so increased the size and number of shipments, leaving the same or even more drugs available. While traffickers get rich, the trade in drugs brings violence, whether turf battles or disputes about payments, to neighborhoods already burdened with poverty.

The enforcement system used against the black market in drugs, according to Steven Wisotsky, causes problems including corruption, bribery, murder, tax evasion, and the corrosion of the work ethic. He writes that pervasive corruption is inherent in the current system, because the system breeds “an unholy alliance between drug dealers and drug agents”(Wisotsky 1990, 155). In law enforcement, this corruption is evident in the theft of drugs from police property, bribes for non-enforcement, theft of drug money, and seizure of drugs for personal use (Sharp 1994, 124-125).

As the government has cracked down on dealers and users, the violation of civil liberties, particularly of the Fourth and Sixth Amendment rights (search and seizure and criminal court procedures), has increased. The attempt to prohibit drugs has led to “false or mistaken arrests or rousts, the seizure of the property of innocent parties, corruption, and brutality” (Goode 1997, 85). Because drug evidence can be destroyed, law enforcement needs immediate access to sites. The resulting weakening of search and seizure protections created ample room for mistaken drug raids that yield tragic results.

Across the country, innocent individuals have been killed in police raids on mistaken addresses. Arrests without probable cause, forfeiture of property without charge of a drug violation, profiling of individuals traveling to and from drug areas, and the increase in the use of wiretaps are all encroachments on civil liberties (Sharp 1994, 125-126). One example of government infringement on the Sixth Amendment's guarantee of right to counsel is the government's use of criminal forfeiture provisions of legislation passed during the Reagan Administration to confiscate the fees paid to the defense counsel of drug traffickers. The logic in this is that drug money is being used to pay the attorney, and therefore it falls under the asset forfeiture requirements. The tactic discourages attorneys from providing defense to these individuals (Wisotsky 1990, 121).

For others, the drug war is a war on minorities and women. There is a racial bias in both drug laws and their enforcement, with African-Americans facing disproportionate punishment in the war on drugs (McCoy and Block 1992, 7-8). David Sadofsky Baggins argues that the war on drugs is a cultural war on the "unacceptable diversity and deviance in society" (Baggins 1998, x). He argues the war is promoted by those who hold drug hate as a form of patriotism and who long for the United States to return to the way it was before the period of social change that began in the 1960s. He writes that this mission to control drugs has corrupted law enforcement and has "shifted public spending from programs that build society to mass incarceration" (Baggins 1998, 27), which further marginalizes individuals who once would have benefited from government social programs. From 1994 to 2000, between 55 percent and 60 percent of federal prisoners were incarcerated for drug offenses (BJS 2001).

The idea that drug control policy targets minorities is echoed in Diana Gordon's writing. She writes that there is a "shadow agenda" designed to control the unruly and maintain political power. The "unruly" are the "dangerous classes"—"minorities, youth, immigrants, and cultural liberals" are commonly targeted drug control policy (Gordon 1994). The law treats these groups more harshly than it treats young white males. This perception is supported by Bureau of Justice Statistics, which reported that in 1999, "almost half (46 percent) of those charged with a drug offense were identified as Hispanic; 28 percent, black; 25 percent, white; and 2 percent, other racial or ethnic groups" (BJS 2001b).

Nancy Duff Campbell argues that cultural representations of women drug users and the public's fear of women's use of drugs have defined U.S. drug policies (Campbell 2000). She points to the harsh treatment of women facing drug charges, and argues that the war on drugs is a war on women. Because of changes in federal sentencing guidelines, probation, formerly common, is no longer a possible penalty. This contributed to the number of women incarcerated rising 500 percent between 1980 and 1994, during the same time that the proportion of violent crimes declined (Campbell 2000, 5-7).

Criticisms on the International Front

From the beginning of U.S. drug control efforts, the government has attempted to stem the flow of drugs by controlling production at the source. Heroin and cocaine are produced outside the United States, so the U.S. must collaborate with other governments in this endeavor. Violence related to drug trafficking in producing and exporting countries is considerable, and citizens of these countries point out that if there were no

demand for drugs in the United States and Europe, there would be no supply. In new or consolidating democracies, the narcotics trade can have a devastating and corruptive influence. In Colombia and Peru, significant producing and trafficking areas, Wisotsky notes, "The War on Drugs has seriously undermined the power and stability of central governments" (Wisotsky 1990,147)." Two ways this has happened are: drug money is used to bribe and influence decision makers, as well as military and law enforcement officials in drug producing countries; and the profits of drug trafficking help sustain guerrilla insurgencies and international terrorists. Cultivation and production of cocaine and heroin often occur in areas controlled by insurgents, drug traffickers, alliances of drug traffickers and guerrilla armies, or others who are not easily affected by law enforcement power. Crop eradication and destruction of refining facilities is exceptionally difficult in these areas beyond the law. The insurgents earn money from drugs and are able to maintain their battles with the national government while continuing to produce and ship drugs.

David C. Jordan sees the drug problem in a global context and is especially concerned about the corruption of the state by narcotics money. The drug problem cannot be addressed simply as a function of supply and demand, but rather, it must be seen in the greater political and cultural context. He writes, "The narcotics trafficking organizations, the cartels, are multinational corporations operating in a global political, economic, and cultural system that substantially facilitates their economic activity while officially disapproving of it" (Jordan 1999, 224). The globalization of finance and the increasing dependence of states on narcotics revenue are two parts of the system that have led to corruption of the state. Supranational organizations and non-governmental

organizations (NGOs) are, in Jordan's view, "too weak to deal with the narcotics problem," so the state and its institutions have to fight drug trafficking. Unfortunately, drug money can corrupt financial, economic, and political institutions. This corruption undermines consolidating new, and even established, democracies (Jordan 1999, 5). He argues that a policy against narcotics that excludes political and cultural aspects and does not address the implications of the global financial revolution cannot be effective because it is not comprehensive enough.

Demand Reduction

Those in favor of demand reduction argue that treatment, education and prevention programs directly aimed at reducing the demand for drugs should receive massive increases in funding, even if this is at the expense of enforcement. They argue that drug enforcement has failed to contain the U.S. drug problem, and that treatment and prevention could more effectively address it. Instead of focusing on the supply of drugs, they see the heart of the problem as being the recruitment of new users, hence the need for education to counter the recruitment attempts (Reuter 1991, 138-139). They also emphasize the need for an expansion of treatment programs. Public treatment programs available to addicts without insurance (as opposed to private treatment facilities) receive little funding to spend on those who do opt for treatment.⁴

There are five major approaches to drug treatment: chemical detoxification, methadone maintenance, drug-free outpatient treatment, self-help groups, and residential therapeutic communities. All of these programs exist in some form in every area of the United States. Significantly, James Inciardi, Director of the Center for Drug and Alcohol

⁴ For a discussion of the difficulties of running a treatment facility for on public funds or charitable donations, see Michael Massing, *The Fix* (New York: Simon and Schuster, 1998): 17-54.

Studies at the University of Delaware, comments, “each of these has demonstrated an ability to reduce the drug-taking and drug-seeking behaviors of many (but certainly not all) substance abusers” (Inciardi 2002, 267). Critics of treatment point to the low rate of success of drug treatment programs and argue that neither treatment nor education will have an immediate effect on the problems on the streets (Reuter 1991, 138-139). But, Inciardi points out that treatment benefits, in terms of employment, reduced crime and criminal justice costs, and lower hospital costs, are far greater than the costs of treatment plans (Inciardi 2002, 267).

Prevention programs before the mid-1960s were designed to scare people away from drugs—hence movies like the cult hit “Reefer Madness.” The propaganda was not true and the target audience knew that (Inciardi 2002, 263). Educational approaches to prevention include providing factual information on drugs, emphasizing attitudes, feelings and values that discourage drug use, trying to influence behavior through alternatives to drug use, and teaching social resistance skills. Other prevention approaches include deterrence, as exemplified in the “zero-tolerance” campaign in which property or opportunities were taken away by government or school authorities if an individual used drugs. Mass media campaigns, especially the public service announcements by the Partnership for a Drug-Free America, are widely seen and discussed, but have mixed benefits. They provide the perception that someone is taking action against drugs, but there is little evidence the campaigns have any effect on drug use, and ubiquitous announcements make it appear that drug use is widespread and therefore more acceptable (Sharp 1994, 92-94).

Critics of educational programs argue that evaluation of educational programs often have disappointing results (Sharp 1994, 101). Indeed, the well-known and widely used drug prevention program, D.A.R.E., that uses law enforcement officers to teach drug use prevention from elementary through high school, has “limited influence on adolescent drug use behavior.” The effects of D.A.R.E. were “substantially smaller” than those programs emphasizing, for example, social interaction skills (Ennett et al. 1994, 1394-1399). D.A.R.E is the most prevalent of drug programs, but it is one of the least effective. James Inciardi argues that while no program can be expected to prevent all drug use, “many research based prevention programs appear to do some good.” The most successful programs are those that recognize the factors that put people at risk of using drugs, which allows an individual or group to be recognized as being at risk, and what factors keep people from starting to use drugs (Inciardi 2002, 266-267)

The Legalization Debate

No discussion of drug policy is complete without addressing the ever-present suggestion of legalization. Those people advocating legalization point to the failures of the current drug policy, especially the pathologies of the black market created by prohibition. They argue the drug laws have created a situation worse than the original problem of drug use and that the laws have failed to reduce the drug trade. They also point to the fact that a significant percentage of the population is using drugs, making complete enforcement of the laws impossible—especially in a democracy. Drawing upon the writing of John Stuart Mill to defend their position, they make an argument supported by libertarians and that the government has no right to interfere with adult behaviors that do not harm others (Inciardi and McBride 1989, 259-260). The key flaw in this argument

is that drug use does harm others, as evidenced, for example, by the casualties of the drug trade in Colombia.

Terms associated with this discussion include legalization, decriminalization, and harm reduction. Sociologist Erich Goode defines legalization as placing one or more currently illegal drugs under the same restrictions as alcohol and cigarettes, with a state licensing system similar to that used for alcohol and tobacco. Decriminalization would involve removing some state control over possession and sale certain drugs—allowing possession of small amounts of narcotics to simply be ignored by law enforcement authorities (Goode 1997, 78-80). Harm reduction is a public health approach designed to reduce the consequences of drug use. Instead of trying to eliminate drug distribution, addiction, and use, harm reduction would incorporate elements like needle exchange, treatment and rehabilitation, and non-penal alternatives for small drug offenses (Goode 1997, 81-82).

The greatest flaw in most legalization arguments is the lack of specificity. Some of the questions that must be addressed before any move toward legalization or decriminalization could be made are: what should be legalized? What potency? What are the age limits? Where will it be sold? Where would the raw material for the drugs originate? Is advertising allowed? Can they be used in public accommodations?(Sharp 1994, 154-155; Inciardi and McBride 1989, 261-262). Another flaw is assumption of the legalization argument that the benefits of legalization—reduced crime, corruption, and criminal justice system costs—will outweigh the costs of increased drug use and its consequences (Inciardi and McBride 1989, 269). Robert Peterson describes the state of the legalization argument in this way: politically, legalization is “a dead issue.” National

leaders in drug education, prevention, treatment, and law enforcement adamantly oppose it (Peterson 1991, 324).

Why is the legalization/decriminalization debate relevant to this study? This can be answered with Mark Kleiman's observation that drug policy seems to be forced to the two extremes of prohibition or complete legalization. He notes "criticisms of the excesses of the war on drugs has become identified with proposals for some form of legalization. This allows the drug warriors—and their critics alike—to duck the tough practical issues." This tendency to frame any proposed shift in policy as a move toward legalization impedes even incremental change (Kleiman 1992, 78).

Why Has There Been No Change in Policy?

Although literature abounds on the flaws in and unintended consequences of U.S. drug policy, relatively little has been written about the reasons why there has been no change in policy. Scholars have presented a range of reasons, including rhetoric and shadow agendas, which could explain why drug policy retains an emphasis on supply control and enforcement. Although some of them mention Congress, interest groups, and vested economic interests, none of them examine closely the policy making process and the various players involved in that process. More often, the authors point to broader societal concerns that have maintained the status quo. But, in each of these studies, one is left with the question "who is acting?" There may be shadow agendas and entrenched belief systems, but *someone* is making the decisions that lead to policy.

Explanations from other disciplines

William Elwood sees the war on drugs as a "rhetorical multi-faceted public relations campaign designed to enhance the images of specific political figures and to

absolve the federal government from responsibility for solving the problems” associated with drug use and the drug trade (Elwood 1994, 3). His view is important in this study because presidents use rhetoric to shape public opinion, and as the author observes, most people experience policy through rhetoric. This power of rhetoric contributes to presidential power in the making of drug policy. Elwood’s book is also useful because he points out several of the problems in the current war on drugs and how it affects U.S. society. He sees the rhetoric of the drug war as having placed the responsibility for the drug war with poor, urban minorities, an action that is racially and socio-economically divisive for the country. American minorities are perceived to deserve the punishments of the police and judicial systems, while affluent whites are perceived to have an “illness” (Elwood 1994, 139).

In *Beyond the War on Drugs: Overcoming a Failed Public Policy*, Steven Wisotsky writes of an unending cycle in which enforcement fails to control supply and therefore more enforcement is needed. The enforcement in turn leads to social pathologies that then lead to an intensification of enforcement (Wisotsky 1990, 173). “Attitudes—irrational, unexamined, and destructive—not facts, control our drug policies”(Wisotsky 1990, 196). Part of the reason there has been no change in the current failed policy is, in his view, that “no one in government bears any responsibility for the real world results of the War on Drugs.” He sees a need for the establishment of real goals so that there can be accountability if those goals are not reached, and for a minimal standard of performance so that results can be measured (Wisotsky 1990, 173). This theme of a lack of accountability is echoed in the public choice writing of Benson and Rasmussen.

Economists Bruce Benson and David Rasmussen use the public choice approach to seek an answer to why policy has not been changed. They note that research on harm reduction programs, on the effectiveness of treatment programs, and on violations of civil liberties stemming from excessive enforcement suggests that some reforms might be highly cost effective. Lawmakers, however, are reluctant to change the policy. Benson and Rasmussen argue that policymakers behave in a way that maximizes their own utility, which means they will take steps to win political support but that will also minimize the blame they will receive if the policy fails. Because the public often associates crime and drugs, “being tough on drugs” is a good way to ensure public support. Costs are shifted away from the agencies carrying out or making the policy so there is no real accountability for the negative consequences of the tough policy. For example, prosecutors can go for harsh sentences, because the costs of incarceration are passed on to others (Benson and Rasmussen 1998, 681-700). Although Benson and Rasmussen make some sweeping comments about federal level policy making, all of their supporting evidence is at the local or state level. For instance, they note that local policy makers will be reluctant to change from the current system because of programs like asset forfeiture, which have given local and state law enforcement greater discretionary budgets. Their article is pertinent to this study because they look at the behavior and interests of the policy makers as a source of policy outcome. They observe, “the best policy options are not always adopted because they do not coincide with the interests of the players in the policy process” (Benson and Rasmussen 1998, 697).

Explanations from Political Science

Drugs are a powerful symbol and as such, the drug issue is “especially susceptible” to manipulation for political gain. Elaine Sharp notes that politicians use the symbol to arouse fear and concern, and then introduce policies to “solve” the problem and relieve the public’s anxiety (Sharp 1994, 32). Sharp examines three streams to explain the continuation of the policy: the problem stream, the policy stream, and the political stream. In the policy cycle, which includes problem definition, agenda setting, policy implementation, and evaluation, she notes that there is a disjunction in the policy process. The two problems in this process are: the drug issue’s initial problem definition is so dominant that it interferes with even “remedial change” in the policy; and the results from policy evaluation have not been used in agenda setting (Sharp 1994, 3-4). Although evaluation shows flaws in the policy, that information is not being incorporated when the agenda is set, so the problems are not addressed.

In the political stream, drugs stay on the agenda. For politicians, the problem is politically potent (Be tough on drugs!), fits with broad cultural concerns, and makes gripping material for election campaigns. The changing developments, from crime rates to the emergence of crack to the growth of AIDS keep media and public attention on the subject. Because of this attention, and particularly public fears, politicians pursue tough penalties and increased law enforcement, in order to not appear to lack commitment to the public good (Sharp 1994, 13-14). One of the major issues in the problem stream is that politicians link drugs and crime, especially violent crime. The connection is complex, with murder rates staying relatively constant while drug usage changes, (Sharp

1994, 10) but the link between drugs and crime gives policy-makers another reason to sustain the current approach.

Sharp also addresses the question of interest groups driving the policy. Continuity of policy from 1914 through the late 1960s could be explained by the influence of interest groups, for there were a few leaders who influenced policy, like Harry Anslinger, and just a small network of specialists. By the 1980s, however, there were many specialists from a variety of backgrounds resulting in a fragmented policy community that included medicine, education, psychotherapy, foreign policy, and law enforcement. Experts on treatment and prevention testified more often than law enforcement experts at congressional committee hearings in the 1980s, but despite the ideas, the emphasis remained that of law enforcement: interrupting supply. The change in the make-up of the community of interests involved in drug policy should have precipitated a change if it were entrenched interests that shaped the policy (Sharp 1994, 136-138).

In 1994, when Sharp published her book, the individuals writing on the question of the lack of policy change were from the fields of criminal justice, sociology, law, and medicine. She provides the first guidelines for looking at drug policy politically, and her analysis of the interest group question shows that there must be other factors at work in the maintenance of the policy. Her book was broad, addressing various aspects of drug policy. My work builds on what she has done, but takes a closer look at the policy process and the institutions involved.

Diana Gordon, in *The Return of the Dangerous Classes*, notes that drugs and the drug trade are used symbolically to represent “other, more constitutive issues: the causes

and effects of urban blight, the collapse of community, intergenerational conflict, and interpersonal violence” (Gordon 1994, 22-23) She argues that we cannot see the current policy of prohibition as solely based on concerns about drugs, because that approach cannot explain why the policy is perpetuated or why there have not been even modest changes to the policy. She points instead to a shadow agenda shaped by cultural and ideological influences as responsible for sustaining the current policy.

The key elements of the shadow agenda are controlling the unruly, acquiring and maintaining political power, and meeting material needs. The “unruly” are minorities, young people, immigrants, and cultural liberals who are often associated with drug use, and therefore are the targets of much of the enforcement of the war on drugs. For politicians, promoting public safety through being tough on drugs has become almost essential for reelection. Just announcing support the current policy is not enough to give someone up for reelection an advantage over an opponent, because that is routine. As a result, those seeking reelection will often push policy into new areas, seeking harsher or more creative ways to enforce drug prohibition, in order to gain political advantage. The third aspect of Gordon’s shadow agenda is the use of the drug issue as a “hook on which to hang more routine funding needs.” She gives the example that when businesses are in danger they might argue street crime and drugs are the problem, so there is a need for more police on the streets (Gordon 1994, 119-120). The continuation of U.S. drug policy, then, is not specifically about drugs, but rather about “furthering values of security, order, and participation—and staking claims to material and political success, and to public goods”(Gordon 1994, 7)

Gordon acknowledges that here are also overt elements perpetuate the current policy. For example, public support for drug prohibition is strong (citizens groups lobby) and attitudes toward drug dealers are punitive (Gordon 1994, 117). She also points to the role of agenda setting, an observation shared by Elaine Sharp. Agenda setting has a strong effect on policy. When the problem was defined, the policy solution of prohibition had a moralistic core. The narrow definition yields little room for policy adaptation (Gordon 1994, 115).

Gordon used case studies of various locales to support her argument. Her study contributes to the field by presenting the factors that may affect the way policy is made and perpetuated. The individual choices to follow these patterns are not conscious, and few if any, policy makers would admit to these elements as their motivations; but the examination of these underlying themes does help explain how a policy can become entrenched. If the shadow agenda were responsible for the perpetuation of policy, then there would be little chance the policy could ever change, because the agenda had been set. The writing of Eva Bertram, Morris Blachman, Kenneth Sharpe, and Peter Andreas suggests, however, that there is a rising trend toward placing a greater emphasis on treatment and prevention. This potential for change is a reminder that political actors, the focus of my study, make decisions that create the policy.

In *Drug War Politics: The Price of Denial*, the authors do look at the role of institutions in perpetuating the drug war. Bertram, Blachman, Sharpe, and Andreas refer to the U.S. government's consistent refusal to seriously reevaluate the war on drugs or to consider an alternative approach as "the politics of denial" (Bertram et al. 1996, 3). They argue that the century-old punitive paradigm for addressing the drug problem sets the

stage for this politics of denial. This paradigm, which focuses on prohibiting supply and penalizing users, is the result of political struggles between entities including powerful interest groups and the drug bureaucracy. This political struggle and debate ultimately set the agenda and gradually narrowed the range of public debate on drug policy. The narrow agenda and the dominant paradigm do not by themselves explain, however, why the government would continue to avoid reevaluating a failed policy. Bertram, Blachman, Sharpe, and Andreas see actions of the president, Congress, and the bureaucracy as fueling the continuation of the punitive paradigm. The president seeking public approval, the bureaucracy seeking increases in funding, and members of Congress seeking reelection are all forces that drive the policy (Bertram et al. 1996, 100-101). Presidents are able to strengthen drug control efforts, but reform-minded presidents have difficulty pulling in the reins. While Presidents Nixon, Reagan and Bush expanded the drug war, Congress impeded would-be reformer President Carter's effort to decriminalize possession of small amounts of marijuana and Congress countered Clinton's efforts to dismantle the ONDCP. Even when Congress and the president are not promoting the drug war, the agencies involved in the drug war have a strong interest in protecting their organizations, so push for expanded budgets and fight for their programs (Bertram et al. 1996, 129-132).

The work of Bertram, Blachman, Sharpe, and Andreas is quite relevant to my study. It provides a starting point for a closer look at the dynamics of these institutions. The authors present evidence from every administration since Nixon to illustrate the points they wish to make. The book acknowledges that the policy process, not deeply held prejudice may be the source of the continuation of this failed policy. Although they

illustrate with many examples, they do not closely analyze the policy making process.

This study builds on the points made in *Drug War Politics: The Price of Denial*, but takes a more directed in depth and comparative look at policy making in two administrations at a critical stage of the drug war.

The Methodology and Design

To address the question of why the United States has not changed its policy, I will be following the model used by Graham Allison to look at policy making during the Cuban Missile Crisis. Allison used the rational actor, organizational behavior, and governmental politics models to explain governmental behavior and decision-making. These models are like conceptual lenses through which policy-making can be viewed and interpreted.

Scholars have used this approach to look at policy making in a variety of contexts. Allison used the approach originally to assess the decision making process of the Kennedy Administration in a time of crisis. Mort Halperin used it to address not a crisis situation, but an issue of foreign policy and national security. He used the bureaucratic politics approach to evaluate the policy process surrounding the deployment of anti-ballistic missiles during the Johnson Administration. Halperin illustrated that policy decisions are not the product of a “single individual with a single purpose,” (Halperin 311) but rather the work of many individuals and organizations, sometimes working in concert and sometimes at odds.

Other scholars have used Allison’s approach to assess U.S. policy making toward other countries in non-crisis situations. Joyce Carol Townsend used Allison’s approach to analyze the making of U.S. policy toward Brazil during the 1960s, particularly the

Alliance for Progress. She found that the Alliance for Progress collapsed during the Johnson Administration partly because of social forces and militarism in Brazil, but also because of the president's "unidimensional perspective" on global affairs and because the key actors in the bureaucratic agencies, who had no interest in the development of Northeastern Brazil, attained greater influence over the policy process (Townsend 1982, 112). This illustrates that the interaction of the various players and their relative power, in this case the power of specific bureaucrats, influenced the direction of policy.

Yufan Hao used the model to assess U.S. policy making toward China, focusing on the parallel actions of the normalization of relations and the Taiwan Relations Act. While Townsend's study considers interaction of the bureaucratic agencies and the presidency, Hao's study includes Congress as a key player. Hao found that the executive and legislative branches pursued opposing U.S. interests: the executive pursued normalization with the People's Republic of China while the legislative attempted to preserve the ongoing relationship with Taiwan. In this case, the bargaining between the branches resulted in an outcome that was favorable to U.S. policy interests, and more desirable than the outcome either branch had held as a goal (Hao 1997).

Allison's approach is a useful way to analyze drug policy because it allows the incorporation of the many actors in the policy process, both institutions and individuals. Drug policy is both foreign and domestic policy, so any policy outcome is likely to include many actors and to "result from multiple causes that defy simple summary and easy generalization" (Allison and Zelikow 1999, 263). The use of Allison's three models will allow me to look at the decision-making process from three different perspectives and to integrate foreign policy goals with domestic concerns.

By choosing the Bush and Clinton Administrations, I have two different cases—presidents of different political parties implementing different policies—that both result in the same outcome. By analyzing each case and the decision-making of the two Administrations, I will be able to highlight the policy differences between the Administrations and explain how the emphasis on the supply-side approach has continued, despite the rhetoric about education and the apparent failure of the supply-side approach. To define each of these models, I will break them down as Graham Allison did, according to the basic unit of analysis, organizing concepts, dominant inference pattern, general propositions, and evidence. To supply the evidence for the models, I will rely on U.S. and international newspapers, congressional records, presidential statements, and executive branch records.

Rational Actor

For the rational actor model, governmental action is the result of a choice made by the nation or national government. So, the state, or national government, is the basic unit of analysis. The state, as a unified, rational actor, has one set of preferences and objectives. The government will choose an action that will maximize those strategic goals and objectives. For this study, that goal would be controlling the national drug problem. The government will act in response to strategic situations, threats and opportunities. In the process of choosing a rational action, the government will consider its objectives, its options on advancing those objectives, the costs and benefits of those objectives, and ultimately choose the option that yields the greatest result for the least cost. The dominant inference pattern is that if a state performed a particular action, that action was the approach that maximized the state's reaching of its objectives. The

likelihood of any particular action resulting is affected by several factors, including: relevant values and objectives, perceived alternative courses of action, estimates of consequences, and the valuation of each set of consequences. Evidence, including papers, hearings, and statements, can reveal a coherent picture of a value maximizing choice.

In each of the cases, the government will be viewed as a unitary actor making a value maximizing choice in response to threats and opportunities. To address these questions, I will look at the international and domestic trends in the drug trade evident at the time crucial policy steps were made. Among these trends might be changes in the prevalence of drug abuse, increases in the quantities of drugs being shipped, changes in the characteristics of drug kingpins, variation in the extent of cooperation by the governments of drug-producing and drug-exporting countries, increases in drug-related crime and violence rates, and changes in levels of public concern about drugs. In their rhetoric, both Bush and Clinton promoted demand-side programs of treatment and prevention. Although Bush emphasized international control programs and Clinton focused on domestic law enforcement to control drugs, both declined to shift political emphasis to treatment and prevention. Why was the continued emphasis on supply-side programs the value maximizing option in addressing the U.S. drug problem?

Organizational Behavior

In the organizational behavior model, governmental action is the result of organizational output partially coordinated by leaders (Allison and Zelikow 1999, 164). The basic unit of analysis is the organization, including its standard operation procedures that produce the policy outcomes. Organizations, as defined by Allison, are “collections of human beings arranged systematically for harmonious or united action” that make it

possible to accomplish tasks that are greater than could be done alone or without formal organization (Allison and Zelikow 1999, 145). In this model, the actor is not unitary, but rather a “constellation of loosely allied organizations on top of which government leaders sit” (Allison and Zelikow 1999, 166). Each organization is responsible for one part of drug policy. As such, each one perceives problems, processes information, and takes action. Each has its own agenda and individual outcomes. In addition to directly producing outcomes, organizations limit the range of policy in two ways. First, organizational capacities and existing physical assets determine the range of activity that is possible. For example, it would be impossible to sharply increase the level of interdiction because of the need for more ships, planes, and trained individuals to carry out the plan. Second, organizations shape the issue through the information they have and the initial steps they take to address it, thus narrowing the effective range of choice (Allison and Zelikow 1999, 164-165). Existing organizations, programs and established routines constrain behavior and tend to shape any new approach or assignment to the range of action they are already performing (Allison and Zelikow 1999, 145).

Because drug policy is such a large issue, the parts are divided up and distributed among many different organizations. Each organization has a mission, operational objectives, special capacities, and notably a particular culture (Allison and Zelikow 1999, 166-167). An organization has a range of responsibility for particular set of problems and has an established way of addressing those problems. This ingrained pattern of behavior does not preclude changes in governmental behavior, but clearly affects the direction of policy through the information presented and the alternatives provided for action. The dominant inference pattern is that if a nation performs a certain type of act

today, then yesterday its organizations must have been performing only slightly different (Allison and Zelikow 1999, 175). The general propositions evident through this lens are: existing capabilities affect the choices the government makes, the priorities of organizations shape implementation of the policy, implementation of policy reflects routines that are already established, and any change that occurs will be incremental (Allison and Zelikow 1999, 176-180).

Using this model, I am focusing on the government institutions that are involved in the drug war and the way they approach their areas of responsibility. In making drug policy, the major organizations providing output include Congress, the ONDCP, the Drug Enforcement Agency (DEA), Department of State, Department of Defense, and the Department of Health and Human Services. I will consider the areas of responsibility of each organization, the mission and culture of the organization, the approaches or procedures they follow to address their issue, and the outputs of the organization. Do the ingrained behaviors and standard operating procedures of the organizations perpetuate the current policy?

Governmental Politics

For the governmental politics model, governmental action is the result of political interaction. Acts of government are the result of compromise and conflict between officials with different interests and varied amounts of influence (Allison and Zelikow 1999, 294). The actions result from negotiations and a series of games played by players in various positions of government. Organizing concepts for this model include who the players are, what the issue is, what the goals and interests are, whether there is a deadline, and what is at stake.

Each player sees the issue from a different perspective and this shapes its perception about what action should be taken. The intelligence on the issue and the organization's understanding of it affects the way it frames and addresses any issue. Each player also has a particular amount of influence, and much of the impact of that power depends on the player's skill at using the advantage it has. In addition, the nature of the game and the environment in which it occurs affects the outcome. Other elements that influence the process are: what other issues are on the agenda and how much time the organizations have to make the decision.

The dominant inference from this approach is that if a nation performed an action then that action was the result of bargaining and negotiations among individuals, groups, and bureaucracies in the government. The way these groups interact—the game that they play in producing the action—reveals how the policy action was reached (Allison and Zelikow 1999, 304). Among the general propositions of this approach is that organizations have different intentions for what the action should be, but as a result of bargaining, the outcome does not usually resemble the intention of any of the players involved. .

Using Allison's governmental politics model, I would look at the interaction and influence of Congress, the ONDCP, the Drug Enforcement Agency, Department of State, Department of Defense, and the Department of Health and Human Services. In exploring this hypothesis, I will address what shapes each player's preferred course of action and its stand on the issue. I will look at how each player's power affects the process of policy formation. Those actors with a greater share of the budget or activity in lobbying, for example, may have more influence and ability to maintain or enhance their

share of the available funds. Does the relative power of the players influence how resources are allocated? How do conflict and compromise determine the direction of the drug war?

Conclusion

Through Republican and Democratic Administrations, the budget for counter-narcotics efforts increased over ten billion dollars while the availability of drugs increased and the use of drugs did not decline. With this study, I am examining why a policy is perpetuated despite apparent failure. Through a comparative assessment of the Bush and Clinton Administrations using the rational actor, organizational behavior, and governmental politics models, I hope to explain how the policy-making process perpetuates supply-side emphasis of the drug war.

Figure 2.1 The Models and the Conceptual Focus of Each

Models	Conceptual Focus
Rational Actor	The state as a unitary rational actor. The state will pursue the policy outcome with the greatest reward and the least cost.
Organizational Behavior	The many institutions of the state that follow their standard operating procedures and institutional goals. Policy is the result of each institution pursuing its own goals and following its standard operating procedures.
Governmental Politics	The interaction of the many actors and institutions of the state. The actors have varied goals and different amounts of influence and power. Policy is the result of interaction and negotiation between the players.

CHAPTER 3

THE BUSH ADMINISTRATION: A RATIONAL ACTOR APPROACH

During the years of George Bush's presidency, Colombia's Medellin and Cali Cartels dominated the cocaine trade. Public awareness of cocaine use was high, and the appearance of crack cocaine gave an added fear factor, for now cocaine was not just within the grasp of the wealthy, but also the poor. Heroin use was increasing, but was not widespread. As he came into office, President Bush placed the drug issue firmly on the agenda for his administration. His inaugural address set the tone for the administration's fight against drugs:

There are few clear areas in which we as a society must rise up united and express our intolerance. The most obvious now is drugs. And when that first cocaine was smuggled in on a ship, it may as well have been a deadly bacteria, so much has it hurt the body, the soul of our country. And there is much to be done and to be said, but take my word for it: This scourge will stop! (Bush 1989b)

After making clear this intention, he elaborated on his plans to focus on education in an interview with *The New York Times*, saying:

The answer to the problem of drugs lies more on solving the demand side of the equation than it does on the supply side, than it does on interdiction or sealing the borders or something of that nature. And so it is going to have to be a major educational effort, and the private sector and the schools are all going to have to be involved with this.¹

¹ Gerald Boyd, "Bush, Citing Cost, Says Drug War Will Focus Largely on Education," *The New York Times*, January 25, 1989.

Bush opted to pursue the educational approach because, he said, the “overriding problem of the deficit” would make it difficult to spend more money on interdiction or on law enforcement.² Within months, however, he had abandoned this position to pursue the plan outlined by the new Drug Czar, William Bennett. Bennett’s plan approached the drug problem basically as one of law enforcement, focusing 70 percent of the new drug package in that area.³ Over the course of his tenure, the percentage of the budget addressed to education and treatment varied only slightly, first falling during the time of his greatest anti-drug push, and then rising slightly his last year in office.

To bring out the fear factor mentioned above and to stress the prevalence of crack cocaine, his first prime time address to the nation was about the National Drug Control Strategy. President Bush held up a bag of a white substance and said, “This is crack cocaine seized a few days ago by Drug Enforcement agents in a park just across the street from the White House. It could easily have been heroin or PCP⁴ (Bush 1989a).” The tactic had great effect on public opinion. In the wake of that speech, over 60 percent of Americans believed that drugs were the most pressing problem facing the United States (Gallup 1989, 4). Later, it came to light that the dealer had been asked to come to that location and that the entire sale had been arranged by the DEA on the request of the Bush Administration.⁵

By comparison, during Clinton’s Administration, use of heroin increased as did demand for synthetic drugs, like Ecstasy. The international conditions changed as well.

² Ibid.

³ Bernard Weinraub, “President Offers Strategy for U.S. on Drug Control,” *The New York Times*, September 6, 1989.

⁴ PCP is phencyclidine, described by the DEA as “as one of the most dangerous of all synthetic hallucinogens.” Its users often exhibit hostile behavior and extremely violent episodes. “Drug Intelligence Brief: PCP: The Threat Remains,” <http://www.usdoj.gov/dea/pubs/intel/03013/>

⁵ Tracy Thompson, “Drug Purchase for Bush Speech Like Keystone Kops,” *The Washington Post*, December 15, 1989.

As the large Colombian cartels came under increasing law enforcement pressure, kingpin Pablo Escobar was killed, and other leaders were imprisoned. The cocaine trade that had been managed by these few powerful cartels in Medellin and Cali fragmented, and many small drug organizations with loose structures emerged to coordinate the production and sale of cocaine.⁶ Poppy cultivation in the Andean region and in Mexico expanded as heroin became chic in the United States.

While public concern about drugs was at a high level during the early years of the Bush Administration, it was not a point of high public interest at any point during the Clinton Administration.⁷ When Clinton was inaugurated, he made no mention of drugs, and did little about drugs during the early months of his Administration. When the Clinton Administration did speak, after Lee Brown was named Drug Czar, the policy appeared to promote domestic law enforcement and prevention programs. Throughout the Clinton years, treatment and prevention programs were listed as priorities for the ONDCP. Nevertheless, the percentage of the budget dedicated to treatment and prevention, as during the Bush years, varied only slightly and ended at the same level as it was during Ronald Reagan's last year in office.

Framework

Why did the policy remain constant from Republican to Democratic administration despite a changing trafficking environment and expressed presidential support for more treatment and prevention? What perpetuated the supply side emphasis? Using the rational actor approach, I will be addressing this question from the perspective

⁶ Douglas Farah, "Colombian Drug Cartels Exploit Tech Advantage," *The Washington Post*, November 15, 1999.

⁷ Gallup Poll surveys during the Bush Administration revealed that from May 1989 to April 1990, well over 25% of Americans believed drugs were the most important problem facing the nation. By the first year of the Clinton administration, those numbers had dropped to about 6%.

that the policy was the result of actions chosen by the state (a unitary actor) to maximize the strategic goals of the nation. The set goal was controlling the national drug problem by limiting both drug use and the drug trade. To reach that goal, the state faced challenges and opportunities that had to be addressed using available options. The various options had costs and benefits. A rational state chooses the option that yields the greatest result for the least cost. In this section, I will first review the options that were available to the state. Next, I will identify the possible threats and opportunities faced by the state in achieving its objectives in each administration. I will then look at each case to assess which option was pursued in order to maximize progress toward the goal of controlling the drug problem. If the challenges and opportunities were best addressed by using the supply-side options of interdiction, eradication and law enforcement, then rational choice could explain continued emphasis on supply-side control.

Available Options

Given the objective of controlling the drug problem, what options could have been pursued in order to advance toward the objective? Previous administrations had used education programs, treatment programs, law enforcement, interdiction, and international efforts, like eradication, to address the drug problem. These approaches of supply and demand, which were described in the previous chapter, are well established in U.S. policy. These approaches include domestic law enforcement, interdiction, education programs, treatment, and eradication and other international programs. Because of costs and political impediments, the government is unlikely to introduce a new initiative requiring new governmental abilities or agencies. As a result, any potential shift in policy would most likely reflect a shift of emphasis among the existing practices. During

the twelve years of this study, drug policy continued to emphasize the supply-side. This leads me to hypothesize that the options that best advanced the objective of controlling drug use and the drug trade were the law enforcement, interdiction, and international programs.

Threats and Opportunities

The environment of the policy-making affects the options chosen. The state, as a rational actor, responds to threats and to opportunities. The threats that might have been presented are: a marked increase in the rate of drug use in the country; a popularly perceived increase in the threat of drug use; a surge in the supply of drugs reaching the United States; a change in the characteristics of major drug traffickers; and a decrease in the level of cooperation by other countries in addressing the drug problem. A potential opportunity that might exist is an increase in the cooperation of other countries. The behavior of other countries either provides a threat of greater drug exportation because of a lack of assistance, necessitating greater interdiction, or it provides the opportunity for joint efforts like eradication because of greater cooperation.

The Bush Administration: Threats and Opportunities

At one point during the Bush years, 68 percent of the American people believed that the greatest problem facing the United States was that of drugs. Newspapers were full of reports on the drug war, including extensive coverage of the invasion of Panama and the removal of General Manuel Noriega, who was considered to be complicit in drug trafficking and money laundering in Panama. The most visible representative of the drug war, besides the president, was the head of the ONDCP, or Drug Czar, William Bennett.

Public awareness of the drug issue was very high, and the drug war may have been at its political peak. What were the threats and opportunities present during the Bush Administration to which the state would have reacted?

Real and Perceived Levels of Drug Use

One threat that could have caused the state to respond would have been a marked increase in drug use. This increase did not occur. In 1985, during the Reagan Administration, there were over 23 million current users of drugs in the United States. By 1988, when Bush was elected, an estimated 15 million Americans were current users of drugs. That number decreased steadily to 12 million by 1992. Percentage usage dropped from 12.1 percent in 1985 to 7.7 percent in 1988 to 5.8 percent of the population in 1992 (ONDCP 2002e). In both number and percentage of the population, the quantity of drug users in the United States appears to have fallen before and during the years of the Bush presidency. In analyzing trends in drug use, the ONDCP acknowledges “Our estimates seem to show a decrease in the number of hardcore cocaine users from 1988 to 1991” (ONDCP 2002f). In 1989, about 3.82 million Americans were chronic users of cocaine, but by 1992 only 3.27 million were chronic users. Similarly chronic heroin use dropped from 1.34 million people to 955,000 (ONDCP 2002b). Considering these figures, some could argue that the drop in drug use was directly related to the tough stance taken by the Bush Administration, particularly on enforcement. Alternatively, one could argue that the drop was the result of better prevention and treatment (particularly for the chronic users), as the amount of funding for treatment and prevention almost doubled between 1989 and 1992. The drop may have also been, perhaps most arguably, a reflection of the cyclical nature of drug use. Whatever the meaning of the apparent drop

in usage levels, one element that appears evident from these government figures is that the threat of a *marked increase* in drug use is not present. The state could not have been responding to an increase in drug use.

The state could, however, have been seeking to continue to reduce the already falling levels of use. The rhetoric of the Bush Administration that characterized drug use as a “scourge,” implied that even the reduced levels of usage were intolerable. So, instead of marked increase in usage as a threat, merely continued usage of drugs in the United States could constitute a threat that would demand a response.

A second threat that the government could have been responding to was the public perception of the dangers of drug use and trafficking. A democratic government responds to the interests of the people, so in order to meet those demands and produce results, the government could have been responding to public opinion. In June 1989, 27 percent of Americans thought drug abuse was the most important problem facing the country. This was second only in importance to net economic problems (Gallup 1989b, 4). After Bush’s speech about drug control in September 1989, an astounding 63 percent thought drugs and drug abuse were the most important problem (Gallup 1989a, 4). Public perception of drug use and abuse as a major problem for the United States gradually dropped from that peak, first to about 30 percent in April of 1990 (Gallup 1990, 7) and then to eighteen percent, and then as low as five percent during the Gulf War in January 1991 (Gallup 1991b, 25). By November 1991, drugs did not appear as one of the most important issues for the 1992 election (Gallup 1991a, 8). Public opinion polls reflect a shift of concern away from the problem of drugs and drug use, but the government continued to push policy in the same direction it had. If the government

were taking the steps in response to the public's perception of a drug threat, then there would have been no reason to continue to escalate the drug war when the public's attention shifted away from drugs. As there is no sharp increase in the amount of drug abuse and there is no sustained high level of public concern on the issue, then these issues would not be potential threats to which the state would respond.

Trafficking Levels

A third threat could have been an increase in the amount of drugs available for sale in the United States over this time. The U.S. Department of State estimated that in 1989, between 432 and 545 metric tons of cocaine were available for sale in the United States. In 1992, between 437 and 555 metric tons were available (ONDCP 2002d). These numbers reflect that the amount available for consumption remained relatively constant. Despite the stable level of availability, however, the retail value of this cocaine dropped from \$88.4 billion to \$49.9 billion (ONDCP 2002d). This decrease in street value implies availability, not scarcity of cocaine. The cost of per milligram of pure heroin fell, and the purity rose between 1989 and 1992 (NDIC 2000). Again, this implies a market with an increasing availability of heroin, or at least sufficient to drive prices down.

One area in which there was a marked increase in the presence of drugs was in potential net production of cocaine. Between 1989 and 1992, the estimated amount of coca leaf produced increased from 298,670 metric tons to 333,900 metric tons (ONDCP 2002c).

These threats related to drug trafficking, including the increase in net production of cocaine and the constant availability with an accompanying drop in price, bear further

consideration as problems that the state could have been acting to counter or otherwise address. To address supply on the street, local law enforcement is the most likely tool to be used. To limit net production and the amount of territory under production, eradication of coca and poppy plants is the most likely tactic the government would use. To limit the arrival of the greater amount of drugs bound for the United States, interdiction could also play a role.

Nature of Drug Traffickers

During the years of the Bush Administration, the drug trade from Colombia was dominated by large, well-organized cartels run by “kingpins” like Pablo Escobar in Medellin and several families in Cali. Mexico, likewise, had cartels managing the drug trade. These cartels were traceable to particular locations where the more famous of the traffickers led flamboyant lives. These cartels possessed networks that included production, refining, transportation and distribution, and they competed against one another for market share. The existence of the cartels gave a clear focus to the international effort to control drugs. The government knew who the perpetrators were and tried to eliminate them. When law enforcement efforts pressured the Medellin cartel, Cali would surge in prominence. To try to control drugs by taking the major traffickers out of the trade, through prison or death, the U.S. government had to work with the governments of the nations that were home to the traffickers, an international effort that required cooperation.

International Cooperation

A common theme of Latin American officials is captured in the words of Guillermo Plazas Alcid, of the Colombian Ministry of Justice, who said in 1989, “If the

United States...wouldn't consume drugs, the Colombian people would be liberated from the greatest problem in their history."⁸ But notably, he followed this statement with words that reflect an unprecedented level of cooperation: "It is the time for international solidarity...we will fight together loyally and with coherence and that's how we'll win the battle against narcotics trafficking."⁹ This juxtaposition of blame and cooperation characterizes the ongoing relationship between drug producing or trafficking nations and the United States.

Through the 1980s, Latin American countries preferred to blame the United States for causing the drug problem and resisted cooperation, seeing the problem as a U.S. problem—not a Latin American one. There is drug use in Latin America, but not at the levels seen in the United States.¹⁰ By 1989, a shift had occurred providing fertile ground for cooperation between the United States and Latin American and Caribbean countries. Former Prime Minister of Jamaica, Michael Manley, expressed this trend, "People said drugs are a U.S. concern, not our worry. Now we see we need [controls] even more than you. We are more vulnerable to these vicious people and we need help. This is the greatest international criminal conspiracy we've ever known."¹¹ Venezuelan President Carlos Andres Perez pointed to drug trafficking as a threat to sovereignty, and other Latin American officials recognized "corruption, violence and the economic distortion" of drug trafficking as problems that needed to be addressed with an international effort.¹²

⁸ Patrick McDonnell, "Latins Blame Woes on U.S. Appetite for Drugs," *The Los Angeles Times*, June 20, 1989.

⁹ Ibid.

¹⁰ Anthony Faiola, "Use of Illicit Drugs Soars in Latin America," *The Washington Post*, September 15, 1999.

¹¹ Flora Lewis, "Foreign Affairs: New Allies in the Drug War," *The New York Times*, April 2, 1989.

¹² Ibid.

The Bush Administration focused attention on Latin America shortly after inauguration. High-level officials, including the Vice President, made visits to South and Central American countries within the first months of the new administration. As Secretary of State James Baker went through his confirmation hearings, he acknowledged that the problems of Latin America were “right on our doorstep” and required immediate attention.¹³

Policy Responses to the Threats and Opportunities

The threats that needed to be addressed during the Bush Administration were the abundance of available cocaine and heroin despite counter-narcotics efforts and the increase in land under cultivation for coca and poppies. The reason for attempting to limit this availability of cocaine is to limit the ability of users to acquire it and consume it. So, the primary challenge that this rational actor had to address was reducing drug consumption. Even though usage levels were dropping, the nature of the rhetoric “this scourge will stop” implied that even reduced levels of usage were intolerable, so reducing drug consumption remained the fundamental challenge. The greatest opportunity that appeared during this time frame was the new willingness of Latin American and Caribbean nations to cooperate with the United States on drug control.

Limiting the amount of cocaine and heroin available in the United States is by definition a supply side endeavor. The ways this has been done is to interdict the shipments en route to the United States, search for them at points of entry into the United States, or intercept the drugs on the street once the products have reached U.S. soil. These approaches are both costly and difficult to fully implement. The other way to limit the amount available in the United States is to eradicate the crop at the source, an effort

¹³ Thomas L. Friedman, “Latin Issues Pressing Bush,” *The New York Times*, January 19, 1989.

that ties in precisely with the other threat presented during this administration: the increase in the net production of cocaine. To counter the expansion in territory under cultivation and to ultimately reduce the amount of drug available on the street, eradication appears to be a good strategy.

With the new possibility of cooperation offered by Latin American and Caribbean countries, international efforts at drug control were possible, both in tracking the traffickers and stopping or interrupting production. This, again, brought eradication to the forefront as viable strategy, for one of the biggest impediments to eradication programs had been the reluctance by the producer countries to allow the spraying.

These threats and opportunities suggest pursuit of supply-side strategies, particularly eradication, international programs, and law enforcement at the street trafficking level. This leaves, however, the question of reducing consumption. Will supply reduction reduce consumption or will it just raise prices? How can consumption be reduced? Traditionally, the state has approached this problem by trying to reduce the number of addicts through treatment and attempting to reduce the number of new addicts through education programs. So, the likely response to the continued usage problem would consist of demand side programs.

Costs and Benefits of the Supply-Side Approach 1989-1992

Interdiction

Interdiction, as defined in the previous chapter, is the interception by law enforcement officers of drug shipments en route to and within the United States. It is used to disrupt shipment, distribution and sales and thereby reduce the availability of drugs. Interdiction includes border searches, searches of vessels on the high seas,

tracking of aircraft, and infiltration of smuggling organizations. In looking at the costs and benefits of interdiction, the first step is to consider the funding addressed to interdiction and the corresponding amount of narcotics seizures in those years. See Table 3.1.

In 1989, the United States spent \$1.44 billion to intercept 114,903 kilos, or \$12,500 dollars a kilo. A comparison of the years 1989 and 1991, the years of lowest and highest expenditure on interdiction during the Bush Administration yields fascinating results. Between 1989 and 1991, funding increased by 41 percent. This yielded an 11 percent increase in the amount of cocaine intercepted (13,344 kilos) and a 10 percent increase in the amount of heroin (137 kilos) seized. This means that each additional kilo of cocaine seized cost the United States Government approximately \$45,000. In 1991, the price per gram at the dealer level was \$69. So a dealer would have paid about \$69,000 for that same kilo of cocaine (ONDCP 2002a).

In 1989, between 547 and 660 metric tons of cocaine, or 547,000 and 660,000 kilos were shipped to the United States (ONDCP 2002d). The amount of cocaine interdicted that year was 114,903 kilos, or less than 21 percent of the amount shipped. In 1989, about 22 percent of the drug control budget was used to interdict 21 percent of the cocaine bound for the United States.

In assessing the monetary costs related to interdiction, it appears that increasing the funding for interdiction does not yield a corresponding increase in the amount of narcotics seized; and it has been known to yield a decrease in seizures, as occurred in 1990. In terms of limiting the flow of drugs to the United States, interdiction succeeded in providing the benefit of stopping only about 21 percent of the cocaine bound for the

United States, leaving between 400 and 550 metric tons of cocaine circulating (ONDCP 2002d). This rate was better than the 10 percent interdicted in the early 1980s, but the amount was sufficient to provide all the cocaine users need (Johnson 2000, 44). There was also a drop in street prices, which suggests that an abundance of product may have driven prices lower.

International Cooperation and International Programs

International cooperation can be an opportunity for success and the lack of it can be an impediment to progress—it is a two-edged sword. In February 1990, President Bush met with Bolivian President Jaime Paz Zamora, Colombian President Virgilio Barco, and Peruvian President Alan Garcia for a one-day drug summit in Cartagena, Colombia. At the summit, the presidents agreed to:

implement or strengthen a comprehensive, intensified anti-narcotics program must address the issues of demand reduction, consumption and supply. Such a strategy also must include understandings regarding economic cooperation, alternative development, encouragement of trade and investment, as well as understandings on attacking the traffic in illicit drugs, and on diplomatic and public diplomacy initiatives.(Bush 1990a)

The first initiative addressed alternative development and trade assistance to alleviate the economic burden of counter-narcotics efforts. Other initiatives addressed prevention and demand reduction, eradication, interdiction, and law enforcement. The document also recognized drug trafficking as “essentially a law enforcement matter,” but allowed that due to the extent and nature of the problem, “armed forces in each of the countries, within their own...national jurisdictions, may also participate” (Bush 1990a).

This summit meeting was to be the beginning of a period of cooperation, but the interests of the countries remained quite diverse. Particularly, the presidents of the Latin American countries had different interests from those of the U.S. president. They had been reluctant to involve the military in the counter narcotics effort, because of the corruptive element of drug trafficking, the historical power of militaries in Latin America, and because of the involvement of guerrilla insurgencies in drug trafficking. Virgilio Barco, in his statements stressed the importance of reducing demand in the United States.¹⁴ In addition, in these countries, drug trafficking has been seen not as a law enforcement issue, but rather one related to economics. For this reason, the Andean leaders stressed the need for U.S. aid in development and trade.

The cooperation of the other nations, particularly those in the Andean region, allowed for what are called “international programs.” Among these international programs are collaboration in prosecuting drug traffickers, training for police and military forces, material aid in the form of helicopters and weapons, high-tech surveillance (whether eavesdropping on telephone conversations or using AWACS to follow air traffic), destruction of cocaine processing laboratories, economic aid for development or crop substitution, and eradication.

The apparent consensus achieved in Cartagena was short-lived. By September, there were cracks in the agreement, mostly related to international programs. As discussed below, Peru declined an offer of \$35.9 million in military assistance from the United States, because it had been promised economic, not military, aid. In Bolivia, President Paz Zamora was slow to plan for the use of pending U.S. military aid. In

¹⁴ Andrew Rosenthal, “4 Presidents in Colombia: 3 Andean Leaders and Bush Pledge Cooperation,” *The New York Times*, February 16, 1990.

Colombia, officials were reluctant to increase military involvement in the drug issue, and the new Colombian President Cesar Gaviria called on the United States to curb demand.¹⁵

Military vs. Economic Aid

In the years of the Bush Administration, the Upper Huallaga Valley of Peru was a point of great concern. In this area, which was under the control of the Maoist guerrilla group *Sendero Luminoso*, or Shining Path, potentially hundreds of thousands of acres of coca were under cultivation. This coca could ultimately account for about half of the cocaine that reached the United States.¹⁶ Farmers cultivating coca were protected by the guerrillas and were able to make a good living from the crop. When they met in Cartagena, President Alan Garcia understood President Bush to be promising economic aid in fighting the drug problem. When the United States then offered military, not economic aid, Alan Garcia opposed the proposition. When Alberto Fujimori became president of Peru, he also rejected the U.S. offer of \$35.9 million in military aid. The military aid was intended to help the Peruvian army combat the Shining Path. The U.S. intention was to help the Peruvian military bring the Shining Path under control so that crop eradication and other drug control efforts could go forward in the Upper Huallaga Valley. What the Peruvians understood, however, were the economic and political underpinnings of the drug cultivation. They needed the economic aid in order to provide a viable alternative development plan for the area farmers, whether crop substitution or another initiative, in order to give them a way to survive economically without growing the coca cash crop. They also understood that the Shining Path was entrenched, and

¹⁵ Eugene Robinson, "U.S. Drug Effort Runs Into Latin Resistance: New Peruvian Government Turns Down \$36 Million in Military Aid," *The Washington Post*, September 14, 1990.

¹⁶ Michael Isikoff, "U.S. Suffering Setbacks in Latin Drug Offensive; Violence Mounting as Coca Production Soars," *The Washington Post*, May 27, 1989.

governmental power in the area depended on winning the support of those coca farmers. Economic aid could do this, while military aid paving the way to eradication and the destruction of their livelihood could not.

Funds for training police and military have been flowing to the Andean region for decades. With the Cartagena Summit, the nations agreed to involve the military in counter-narcotics if necessary. This coincides with the United States beginning to use the military in drug control; a role that the military had resisted. U.S. military aid was focused on training police and military in drug producing areas. It also set up command and control centers and communications networks to assist the drug enforcement organizations working in these countries. In one case in 1989, President Bush sent \$65 million in emergency aid to Colombia to help fight drug trafficking. According to a statement issued by President Bush, the aid package included “equipment for police and military personnel” and “aircraft and helicopters to improve the mobility of Colombian forces engaged in the anti-drug effort.”¹⁷ Military aid to Colombia was not without controversy, particularly because the Colombian military has been accused of human rights abuses as well as corruption. Nevertheless, Bush said, “The United States has complete confidence in the ability of the Colombian police and military to deal with this situation.”¹⁸

There was another objection to the U.S. extending military aid for drug trafficking. Colombia has the oldest civil war in all of Latin America. The guerrilla groups, including many factions of the *Fuerzas Armadas Revolucionarias Colombianas* (FARC), or Colombian Revolutionary Armed Forces, and the *Ejercito de Liberacion*

¹⁷ Maureen Dowd, “U.S. Giving Bogota \$65 Million in Aid to fight Drug War,” The New York Times, August 26, 1989.

¹⁸ Ibid.

National (ELN), or National Liberation Army, have been attacking Colombian villages and cities for years. As cocaine became a lucrative commodity in the world, some groups of guerrilla began providing protection to laboratories and to coca fields. Ultimately some of these groups became directly involved in the narcotics trade, giving rise to the term “narco-guerrilla.”¹⁹ The nature of this relationship between narcotics trafficking and leftist insurgents complicates the matter of military aid—is the aid for fighting drugs or for fighting a political war? Add to this scenario the fact that the drug income of the narco-guerrilla provides enough capital to purchase state of the art weaponry. How can the Colombian Armed Forces stay equally well equipped without continued significant amounts of economic aid?

For the United States, the benefits of involving the military were several: there was no other war to fight at the time; providing military equipment would benefit defense contractors, thereby strengthening the economy; and the military had good intelligence, communications, and logistical support of use to other agencies in fighting drugs. Only the last of these, however, had anything to do with the strategic goal the rational actor was to be pursuing.

Any international program pursued has political consequences for the host country. For example, accepting military aid before economic opportunities were explored was not politically viable for Peru’s Fujimori. The main area of coca cultivation was the Upper Huallaga Valley, the stronghold of the Shining Path. In order to gain the support of the people who lived in the area and earned their livelihoods from coca cultivation, he had to first have economic aid to provide alternative economic opportunities to the coca farmers. Without giving the farmers an alternative to coca

¹⁹ U.S. Ambassador to Colombia Lewis Tambs coined this phrase in 1984.

cultivation, there would be no way to counter the influence of the guerrilla group, and certainly no way to limit coca production. Military aid would likely have increased support for the Shining Path, especially if coca eradication were carried out.

Extradition

The political consequences of taking a counter-narcotics path and collaborating with the United States are possibly best exemplified with Colombia and extradition. In Colombia in 1984, after the assassination of Minister of Justice Rodrigo Lara Bonilla, the government began enforcing an extradition treaty with the United States that targeted traffickers accused of crimes in the United States. The extradition treaty had been a major focus of U.S. policy. The treaty had been controversial from the beginning, but its enforcement unleashed a wave of violence, murder and bombings by the drug cartels that included an attack on the Palace of Justice that killed over 95 people, including eleven Supreme Court Justices and the assassination of a leading presidential candidate. They also formed a group called the “*Extraditables*” (the extraditable ones) who were held responsible for the assassinations of an attorney general, judges, and newspaper editors between 1987 and 1991. Partly as a result of the campaign of terror waged by the *Extraditables*, the new constitution, which was approved in 1991, prohibited the extradition of Colombians who were wanted by other countries.²⁰ The end of the possibility of extradition terminated one international policy goal of the United States, but it gained Colombia a momentary respite from ongoing violence.

There was little cost to the United States in pursuing extradition. There was, however, a significant benefit to be gained—removing powerful traffickers from a

²⁰ Lee Banville, “Colombia’s Civil War: The Evolving U.S. Role: The U.S. War on Drugs” http://www.pbs.org/newshour/bb/latin_america/colombia/usrole.html

weakened and corruptible judicial system to the U.S. justice system for trial. The cost for Colombia was hundreds of lives. The potential benefit was limiting the power of traffickers.

Does involvement in international programs limit the supply of drugs?

A crucial factor in determining an answer to this question would be the response of the host country. For Colombia, the violence unleashed by the *Extraditables* created a cost so great that the country could not continue to pursue the extradition of drug traffickers. In Peru, the price of military aid from the United States was too high, for it would have had a great domestic political cost. The Peruvian government was battling with the Shining Path guerrilla group for control of the hearts of the people and large swaths of land. Accepting the military aid would likely have driven more Peruvians to support the insurgents. For the United States to gain the benefit of international programs, it must understand the motivations of the host country. The drug problem is often not perceived as a law enforcement problem but rather as an economic and political one.

Surveillance and Information Sharing

Another area of U.S. aid to Colombia, Bolivia, and Peru lay in providing surveillance of the operations of drug traffickers. A coordinated effort of intelligence gathering by the military, the Central Intelligence Agency (CIA), and the Drug Enforcement Agency (DEA) resulted in an improved collection of data, much of which was then shared with local authorities in drug producing areas. This intelligence gathering aided authorities in tracking shipments and in arresting individuals who were key to trafficking operations. Benefits of this type of collaboration have included success in capturing key players in drug trafficking, interfering with shipments, and destruction of

cocaine laboratories. Costs are minimal, other than potentially providing information to corrupt officials and thereby to the traffickers, about upcoming attacks or sources of information. Even with good intelligence, these interdiction efforts have not substantially reduced the flow of drugs.

Eradication

In addition to interdicting processed cocaine and heroin in route to the international market, the United States has pursued eradication, which is intended to limit the cultivation of coca and opium poppies. Eradication, like the efforts discussed in the previous section, is an international program that requires the cooperation of the host country. One common technique used for eradication is aerial spraying of herbicides another is the manual uprooting of the plants. In addition, to limit processing, the U.S. and other governments have placed controls on precursor chemicals used in the refining of cocaine and have destroyed the “laboratories” where cocaine is refined. To assess the costs and benefits of eradication, an approach that should have seemed viable given the international environment of cooperation that was present, it is worthwhile to first examine the amount of territory under cultivation for coca and the amount eradicated and the corresponding amounts for opium poppies. See Tables 3.2 and 3.3.

Coca Eradication

As the figures in Table 3.2 reveal, during the Bush Administration, eradication efforts in Latin America at their most successful, in Bolivia in 1990, eliminated only 13.9 percent of the crop. In 1991 and 1992, the number was closer to 10 percent of the crop. In Colombia, about two percent of the crop was eliminated and in Peru, in the years that there was eradication, between one percent and four percent of the coca was destroyed.

In 1990, the year of greatest eradication in the Bush Administration, about 10,000 hectares of coca was destroyed.²¹ The budget for international programs (of which eradication is one part) that year was \$500 million. Subsequent years with greater funding achieved less success.

In the Upper Huallaga Valley of Peru, where hundreds of thousands of acres of coca were under cultivation, U.S.-backed efforts to eradicate the coca manually were met with violence and murder. The Peruvian police and military in that area came under regular attack.²² It is difficult to carry out a plan of eradication when the area is not under the control of the government with which the United States is working, because the efforts will be countered, often violently. Politically, working with the United States in this area can be very difficult, for crucial support can be lost by eliminating the income source of a group of people who live at the heart of an insurgency. After a visit to the area, Peruvian President Alan Garcia said that he would “never allow massive eradication” with herbicides.²³ By 1991, under Fujimori, there was no eradication of the coca crop occurring in Peru.

Opium Poppy Eradication

Eradication of opium poppies in the Western Hemisphere yielded quite different results from coca eradication efforts. Approximately 75 percent of the heroin that comes to the United States originates in Colombia or Mexico (NDIC 2001). As Table 3.3 illustrates, eradication efforts in Mexico have been successful. For example, in 1990, 46 percent of the poppy crop was eradicated, and over 64 percent was eliminated during

²¹ One hectare is approximately 2.47 acres.

²² Michael Isikoff, “U.S. Suffering Setbacks in Latin Drug Offensive; Violence Mounting as Coca Production Soars,” *The Washington Post*, May 27, 1989.

²³ Ibid.

each of the next two years. The elimination of so much of the Mexican poppy crop created a market opportunity. Taking advantage of the opportunity, Colombian growers moved to fill the gap in the heroin trade created by this successful eradication, and the Colombian cultivation of poppies skyrocketed.

About 25 percent of the heroin available in the United States originates in Asia (NDIC 2001). The countries with significant cultivation of opium poppies include Afghanistan, Pakistan, Burma, Laos and Thailand. In Burma, over 150,000 hectares were under cultivation each year of the Bush Administration, but less than one percent were eradicated. There was no eradication in Laos and figures are unavailable for Afghanistan. In Pakistan, at the peak of eradication in 1992, 10 percent of the crop was destroyed. In Thailand, that same year about 75 percent was eliminated (ONDCP 2001b). The United States does not emphasize eradication as much in Asia because a smaller percentage of the drug is coming from there, and many of the areas where the poppies are grown in Asia are beyond the influence of the United States government—and in some cases any national government. Asian heroin is more likely to be consumed in Europe and Russia.

Eradication Costs and Benefits

Eradication is an international program that requires the collaboration of the host government. During the Bush Administration, the largest coca growing area, the Upper Huallaga Valley, was politically beyond the reach of U.S. or Peruvian efforts. In Peru and Colombia less than 4 percent of the crop was ever eradicated and in Bolivia, one year 13 percent was eliminated. The benefits are small, considering the risks in human life and the political risks for embattled governments.

Eradication of opium poppies in Asia is difficult because, like the Upper Huallaga Valley, the areas to be eradicated are often beyond government control or are otherwise inaccessible. Poppy eradication in Mexico was successful, but Colombian growers quickly filled the space in the market, a situation that reflects the balloon effect. Despite “successful” eradication, the overall amount of land under cultivation for opium poppies in Latin America increased by over 20,000 hectares during the Bush years (ONDCP 2001b).

Law Enforcement

Domestic law enforcement efforts incorporate the criminal justice system, research, and intelligence. The National Drug Control Strategy designed by Drug Policy Director (Drug Czar) William Bennett and presented in September 1989 to Congress focused the drug control efforts of the United States clearly on law enforcement. As President Bush described the plan to the nation in a televised address, he called for doubling federal assistance to state and local law enforcement, for tougher penalties for those convicted of trafficking, and for enlarging “our criminal justice system across the board -- at the local, State, and Federal levels alike.” He continued, “We need more prisons, more jails, more courts, [and] more prosecutors.” The proposed increase in federal spending on drug-related law enforcement amounted to almost \$1.5 billion (Bush 1989a).

Law enforcement programs yield measurable results in terms of arrests, prosecutions, and convictions. The intensified law enforcement effort led to more arrests, prosecutions, and convictions at the federal level; a sharp increase in the number of people held on drug related charges in state correctional facilities; and longer median

sentences for federal drug law violators. These clear and measurable results are worthy of note in this study because other methods of drug control, whether supply or demand side, do not provide as clearly demonstrable evidence.

According to the Department of Justice, since 1989 there have been more cases concluded in Federal District Court regarding drug charges than any other type of case (BJS 2003b). See Table 3.4, which charts the numbers of suspects and prosecutions at the federal level. The first year of Bush's Administration there was a surge in federal drug enforcement, with about 6100 more people suspected of federal drug violations than had been the year before, an increase of 24 percent. After that initial surge, the subsequent years saw increases of 1500 to 2000 more suspects, accompanied by a steady increase in the number of prosecutions. Although the number of suspects, prosecutions, and convictions increased by thousands, the percentages of suspects prosecuted and convicted remained constant.

The number of individuals convicted on federal drug charges jumped by 18 percent the first year of the Bush Administration and then increased steadily, by 3 percent, 6 percent, and 9 percent in the following years. See Table 3.5. Most were convicted of drug trafficking. Those convicted of drug possession only constituted between 11 percent (1989) and 6 percent (1992) of the total. In addition to the drop in percentage, the number of people convicted for possession dropped. The percentage of people prosecuted who were then convicted on federal drug charges was steady, between 82.9 percent and 84 percent, and ended at the same level as the last year of the Reagan Administration. Convictions did not increase just on the federal level. Nationwide, the number of prisoners held in state facilities on drug charges increased sharply. In 1989,

there were 50 percent more inmates held on drug charges than were held the year before. See Table 3.6.

Not only were more people prosecuted, convicted, and imprisoned during this time, the length of prison sentences also increased for those convicted of federal charges of trafficking or possession. See Table 3.7. This lengthening in sentences was underpinned by legislation in 1986 that required mandatory sentences for drug offenses. The median prison sentences for drug traffickers between 1989 and 1992 were longer than for any crimes except murder, robbery, and kidnapping (BJS 1996). While the median sentence for trafficking increased by 9 percent between 1989 and 1992, the median sentence length for possession increased by 173 percent, from 8.1 to 22.1 months.

Benefits and Costs of Law Enforcement Efforts

Greater numbers of arrests and convictions provided the state with a clear benefit: immediate results related to Presidential goals. The state was able to demonstrate that it had removed a certain number of people from the drug market. This implied that sales of drugs could have been interrupted or decreased because there were fewer traffickers, and that those arrested on possession charges were no longer on the streets using or distributing drugs.

The greatest cost during the Bush Administration was financial. Although the numbers were going up for prosecutions and convictions, the dollar amount involved grew at an even more rapid pace. While the number of people convicted on drug charges increased by 18 percent between 1988 and 1989, the funding for law enforcement grew by over 37 percent. The next year saw convictions increase by 3.24 percent with funding jumping by 52.9 percent. Costs of incarceration increased as well, but those costs were

somewhat invisible as they were passed to the states or other parts of the federal government as prison maintenance. Mandatory sentences multiplied the costs of incarceration for drug offenses. One cost that was not recognized in these early years of escalation of law enforcement and prosecution was that the greater numbers of convictions and longer sentences contributed to prison overcrowding.

Though these costs accumulated, the Rand Corporation, in its research of the costs of various approaches to drug control, found that of the supply-side efforts, law enforcement was the most cost effective. They found that to reduce the annual drug consumption by one percent, \$246 million more would have to be spent on law enforcement programs. To achieve the same goal using demand reduction programs would cost much less: about \$34 million for treatment. This means the most efficient supply-side program would require 7.3 times as much money to reduce consumption by one percent (Rydell and Everingham 1994). Law enforcement programs offer a supply-side approach that has tangible, measurable effects with fewer of the problems that international programs and interdiction present.

Costs and Benefits of the Demand Reduction Approach 1989-1992

Treatment

The purpose of treatment is to reduce the number of people using drugs by addressing the problem of addiction. Treatment programs include the approaches of chemical detoxification, methadone maintenance, drug-free outpatient treatment, self-help groups, and residential therapeutic communities. Treatment and prevention programs have been part of the national drug control effort from the beginning. At only one point in time, however, during the Nixon Administration, was more of the budget

dedicated to those areas than to the demand side. Two agencies, Health and Human Services (HHS) and the Veterans Administration, receive the vast majority of the funding dedicated to drug treatment. The HHS funding goes to block grants to the states, drug treatment services, and research. The Veterans Administration funding is dedicated to treatment for veterans, both inpatient and outpatient (GAO 1998, 2). In 1991, over 810,000 people were involved in substance abuse treatment programs. In 1992, over 944,000 were in treatment (SAMHSA 1998b). In those years, over 60 percent of treatment facilities were private non-profit organizations. The federal government ran 2-3 percent of the between 9,000 and 11,000 treatment facilities available in the United States (SAMHSA 1998c).

Early in the Bush Administration, treatment faced a number of challenges. First, the nature of drug use had changed during the 1980s, but research on treatment methods had not advanced. The National Institute on Drug Abuse (NIDA), because of a limited budget, had not been able to carry out sufficient and appropriate research into how best to approach treatment in the new environment. In 1990, the General Accounting Office argued in a presentation to Congress for the research budget of NIDA to be increased (GAO 1990). Second, the results that were available on the effectiveness of treatment were quite mixed in their outcomes, for reasons including ineffective treatment and inappropriate measurement of treatment outcomes. Despite the inauspicious beginning, subsequent research on treatment that was done during the years of the Bush Administration revealed very positive results.

The success of treatment programs is measured by studies carried out by the government, think tanks, and universities. The most comprehensive studies measure drug

use before and after treatment. These studies have repeatedly revealed that treatment is indeed beneficial in reducing drug use (GAO 1998, 3). Unlike law enforcement, however, treatment does not provide clear, easily quantifiable results. Despite the positive results reflecting reduced drug use, there are some flaws that diminish the apparent success. One government report that analyzed many treatment results came to the conclusion that many of the studies are hampered however because many rely on self-reported data, data that often reflects lower usage rates than that revealed through tests like urinalysis (GAO 1998, 5). To address this problem of under reporting of drug use, most studies now take a sample of urine or hair from a subgroup of the study group to test the validity of the self-reported data. Another problem that plague those trying to compare or analyze treatment results is that the studies also vary as they measure the success of treatment using different factors, including reduced use, reduced relapse time, reduced criminal activity or increased productivity (GAO 1998, 16). Although these variations exist, the clear positive results from research on standard treatment programs show treatment to be effective in reducing drug usage.

Beginning in 1991, the National Institute on Drug Abuse sponsored a nationwide study of drug abuse outcomes of over 10,000 drug abusers who entered almost 100 treatment programs between 1991 and 1993. This was the largest study carried out in ten years. The major finding of the study was that “the four most common forms of drug abuse treatment are all effective in reducing drug use”(NIDA 1997). The four types of programs studied in the Drug Abuse Treatment Outcome Study were outpatient methadone, outpatient drug-free, long-term residential, and short-term inpatient. All four treatment types resulted in significant changes (reductions) in the use of cocaine and

heroin. In fact, the reported weekly use of cocaine dropped by at least 20 percent. Short-term in-patient and long-term residential programs dropped cocaine usage by over 40 percent (NIDA 1997).

The average weekly usage of hardcore cocaine users was over one gram between 1989 and 1992. The average heroin purchase during that time was about 80 milligrams (ONDCP 2002f). Treatment reduces consumption. Even if each person in treatment skipped consuming just once, the amount of drugs demanded would fall significantly. The benefits of treatment are great in reducing drug use in the United States. This success, especially in terms of dollars spent on the endeavor is far greater than that provided by the supply side approaches.

Education and Prevention

Education and prevention programs have the goal of keeping people from experimenting with or using drugs. Educational approaches to prevention from 1989-1992 included providing factual information on drugs, increasing student awareness of the dangers of drugs, teaching social resistance skills, and comprehensive programs that attempted to address underlying causes of drug abuse. Other prevention approaches include workplace drug testing and mass media campaigns (Sharp 1994, 92-94; GAO 1993). Education and prevention programs were President Bush's first expressed interest for fighting drugs. He emphasized this approach partly because he observed that there would not be enough money to expand other types of programs.²⁴

One step toward an expansion of education and prevention programs was the passage in 1986 of the Drug-Free Schools and Communities Act. Under the law, the federal government made grants to the states in order for them to help schools and

²⁴ Boyd, "Bush, Citing Cost, Says Drug War Will Focus Largely on Education."

communities establish drug prevention programs (GAO 1990, 1). Health and Human Services and the Department of Education are responsible for most federal education and prevention programs. In 1990, the General Accounting Office responded to a Senate inquiry about the implementation of the 1986 Act. The GAO report said schools were using a variety of programs, but that little was known about the effectiveness of the programs or about which might work best. One reason so little was known about effectiveness was that most evaluations that had been done “lacked scientific rigor”(GAO 1990, 1-2). The information that was available, however, which was collected in interviews and studies, showed that the school programs were successfully spreading the anti-drug message. The question that remained was to what extent the programs were reducing actual drug use (GAO 1990, 9).

In 1993, the GAO issued another report to Congress presenting the research information available on drug education programs in schools, the results of which were consistent with the previous one, though more detailed and presented other new possibilities. At that time, proponents of drug education programs agreed that prevention programs could work, but disagreed about which ones worked best and about how programs should be implemented. Outcomes from effectiveness studies, particularly those of drug awareness programs, continued to be mixed (GAO 1993, 23). Some approaches, however, did have clear positive results when evaluated. Approaches for adolescents that incorporated training to resist peer pressure were effective in reducing marijuana use (GAO 1993, 25).

The reports from 1990 and 1993 are of interest in considering a rational approach to drug policy, because the cost of carrying out these programs is not great. In 1990,

about \$1.36 billion was spent on drug prevention and prevention research, making up about 14 percent of the total counter-narcotics budget. In 1991, they constituted 14.87 percent, and in 1992 they received 14.2 percent of the drug control budget. The benefit, however, as reflected in the reports of both 1990 and 1993, was unclear. Given the uncertainty regarding the effectiveness of education programs in reducing drug use it would be prudent not to increase funding. Coupled with the abundant evidence that the anti-drug message was being delivered, however, an argument could have been made in 1990 to increase the funding slightly. The additional information emerging through research, despite the continued uncertainty shown in 1993, showed progress was being made and that some programs were effective. A rational decision regarding education and prevention programs might not yield a large increase in funding, but the investment in that area had yielded a return in reduction of drug use.

One type of prevention that falls into the category of “deterrence” is drug testing in the workplace, particularly for military personnel. In 1988, a survey done by the Research Triangle Institute reflected that 23 percent of military personnel polled responded that the random drug tests kept them from using drugs. Over 70 percent responded that they believed the tests decreased drug use (cited in GAO 1993, 25). Drug testing in the workplace incurs other non-monetary costs, however, specifically in the area of civil liberties and rights, as the testing is often considered to be a form of unreasonable search.

Rational Assessment of the Costs and Benefits of Each Approach

In deciding which policy to pursue, the rational actor would consider which approach yielded the greatest benefit for the least cost. Using this approach, interdiction

should lose funding because the resulting seizure of cocaine and heroin was so small for the cost incurred. In one year where funding was increased, seizures actually fell. For the rational decision maker, there should be no further increase in funding, and considering that interdiction did little to reduce the overall availability of cocaine and heroin on the streets, the overall funding should be reduced in favor of programs that do provide a stronger benefit for the cost incurred.

Among international programs, eradication would not be considered for greater funding because the costs, both economic and political, are great and the results are minimal, particularly because of the hydra effect and the economic struggles of the areas involved. Military aid, likewise, did not bring a strong return on investment. Peru and Colombia both had narcotics trade activity and guerrilla wars, so military aid presented complications. Peru had expressed interest in *economic*, not military aid. In Colombia, there were many questions as to whether the equipment and training were being used to combat guerrilla or narco-traffickers. Military aid also presented domestic costs in the United States among those concerned with the potential for human rights abuses by the armed forces that were receiving the training and equipment. Military aid at best would receive a neutral evaluation because the effectiveness of the investment is unclear. Of the international programs, surveillance and information sharing appeared to be the most effective for the least cost. Surveillance and information sharing led to both the disruption of shipments and the tracking and capture of key individuals in the drug trade, but these efforts still did not reduce the trade.

Of the supply side approaches, law enforcement is the most cost effective. Law enforcement yields the most measurable benefits, but the economic costs were high, and

diminishing returns appeared in that more funding did not necessarily lead to a similar increase in convictions. The costs of incarceration were increasing, but were distributed such that the cost did not detract from the apparent success of the law enforcement effort. The greater numbers of arrests and convictions provided an immediate result related to Presidential goals. Those numbers implied that there were fewer people on the streets using or distributing drugs, hence, it appeared that the government was making progress in the war on drugs. Despite the relatively high cost, the clear benefits in terms of the numbers of convictions would lead the rational decision maker to emphasize expanded law enforcement programs.

On the demand side, treatment actually delivered the most return on investment of any of the approaches yet considered. The most common forms of drug treatment were all assessed to be effective in reducing drug use. With over 800,000 people in treatment programs, even small individual reductions would result in a decrease in overall drug consumption. This would clearly mean that treatment programs were meeting the original goal of U.S. drug policy of *reducing drug use*. Moreover, this was achieved using less than 20 percent of the overall drug control budget. Although there are no numbers that reflect how much less cocaine and heroin was consumed by those who had treatment, the studies reflecting efficacy of treatment would lead a rational decision maker to increase funding for treatment.

Education and prevention programs were successfully delivering an anti-drug message, but the connection between that message and reduced use was not clear. Programs for adolescents that used peer pressure resistance training did show an impact on marijuana use. Overall, school education programs had mixed results. There is

potential for success with the programs, but the evidence so far available is not conclusive. The rational actor here would maintain current funding. The drug testing in the military environment would clearly be worthy of continued funding.

Can the Rational Actor Approach Explain U.S. Policy During the Bush

Administration?

The Rational Actor Model cannot explain drug policy during the Bush Administration. Funding continued at a high level for interdiction, funding for law enforcement did not increase on a percentage basis, and treatment, likewise did not receive an increase.

The continued high level of funding for interdiction through the Bush Administration reflects that the decisions made do not fit the rational actor model. Funding for international programs continued at about the same level, despite the evidence that eradication is ineffective. Interdiction, another ineffective approach, consumed 22 percent, 18 percent, and 19 percent of the budget, before falling to 16 percent in Bush's last year. Were the choice rational in this case, the funding would not have increased in 1991. Although funding ultimately did fall in 1992, reflecting some rationality, it should have fallen sharply through all four years as the lack of success became evident. The one supply-side area with measurable success, law enforcement, continued to receive about the same percentage of funding through the entire administration (42-44 percent). A rational decision maker would have shifted funds from interdiction and eradication to law enforcement.

On the demand side, treatment did not receive an increased share of the budget, even though it, like law enforcement, was delivering the benefit of reaching the set goals

of U.S. drug policy. Education and prevention funding, alone, was predictably maintained.

The rational actor would have favored law enforcement, treatment, and prevention, and diminished the funding for interdiction and eradication. The decision-making regarding drug policy between 1989 and 1992 did not follow those lines.

Figure 3.1 The Rational Actor Seeking to Limit the Use and Trade of Drugs: Theoretical Expectation and Analytical Outcome of Counter-narcotics Strategies, 1989-1992

Policy Strategies	Expectation	Outcome
Interdiction	Seizing drug shipments is a cost effective way to reduce the drug trade and the amount of drugs available for sale and use.	<p>*22% of the counternarcotics budget led to the seizure 21% of the cocaine shipped to the United States. Street and wholesale prices did not fall, so the seizures did not affect availability</p> <p>*A 41% increase in the funding for interdiction yielded an 11% increase in cocaine seizures and 10% increase in heroin seizures</p> <p>* Conclusion: Interdiction was not cost effective and did not reduce the availability of drugs. Not a rational policy choice.</p>
International Programs	Cooperation with other countries on programs including training, aid with equipment, high-tech surveillance, prosecution of traffickers, and economic development are a cost effective way to reduce the drug trade.	<p>*Cooperation on high-tech surveillance produces results with few costs.</p> <p>*Cooperation in prosecution has great costs, as evidenced by extradition in Colombia</p> <p>*Cooperation in military and enforcement efforts has great costs, as noted with Peru and the Shining Path</p> <p>* Conclusion: While surveillance yielded good results, cooperation on prosecution and enforcement were very costly in terms of violence and political stability in Colombia and Peru. Not a rational policy choice.</p>
Eradication	Eliminating coca and poppy fields is a cost effective way to reduce the amount of drugs available for sale and use. If coca and poppy plants are eradicated, then there should be less cocaine and heroin available	<p>*Less than 4% of the coca crop in Peru and Colombia was eradicated. At its best, eradication eliminated 13% of the coca crop in Bolivia.</p> <p>*Eradication of opium poppies was successful in Mexico, but Colombia then started cultivated poppies, resulting in a 20,000 hectare increase in cultivation.</p> <p>*Conclusion: Eradication did not eliminate much of the crop, had political costs, and drove cultivation into new regions. Not rational policy.</p>

Law Enforcement	The arrest, prosecution and incarceration of drug traffickers and users is a cost effective way to reduce the drug trade and drug use	<p>*Intensified law enforcement led to more arrests, prosecutions, and convictions, removing traffickers and users from the drug market.</p> <p>*Costs were financial, as the budget climbed more sharply than the number of people convicted</p> <p>*Conclusion: A rational policy choice with measurable results. People were removed from the drug market, which should have reduced the trade.</p>
Treatment	Providing treatment programs for drug users reduces the overall consumption of drugs	<p>* The most common forms of drug treatment were all effective in reducing drug use.</p> <p>*Over 800,000 people were in treatment programs, so overall drug consumption fell.</p> <p>*Conclusion: Treatment is a rational policy choice as it meets the goal of reducing drug use with minimal cost.</p>
Prevention	Education and prevention programs keep people from starting to use drugs, thereby reducing the consumption of drugs	<p>*Prevention programs delivered an anti-drug message, but that did not necessarily reduce use.</p> <p>*Evidence of the success of school programs is inconclusive, but there were some positive results.</p> <p>*Conclusion: This may be a rational policy choice, but it is unclear which programs actually work.</p>

Table 3.1. Interdiction: Expenditure, Drug Budget Percentage, Cocaine Shipment Amounts, and Quantities of Cocaine and Heroin Seized, 1989-1992

Year	Expenditure for Interdiction	Percentage Drug Control Budget	Cocaine shipped (kg)	Cocaine Seized (kg)	Heroin Seized (kg)
1989	\$1.44 billion	22 %	547,000-660,000	114,903	1,311
1990	\$1.75 billion	18 %	509,000-624,000	96,085	687
1991	\$2.03 billion	19 %	539,000-664,000	128,247	1,448
1992	\$1.96 billion	16 %	583,000-694,000	120,175	1,251

Source: Dollar amounts and percentages are found in “National Drug Control Funding by Function,” in *1997 National Drug Control Strategy: FY 98 Budget Summary*, <http://www.ncjrs.org/htm/tables.htm>; Amount of cocaine shipped is found in “Trends in Cocaine Supply,” in *2002 National Drug Control Strategy*, Office of National Drug Control Policy, <http://www.whitehousedrugpolicy.gov/publications/policy/03ndcs/table32.html>; and the figures for the amount of cocaine seized are found in “Federal Cocaine, Heroin, Methamphetamine, and Cannabis Seizures, 1989-2000, (Kilograms),” *Federalwide Drug Seizure System*, Drug Enforcement Administration, 1989-2000, <http://www.ncjrs.org/ondcppubs/publications/policy/ndcs01/table46.pdf>

Table 3.2. Coca Eradication in Bolivia, Colombia, and Peru (1989-1992): Coca Leaf Cultivation and Eradication and Percentage of the Crop Eradicated

Year	Bolivia Cultivated (hectares)	Bolivia Eradicated: Hectares and % crop	Colombia Cultivated (hectares)	Colombia Eradicated: Hectares and % crop	Peru Cultivated (hectares)	Peru Eradicated: Hectares and % crop
1989	55,400	2,500 (4.5%)	43,400	640 (1.5%)	121,685	5130 (4.2%)
1990	58,400	8,100 (13.9%)	41,000	900 (2.1%)	121,300	1285 (1.0%)
1991	53,386	5,486 (10.3%)	38,472	972 (2.5%)	120,800	0 (0%)
1992	50,649	5,149 (10.2%)	38,059	959 (2.5%)	129,100	0 (0%)

Source: “Amount of Coca Leaf Cultivated and Eradicated, Calendar Years 1987-1999 (Hectares),”

National Drug Control Strategy 2001, Washington: Office of National Drug Control Policy.

<http://www.ncjrs.org/ondcppubs/publications/policy/ndcs01/table54.pdf>

Table 3.3. Opium Poppy Eradication in Colombia, Guatemala and Mexico (1990-1992): Opium Poppy Cultivation and Eradication and Percentage of the Crop Eradicated

Year	Colombia Cultivated (hectares)	Colombia Eradicated: Hectares and % crop	Guatemala Cultivated (hectares)	Guatemala Eradicated: Hectares and % crop	Mexico Cultivated (hectares)	Mexico Eradicated Hectares and % crop
1990	-----	-----	1,930	1,085 (56%)	10,100	4,650 (46%)
1991	2,316	1,156 (50%)	1,721	576 (33%)	10,130	6,545 (64.6%)
1992	32,858	12,858 (39%)	1,200	470 (39%)	10,170	6,860 (67.5%)

Source: “Amount of Opium Poppy Cultivated and Eradicated, Calendar Years 1990-1998 (Hectares),”

National Drug Control Strategy 2001, Washington: Office of National Drug Control Policy.

<http://www.ncjrs.org/ondcppubs/publications/policy/ndcs01/table55.pdf>

Table 3.4. Federal Drug Charges: Number of Suspects and Prosecutions and Percentage of Suspects Prosecuted (1988-1992)

Year	No. Suspects	No. Prosecuted	Percent Prosecuted
1988	25,801	19,725	76.5%
1989	31,954	24,278	76%
1990	33,265	25,094	75.4%
1991	35,108	25,663	73.1%
1992	36,457	28,479	78.1%

Source: “Federal Criminal Case Processing, 1982-1993,” Bureau of Justice Statistics, U.S. Department of Justice, May 1996, <http://www.ojp.usdoj.gov/bjs/pub/pdf/fccp93.pdf>

Table 3.5. Federal Convictions for Trafficking and Possession: Number Convicted and Percentage of those Prosecuted who were Convicted (1988-1992)

Year	Convicted for drugs	Convicted Trafficking	Convicted Possession	% of pros. Convicted	% convicted Trafficking	% convicted Possession
1988	13,376	11,561	1815	82.9%	83.8%	75.6%
1989	15,799	14,023	1776	83.1%	84.2%	73.9%
1990	16,311	15,011	1301	83.6%	84.2%	75.9%
1991	17,349	16,186	1163	84.0%	84.7%	72.3%
1992	18,846	17,717	1129	82.9%	82.4%	92.7%

Source: “Federal Criminal Case Processing, 1982-1993,” Bureau of Justice Statistics, U.S. Department of Justice, May 1996, <http://www.ojp.usdoj.gov/bjs/pub/pdf/fccp93.pdf>

Table 3.6. Number of People in State Correctional Facilities with Drug Charges as the Most Serious Offense

Year	Total State Prisoners	Prisoners on Drug Charges	Drug Charges as Percentage of Total
1988	558,400	79,100	14.2%
1989	626,200	120,100	19.2%
1990	681,400	148,600	21.8%
1991	724,900	155,200	21.4%
1992	775,100	168,100	21.7%

Source: “Number of Persons in Custody of State Correctional Authorities by Most Serious Offense, 1980-2000,” Bureau of Justice Statistics, Department of Justice, July 2003.

<http://www.ojp.usdoj.gov/bjs/glance/tables/corrtypstab.htm>

Table 3.7. Sentence Length for Federal Drug Offenses

Year	Median Drug Sentence (months)	Median Sentence Trafficking (months)	Median Sentence Possession (months)
1988	71.3	73.6	13.6
1989	74.9	77.3	8.1
1990	80.9	83.1	14.9
1991	85.7	87.4	21.7
1992	82.9	84.3	22.1

Source: "Federal Criminal Case Processing, 1982-1993," Bureau of Justice Statistics, U.S. Department of Justice, May 1996, <http://www.ojp.usdoj.gov/bjs/pub/pdf/fccp93.pdf>

CHAPTER 4

THE CLINTON ADMINISTRATION: A RATIONAL ACTOR APPROACH

The years of the Clinton Administration, 1993 to 2000, were marked by significant change in drug trafficking and drug use. The major drug cartels of Medellin and Cali, Colombia were dismantled by the mid 1990s, opening the door to many smaller trafficking organizations and to other international players, including the Mexican cartels. The smaller organizations changed the way cocaine was trafficked, and expanded into heroin trafficking. As heroin's popularity rose, Western Hemisphere production rose to meet the demand. Colombians started cultivating opium poppies and that country was soon the largest supplier of heroin to the East Coast of the United States. Cultivation of coca dropped in Bolivia and Peru, but surged in Colombia, particularly in areas that were under the control of the FARC guerrillas.

In the United States, public interest in the drug problem had faded by the election in 1992. Bill Clinton did not mention drugs in his inaugural address, nor did he mention the topic for three months after his inauguration. When he did address drug control, his emphasis was on domestic law enforcement and demand reduction—not international programs. By the end of his tenure, the counter-narcotics budget that had been \$11.9 billion in 1992 had grown to about \$18.5 billion in 2000, including a sizable portion for international and interdiction efforts. As the percentage of the budget addressed to interdiction and international programs rose toward the end of the 1990s, the percentage addressed to both demand reduction and domestic law enforcement fell.

Framework

Continuing to use the rational actor approach in this chapter, I will be considering policy from the perspective that it was the result of actions chosen by the state to maximize the strategic goals of the nation. The set goal was controlling the national drug problem by limiting both drug use and the drug trade. To reach that goal, the state faced challenges and opportunities that had to be addressed using available options. A rational state would choose the option that yields the greatest result for the least cost. Because through the years of this study, policy has continued to emphasize the supply-side approach, I would again hypothesize that the options that best advanced the objective of controlling drug use and the drug trade were law enforcement, interdiction, and international programs.

Available Options and Threats

The options that were available to the state during the Clinton Administration were the same ones available to the Bush Administration: education programs, treatment programs, law enforcement, interdiction, and international efforts, including eradication. The nature of the possible threats and opportunities faced by the state, however, were quite different from those faced during the Bush Administration, because of changes both in the environment of the drug trade and in drug usage patterns. As during the Bush Administration, potential threats included: a marked increase in the rate of drug use in the country; a popularly perceived increase in the threat of drug use; a surge in the supply of drugs reaching the United States; a change in the characteristics of major drug traffickers or the nature of trafficking; and a decrease in the level of cooperation by other countries in addressing the drug problem. A potential opportunity that might exist is an increase in

the cooperation of other countries. The following section shows that these threats presented a very different scenario than that faced by the Bush Administration.

The Clinton Administration: Threats and Opportunities

During the Clinton Administration, the state successfully attacked the main drug cartels in Colombia and, through the assistance of the governments of Peru and Bolivia, persuaded Bolivian and Peruvian coca growers to sharply curtail their production. This might be perceived as great success, except for the unintended consequences that resulted. First, when the main cartels were dismantled, a larger number of smaller organizations stepped in to fill the gap left in the market by the exit of the major players. So, instead of two major cartels, trafficking was taken over by dozens of medium size trafficking organizations and a great many more very small organizations. Second, in coca production, the “balloon effect” became apparent as production shifted from areas of high counter-narcotics pressure to areas of low pressure. As eradication and other pressure limited coca production in Peru and Bolivia, cultivation shifted from those countries to Colombia, which previously had served mostly as a point of refining and of shipping cocaine.

Domestically, drug use and the drug trade disappeared from the front pages of newspapers. For the American public, drugs were not a matter of national concern. Media, both print and cinema, glamorized drug use—examples of this include the idea of “heroin chic” in advertising and the presentation of use in movies like *Pulp Fiction*. Cocaine use stabilized during this time frame, but heroin use increased, as did use of methamphetamines and other drugs like *Ecstasy*. At no point during the eight years of the Clinton Administration did more than 10 percent of respondents to Gallup Polls list

drugs as the most important problem facing the country. Between 1992 and 2000, the budget for counter-narcotics increased from \$11.9 billion to \$18.8 billion, an increase of 58 percent. Most of this increase occurred between 1996 and 2000.¹

Real and Perceived Levels of Drug Use

A marked increase in drug use is one threat that could have caused the state to respond. Such an increase did not occur during the eight years of the Clinton Administration. In 1988, when Bush was elected, an estimated 15 million Americans were current users of drugs. That number decreased steadily to 12 million by 1992. Percentage usage varied between 7.7 percent in 1988 to 5.8 percent of the population in 1992 (ONDCP 2002e). During the Clinton years, the number of users varied from a 1993 low of 12.3 million to a high of 13.9 million in 1997. Percentage usage varied between 5.9 and 7 percent of the population. These levels of usage are within the levels of usage observed during the Bush Administration. Although government estimates showed a decrease in the number of hardcore cocaine users from 1988 to 1991, there was no strong trend in the number of hardcore users during the Clinton years. According to the National Household Survey on Drug Abuse, occasional use of cocaine appeared to have a “consistent downward trend,” while hardcore heroin use increased (ONDCP 2002f). Given the relatively stable numbers of users and population percentage of users, there was evidently no sharp increase in the amount of cocaine use, so this could not be considered a threat, but the increase in heroin use could have yielded a policy response.

Although actual usage did not increase beyond the overall bounds of the levels of the Bush Administration, public perception of drug use rising could have presented a

¹ “The National Drug Control Budget,” *The National Drug Control Strategy: Annual Report 2001*, Office of National Drug Control Policy, <http://www.ncjrs.org/ondcppubs/publications/policy/ndcs01/chap4.html#1>

threat to which the government needed to respond. Polling data, however, reflect something else. Public concern about drug abuse during the first four years of the Clinton Administration hovered between 6 percent and 10 percent of the population pointing to drugs as the most important problem facing the United States (Gallup 1993, 45; Gallup 1997, 21). During the Bush Administration, the only time concern about drugs dropped below 6 percent of the population was during the Gulf War in January 1991 (Gallup 1991b, 25). Only during the second four years does public concern rise above the lowest levels shown during the Bush Administration, rising to 17 percent in January 1997 (Gallup 1998, 35; Gallup 2000, 63).²

Public opinion polls reflect a shift of concern away from the problem of drugs and drug use, but the government continued to push policy in the same direction it had and increased the amount of funding for the fight against drugs. If the government were taking the steps in response to the public's perception of a drug threat, then there would have been no reason to continue to escalate the drug war when the public's attention shifted away from drugs. As drug usage levels did not exceed those of the Bush Administration and there was no sustained high level of public concern on the issue, then these issues would not be potential threats to which the state would respond. If, however, any usage of drugs is seen as a "scourge" as it was during the previous administration, then the increase in heroin use and the sustained but reduced cocaine use would be reasons for the state to take action.

² According to Gallup, between 5% and 17% of the population pointed to drugs as the most important problem facing the United States.

Trafficking Levels

A third threat could have been an increase in the amount of drugs available for sale in the United States over this time. The U.S. Department of State estimated that in 1993, between 364 and 463 metric tons of cocaine were available for sale in the United States. In 1992, between 437 and 555 metric tons were available. By 1996, the estimate for availability was 301 metric tons. By 2000, only an estimated 259 metric tons of cocaine were available on the street in the United States (ONDCP 2002d).³ These numbers reflect that between 1993 and 2000, according to government estimates, the amount available of cocaine for consumption fell by at least 29 percent and possibly by as much as 44 percent. This would imply that the counter-narcotics policy was having success, unless one examined the availability of these drugs with an eye to economics.

While the availability of cocaine reportedly decreased, the cost per gram for the individual buyer fluctuated between \$175 and \$210, a lower price than at any time during the Bush Administration. The average price at the “wholesale” dealer level fell steadily from \$63 to \$51 per gram (ONDCP 2002a). In most markets, if availability of a commodity decreases, market economics requires that the price of the commodity *rises*. Since the dealer price continued to fall over the entire period of this study, there was apparently no lack of availability of the drug even though estimates of supplies fell.

Heroin statistics reveal more about the availability of drugs. Heroin purity at the dealer level approached 50 percent throughout the Clinton Administration (it ranged between 45 percent and 51 percent). Between 1989 and 1992, purity of heroin fluctuated between 32 percent and 44 percent. Although purity jumped to the 50 percent range, the

³ The method of estimating availability for the years 1996-2000 was based on the ONDCP’s *Sequential Transition and Reduction (STAR) Model*. Figures for availability dropped significantly when the method for measuring changed.

price per gram of heroin fell. At the dealer level, the price per gram of heroin dropped from \$536 in 1993 to about \$239 in 2000 (ONDCP 2002a). As with cocaine, these statistics imply a market with an increasing availability of heroin, or at least availability clearly sufficient to drive prices down.

Information on production of cocaine further explains the nature of the threat posed by increased trafficking. The net production of coca leaf doubled during the years of the Clinton Administration. Between 1993 and 2000, the estimated amount of coca leaf produced rose from 271,700 metric tons to 650,800 metric tons (ONDCP 2002c). Cultivation of coca in Bolivia and Peru was relatively constant between 1993 and 1996, but decreased sharply and steadily from 1997 until 2000. The marked increase in coca production took place exclusively within Colombia, making it the major cultivator of coca in the world by 1995. Colombia had been primarily a site for refining cocaine and distributing it. In 1994 in Colombia, 35,800 hectares were under cultivation with coca. One year later, 229,300 hectares were planted with coca (ONDCP 2002c). By 1995, Colombia was also the leader in opium production in the Western Hemisphere. Its potential net production, in metric tons, outpaced the traditional cultivator, Mexico, in every year between 1995 and 1999 (ONDCP 2002g).⁴ This level effectively doubled opium production in the Western Hemisphere. Although Colombia and Mexico account only for fraction of worldwide opium production, they are the source of most of the heroin in the United States. The surge in cultivation of coca and opium poppies present a threat that was much greater during the years of the Clinton Administration than that faced during the Bush Administration.

⁴ Figures were not available for Colombia before 1995 or for 2000.

The falling prices of cocaine and heroin and the surge in production represent threats that the state could have been acting to counter. To address supply on the street, local law enforcement was the most likely tool to be used. To limit net production and the amount of territory under production, two international programs could be used: military and police training and eradication of coca and poppy plants. To limit the arrival of the greater amount of drugs bound for the United States, interdiction could also play a role.

Drug Traffickers and the Nature of Drug Trafficking

The transformation of the drug cartel system known during the Bush Administration began in June 1991 when the notorious head of the Medellin Cartel Pablo Escobar surrendered and went to a luxury prison of his own design near his hometown. In July 1992, after Colombian President Cesar Gaviria attempted to have him removed from that prison and transferred to a less glamorous locale, Escobar escaped his prison⁵ and began to live as a fugitive. As the Colombian government pursued him, Escobar retaliated with a terror campaign centered on car bombs placed in the capital city Bogotá.⁶ On December 2, 1993, he died in a shootout with Colombian army and police forces.⁷ In the time that Pablo Escobar and his associates were pursued, the Cali Cartel gradually took over the market share held by Medellin. During this time, the Cali Cartel and other smaller groups also began trafficking in heroin. For years, the Cali Cartel, instead of terrorizing the public like Escobar's Medellin group, tried to legitimate their wealth by funding universities and politicians and by buying banks. Violence, when

⁵ There are many, often conflicting, stories surrounding Pablo Escobar's escape from prison.

⁶ Douglas Farah, "Bombs Rip Bogotá; Cartel Chief Blamed; Terrorism Wave Hurting Anti-Drug Plan," *The Washington Post*, February 16, 1993.

⁷ Timothy Ross and Malcolm Coad, "Colombian Cocaine King Shot Dead by Police," *The Guardian* (London), December 3, 1993.

exercised, remained within the trade and did not affect the public. Within the new heroin trade, Cali had competition from smaller groups. The violence associated with the new trade includes a sharp increase in the murder rate in Cali.⁸ After dismantling the Medellin Cartel, the next effort launched by the Colombian government, with assistance from the United States, was against the Cali Cartel.

With the crackdown on the Cali Cartel, the next transformation of the drug trade began. Mexican drug cartels had begun helping with the distribution of Colombian cocaine from the point that Medellin began to fail in distribution. The Mexican cartels would often deal with Cali to arrange shipments and distribution. When Cali came under pressure from governmental authorities (cartel leaders Miguel and Gilberto Rodriguez Orejuela were arrested and imprisoned in 1995), the Mexicans began dealing directly with the suppliers of cocaine, not through any Colombian cartel.⁹ By 1996, Mexican cartels were responsible for the transportation of between 50 percent and 70 percent of the cocaine entering the United States.¹⁰ Despite increasing violence and the higher level of trafficking, the leaders of the Juarez Cartel, Amado Carrillo Fuentes (until his death in July 1997) and Armando Valencia, and of the Tijuana Cartel, the Arrellano Felix brothers, remained beyond the reach of Mexican justice.

⁸ Sarita Kendall, "Colombia shifts focus in the drugs battle: Escobar's death frees government to concentrate on other targets," *The Financial Times*, December 8, 1993.

⁹ Jeremy Lennard and Steven Ambrus, "Latin America's fragmenting narcotics industry: Elusive supremos redraw drugs map," *The Guardian (London)*, November 28, 1997.

¹⁰ Steve Fainaru, "Mexican military leads drug fight; Corruption, inefficiency hamper police," *The Boston Globe*, December 8, 1996.

It was not just the involvement of the Mexicans that transformed the drug business. Breaking up the Medellin and Cali Cartels spawned as many as 40 medium-sized trafficking organizations and potentially thousands of “mom and pop” operations.¹¹ In addition, some of the traditional cartel leaders continued to run their businesses from prison. As some of the medium-sized organizations sought to evade the Mexican cartels and to avoid the difficulties of smuggling to the United States, they looked to European markets and European partners. They found partners in the Italian and Russian mafias.¹² This new group of traffickers shipped smaller loads of cocaine; shipments of a ton became less common, while shipments of one to two kilos increased. The result was that the same amount of cocaine was shipped in amounts that were difficult to detect.¹³ They were also using the Internet and modern technology, including encryption devices for communications, to improve their business. They were able to increase their profits because they controlled the entire process from production to refining. There was no need for them to depend on Bolivia or Peru for their supply of raw material, for Colombia had begun producing large quantities of high quality coca, in areas mostly controlled by right-wing paramilitaries or by left-wing guerrilla groups.¹⁴ According to General Rosso Jose Serrano of the Colombian National Police, the new traffickers were difficult to counter because they “maintain an extremely low profile, they mix their licit and illicit

¹¹ Alexandra Marks, “Mom and Pop Drug Runners Replace Cartels,” *The Christian Science Monitor*, September 26, 1997.

¹² Lennard and Ambrus.

¹³ See Marks and Laura Brooks and Douglas Farah, “New Breed of Trafficker Replacing Drug Cartels; Small Groups, Shipments are Trademarks,” *The Washington Post*, February 22, 1998.

¹⁴ Douglas Farah, “Colombian Drug Cartels Exploit Tech Advantage,” *The Washington Post*, November 15, 1999.

businesses, they don't carry out terrorist acts and they operate in small autonomous cells.”¹⁵

Heroin also changed the nature of drug trafficking. Two factors coincided to yield this new trend of heroin trafficking out of Colombia. One factor was that demand for heroin in the United States and Europe, particularly Eastern Europe, increased. The second factor was the increased competition from Mexican cartels for the profits of the cocaine trade.¹⁶ Colombia's fertile soil and appropriate growing conditions presented an opportunity for the Colombians to move into heroin production. Clinton's Drug Policy Director Barry McCaffrey said, “Colombians have gone from zero to producing 6.5 metric tons in five years, and are now using an incredibly aggressive marketing strategy.”¹⁷ This marketing strategy was the same as the one used by the old Colombian cartels with cocaine: they lowered the street price and greatly increased the purity. The increased purity removed the need for needles and injection. Very pure heroin can be inhaled or smoked.¹⁸ Small quantities of heroin are very profitable, so it can be delivered in smaller quantities, making deliveries easier and interdiction more difficult. Some estimates suggest that 80 percent of Colombia's heroin is carried by individuals acting as “mules” directly to the United States or Europe.¹⁹ Eradication of opium poppies is difficult because they are often interspersed with legitimate crops, and because much of the area being cultivated lies in areas largely controlled by the FARC guerrilla group. According to *The Washington Post*, U.S. and Colombian officials said that the heroin

¹⁵ Quoted in Douglas Farah, “Colombian Drug Cartels Exploit Tech Advantage.”

¹⁶ Douglas Farah, “New Threat from Colombia: Heroin; Traffickers Aggressively Marketing Nearly Pure Drug in U.S.,” *The Washington Post*, March 27, 1997.

¹⁷ Quoted in Douglas Farah, “New Threat from Colombia: Heroin; Traffickers Aggressively Marketing Nearly Pure Drug in U.S.”

¹⁸ Ibid.

¹⁹ Lennard and Ambrus.

trafficking groups “tend to be small, extremely violent and willing to form alliances with the nation’s Marxist guerrilla groups for protection of opium fields.”²⁰

The threat presented by traffickers from 1995-2000 is considerably different from the threat presented by the large, organized Colombian and Mexican cartels that dominated the drug trade during the Bush Administration and the early years of the Clinton Administration. The small organizations learned from the experiences of the large ones. The success that governments had in eliminating the large, well-organized cartels taught the new smaller organizations what to do in order to avoid detection. They were able to apply the marketing and distribution tactics used by the old cartels, but also learned to keep low profiles, use high technology, and ship small quantities through a variety of ever changing routes. The added international aspect of linkages not only with Mexico, but also with Italy, Russia, and Nigeria (significant traffickers of Southeast Asian heroin) further complicated the new, amorphous, decentralized nature of drug trafficking. The new threat would be difficult to address using the options that available to the Clinton Administration.

The Guerrilla

Not only did the Clinton Administration have to address a changed trafficking environment, it also had to address the greatly increased role of the guerrilla in the drug trade and in Colombian politics. Rafael Pardo, the Minister of Defense of Colombia from 1991 to 1994, observed in 2000 that “Any discussion of Colombia's current plight has to start with the fact that the war against drugs and the war against the guerrillas run parallel” (Pardo 2000, 71). The interconnected nature of the ongoing guerrilla

²⁰ Douglas Farah, “New Threat from Colombia: Heroin; Traffickers Aggressively Marketing Nearly Pure Drug in U.S.”

insurgencies and the drug trade added another dimension to the threats presented in the making of counter-narcotics policy. There were two major guerrilla groups active in Colombia through the 1990s, the Revolutionary Armed Forces of Colombia, or FARC according to their Spanish acronym, and the National Liberation Army, or ELN. The ELN boasted between 3000 and 5000 adherents and earned about six percent of its funds from narco-trafficking activities (60 percent of its funds came from extortion, especially of the oil industry) (Rangel Suarez 2000, 585). For this discussion, the FARC is the more important group, with between 12,000 and 15,000 members, it earned an estimated annual income of about \$360 million, of which at least \$140 million was derived from the narcotics trade (FARC's major source of income) (Rangel Suarez 2000, 585). With this high an annual income, the FARC was arguably the best-funded insurgency group in the world (Pardo 2000, 70). The FARC's roots lie in the era of *La Violencia* in Colombia, a conflict between the Liberals and Conservatives that lasted from 1946 to 1953 and left about 180,000 dead (Ortiz 2002, 131). Although they presented themselves as Marxists for many years, during the 1990s they chose to characterize themselves as "Bolivarian" and sought to present themselves as an alternative to legitimate state authority (Ortiz 2002, 130).

Through the 1980s and early 1990s, neither the FARC nor the ELN presented a significant threat to the Colombian state or its stability, because their numbers and funding were not great. In the early 1980s, the FARC numbered about 900 men on about 9 fronts. By the end of the 1990s, the FARC had between 12,000 and 15,000 members and had gained financial, military, and political clout (Rangel Suarez 2000, 580). It was the shift in production of cocaine to Colombia in the mid 1990s that fueled this transition

to power. Much of the production of cocaine in Colombia occurred in areas controlled by the FARC. Although the FARC may not have been directly involved in the production and trafficking of drugs, it established an extensive system of taxation, exacting a percentage at every stage of the production, processing and transportation process. Alfredo Rangel Suarez has described a complete system that included the taxation of precursor chemicals and materials used for processing, charges for the use of airstrips and roads for transportation, and indeed, a ten percent tax on the coca paste or cocaine. These FARC taxes were estimated to reach 80 percent of the cocaine leaving Colombia (Rangel Suarez 2000, 586).

The dramatic increase in funding for FARC made it possible for the group to increase its military ability in its conflict with the Colombian armed forces. In the 1990s, FARC improved command and control, made use of special forces, and exhibited an array of weapons that had rarely been seen among Latin American guerrilla groups. Among the weapons were surface-to-air missiles, rocket launchers, mortars, and helicopters (Ortiz 2002, 136). In addition, FARC had not relied on a foreign state for support, instead it financed its purchases and training with its \$360 million income. The FARC has used both legal markets and the black market in weapons to gain access to communications equipment, assault rifles, machine guns, ammunition, and surface to air missiles from a variety of countries in the former Soviet Bloc and the Middle East that are subsequently transported through neighboring countries to Colombia. In addition, the FARC troops have received training from the Provisional Irish Republican Army and the Japanese Red Army, and pilots have been trained in Libya (Ortiz 2002, 139). The increased military capacity, greater political influence, and exceptional financial income

transformed the FARC into an organization that readily challenged state authority and potentially destabilized the democratic system.

In an effort to broker some form of peace, as many Colombians believe the guerrilla insurrection cannot be won militarily but can only be resolved through negotiation (Pardo 2000, 65). President Samper and, later, President Andres Pastrana attempted to approach the FARC with the same tactics that had been used effectively in disarming the very active and violent guerrilla group M-19 in 1990 (Ortiz 2002, 135). Part of the strategy used for disarming the M-19 was to allow the guerrilla group a certain amount of territory so it would come to the negotiating table. By 1998, the FARC was in control of 42,000 square kilometers of Colombian territory, an area that is larger than Switzerland,²¹ which had been ceded by the Colombian state in preparation for peace talks. In that territory, the FARC presented itself as a more efficient version of the state, providing health care, education, public safety, and other services usually provided by legitimate state authority (Pardo 2000, 71). It also gained a strategic military position. The Colombian peace talks broke down in 2000, leaving the FARC as a key player in the narcotics trade and the country in a situation of potentially perpetual civil war.

International Cooperation

In November of 1993, President Clinton signed a directive to change the emphasis of U.S. international drug control efforts away from just stopping narcotics shipments. The new approach had three elements: “combating international narco-trafficking organizations; emphasizing more selective and flexible interdiction programs near the U.S. border, in the transit zone, and in source countries,” and “assisting source

²¹ Switzerland has a territory of 41,290 square kilometers.
<http://www.cia.gov/cia/publications/factbook/geos/sz.html>

countries in addressing the root causes of narcotics production and trafficking” by assisting with sustainable development, and by “strengthening democratic institutions and cooperative programs to counter narcotics traffickers, money laundering, and supply of chemical precursors” (Clinton 1993c). During the first years of the Clinton Administration, cooperation with Colombia and Mexico was at a high level. After eliminating the Medellin Cartel, Colombia successfully imprisoned key members of the Cali Cartel with assistance from the United States. In Mexico, President Carlos Salinas established the National Institute to Combat Drug Trafficking (similar to the DEA), worked with his Attorney General Jorge Carpizo to remove corrupt officials, and introduced legal reforms to better fight the war on drugs.²²

Despite the promising start, however, by 1996, the process of certification had become a point of conflict between the United States and the countries that were sources of drug production or trafficking, especially Colombia and Mexico. The certification process was designed by Congress in 1986 to “compel cooperation” by other countries and to encourage pursue a “vigorous international drug policy” (Falco 1998, 146). It results in economic consequences including the loss of some U.S. assistance. During the Reagan and Bush years, certification attracted little attention, as it led to countries like Iran and Syria being decertified for lack of cooperation in the effort to control drugs. Under Clinton, the process became more rigorous, and by 1994 Peru and Bolivia were not decertified, but were given a national interest waiver. In 1995, Colombia joined them (Falco 1998). After the President of Colombia, Ernesto Samper, was shown to have received campaign contributions from powerful drug traffickers, Colombia was decertified in 1996 and 1997.

²² George Grayson, “NAFTA and the War on Drugs,” *Journal of Commerce*, July 7, 1993.

Following the low point in cooperation that was marked by the decertification of Colombia and challenges to President Clinton's certification of Mexico, the relationship between the United States and Latin America, according to some observers, matured.²³ For years, Latin Americans blamed the United States for consuming drugs while the United States blamed Latin American countries for producing drugs and shipping them to the United States. In 1997, U.S. rhetoric on drugs changed. One key point in this shift occurred during President Clinton's visit to Mexico in May 1997. During a press conference with Mexico's President Ernesto Zedillo, President Clinton spoke directly to the issue that had long divided the United States and Latin America:

And let's be frank among friends. On the American side the problems are, we have less than five percent of the world's population, and we consume about half the drugs. And we're more than happy, American citizens, to give billions of dollars that winds up in the hands of narcotraffickers. That's our big problem. Our second problem is that while we are increasing our capacity to deal with it, we have not succeeded in reducing demand...(Clinton 1997, 553)

At the same press conference, Mexican President Zedillo pointed to fundamental principles of the counter narcotics agreement they had just signed, including "shared responsibility in facing the problems of illegal drugs and related crimes...balance and reciprocity in actions, programs, and guidelines to take on the threat of drugs in both countries" and finally, "a shared vision of the magnitude of the problem and we share the will to combat the problem with all the resources within our reach" (Zedillo 1997, 548). The changing rhetoric on the U.S. side coincided with many Latin American

²³ Howard LaFranchi, "Summit Shows 'Maturing' Of US-Latin America Ties," *The Christian Science Monitor*, April 21, 1998.

governments becoming aware of increasing drug use problems among their own populations. These factors combined to help both sides begin to cooperate in order to address the problem of drugs.²⁴ At the Second Summit of the Americas held in Santiago, Chile in 1998, one Brazilian diplomat remarked that the United States was evolving from "seeing [the southern countries] as the bad guys to realizing that we can only solve this through cooperation and meeting mutual needs."²⁵

Policy Responses to the Threats and Opportunities

As during the Bush Administration, one of the threats that needed to be addressed was the abundance of available cocaine and heroin despite counter-narcotics efforts. An abundant supply of drugs runs counter to the state's goal of limiting availability to drug users and thereby reducing consumption. Between 1992 and 2000, the state faced rising heroin use and sustained cocaine use. These continued problems suggest that the environment faced by the Clinton Administration was similar to that faced by the Bush administration. As noted above, however, there were new threats to which policymakers had to respond. The transformation of Colombia into a coca and opium poppy producing state, particularly one with hundreds of thousands of hectares under cultivation for coca and poppies created a new threat that the previous administration had not faced. The changing nature of the drug cartels and trafficking patterns presented a further threat that demanded a response. The previous approaches had to be adapted in order to address the changing threat. The willingness of Latin American and Caribbean nations to cooperate

²⁴ Larry Rohter, "U.S.-Latin War on Drugs Replacing Blame With Cooperation," *The New York Times*, June 10, 1997.

²⁵ Howard LaFranchi, "Summit Shows 'Maturing' Of US-Latin America Ties," *The Christian Science Monitor*, April 21, 1998.

with the United States on drug control ebbed and flowed, with greater possibility for cooperation emerging in Clinton's second term.

Although the threats changed, the policy responses—the tools—available to address those threats did not. The Clinton Administration continued to rely on the supply side endeavors of interdiction, eradication, and international programs to address the problems of cultivation and trafficking. This left, however, the problem of reducing consumption, to which the efforts of treatment and education were addressed.

Costs and Benefits of the Supply-Side Approach 1993-2000

Interdiction

By 1995, trafficking patterns out of Colombia were changing. More cocaine was coming across the border from Mexico. As changes in the cartels continued, interdiction became a more difficult endeavor. More shipments were coming to the United States, but they were in much smaller quantities, impeding the ability of those searching for drugs to find them in the previous amounts. The increased heroin traffic was also difficult to intercept, as much of it was carried in the stomachs of human “mules” on airplanes. Because a small quantity of heroin yields a large profit, heroin shipments are usually much smaller than cocaine shipments, so even if the shipment goes over land or sea, and not by mule, it may be more difficult to find than cocaine. The change in trafficking patterns and the increased amount of heroin traffic likely made the interception of heroin and cocaine in route to the United States more difficult.

The percentage of the drug budget dedicated to interdiction fell through the first four years of the Clinton Administration. In assessing the funding addressed to interdiction and the corresponding amount of narcotics seizures in those years, it appears

that the decrease in funding did not affect the interdiction effort. See Table 4.1 for statistics on interdiction. Despite the decrease in the percentage of the budget and in the number of real dollars spent on interdiction, the amount of cocaine and heroin seized remained at levels similar to those in the years of the Bush Administration—they did not fall. The level of seizures remained stable even though the estimated amount of cocaine shipped to the United States reportedly dropped about 35 percent between 1992 and 1993.

Given the changes in the patterns of drug trafficking out of Colombia and Mexico, particularly in the second half of Clinton's Administration, an increase in spending for interdiction was not surprising. As part of the new interest in interdiction, some, like Representative James Traficant (D-OH) advocated militarizing the U.S. border with Mexico. Both administration officials and military officers argued against the idea. Drug Czar Barry McCaffrey said:

The Secretary of Defense and the Attorney General and I and others that don't think it's a useful course of action, you really can't end up using military personnel for domestic law enforcement. And I might add, the principal drug smuggling threat we face is through these 38 ports of entry into the United States. Literally 85 million cars and trucks and a half a million rail cars from our second biggest trading partner. So that doesn't lend itself to resolution by military combat power, and that's not the way to go.²⁶

Military officers also objected to the idea, saying that the Army plays an important international role that goes beyond police work or border control. If the perception of the

²⁶ Interview with Barry McCaffrey, "Casualties of the Drug War," Lehrer News Hour, August 13, 1997, http://www.pbs.org/newshour/bb/military/july-dec97/border_8-13.html

Mexican public were that the Army was responsible for border control, the relationship with the Mexican Army could sour, and damage the bilateral relationship. Even a more basic objection to the idea of using the military to seal the border was that the Army “cannot become mired in police work that the U.S. Border Patrol can handle on its own” (Demerest 1997).

Although the border was not militarized, funding for interdiction did increase during Clinton’s second administration. It grew both in percentage (1997 and 1999) and in straight dollar values. The increase in funding, however, did not yield a corresponding rise in seizures. The smaller shipments of cocaine and the shift toward heroin made efforts to interdict and seize cocaine and heroin more difficult.

A rational actor seeks the highest return on investment. Comparing the years of highest (1999) and lowest (1995) investment in interdiction, on both a percentage and monetary basis reveals that a greater investment did not produce a greater result. See Table 4.1. In 1995, the year of lowest interdiction funding, the United States spent \$1.28 billion, 10 percent of the drug budget, to intercept 111,031 kilos of cocaine and 1,543 kilos of heroin. This would imply a cost of about \$11,400 dollars for each intercepted kilo. Between 1995 and 1999, funding for interdiction increased by 89 percent. In 1999, \$2.42 billion, or 14 percent of the budget, was spent to interdict 132,318 kilos of cocaine and 1,094 kilos of heroin. This would imply a cost of about \$18,140 dollars for each intercepted kilo. In 1999, 21,287 more kilos of cocaine were intercepted than in 1995, a 19 percent increase, but the amount of heroin seized dropped by 29 percent, from 1543 to 1094 kilos. Making a rational assessment of cocaine and heroin interdiction from a

financial standpoint, we find that an 89 percent budgetary increase yielded a 19 percent increase in seized cocaine and a 29 percent drop in heroin seizures.

Although over 100,000 kilograms of cocaine were seized every year of the eight years of the Clinton Administration, the supply of cocaine on the street remained plentiful, as demonstrated by the fall in the average price per gram of cocaine over the eight years considered. Heroin shared the trend of a falling price paired with relatively constant purity that approached 50 percent (ONDCP 2002a). In assessing the monetary costs related to interdiction, it appears that increasing the funding for interdiction, even by as much as 89 percent does not yield a corresponding increase in the amount of narcotics seized; and can show no relation to seizures, as occurred in with the drop in heroin seizures in 1996 and 1999. Because of the lack of return on investment, for the rational decision maker, interdiction is not a policy approach that would be selected, particularly with the increased challenges presented by smaller shipments from multiple sources.

International Cooperation and International Programs

The relationship of the United States and Latin America matured over the course of the eight years of the Clinton Administration, moving from a situation of conflict to one of cooperation. At the Summit of the Americas, held in Miami in 1994, the thirty-four leaders who met focused on the creation of a free trade zone, but also released a declaration of principles that included the following:

Recognizing the pernicious effects of organized crime and illegal narcotics on our economies, ethical values, public health, and the social fabric, we will join the battle against the consumption, production, trafficking and distribution of illegal

drugs, as well as against money laundering and the illicit trafficking in arms and chemical precursors. We will also cooperate to create viable alternative development strategies in those countries in which illicit crops are grown.

Cooperation should be extended to international and national programs aimed at curbing the production, use and trafficking of illicit drugs and the rehabilitation of addicts. (Summit 1994)

At the time, however, U.S. policy was widely perceived as coercive, not cooperative, and marked by threats to end economic assistance or to decertify a country for failure to sufficiently combat the drug problem. The issue of certification, discussed below, was a major stumbling block for efforts of cooperation in the mid-1990s. By April 1998, at the Second Summit of the Americas in Santiago, Chile, Latin America appeared to be reaching a more equal relationship with the United States. Chilean Foreign Minister Jose Miguel Insulza said, “We saw the [U.S.-Latin America] relationship change during this summit . . . We are talking more equally, and we are no longer having one-way conversations. The U.S. is listening to us, too.” National Security Advisor Samuel “Sandy” Berger commented that “One of the things that is very striking about this meeting is that ... there is no sense of America trying to dominate [the other] countries ... There is a genuine spirit of partnership.”²⁷

The cooperation of the drug producing and trafficking nations allows for international programs like prosecuting drug traffickers, training and material aid for police and military forces, high-tech surveillance, destruction of cocaine processing

²⁷ Jose Miguel Insulza and Samuel Berger as quoted in Anthony Faiola and Thomas W. Lippman, “Summit Ends With Promises; Hemisphere Leaders Focus on Trade,” *The Washington Post*, April 20, 1998.

laboratories, economic aid for development or crop substitution, and eradication to be carried out.

In 1995, the U.S. and Colombia celebrated success in the prosecution of major drug traffickers and the U.S. praised the Colombian government for its efforts. Six of the seven leaders of the powerful Cali Cartel had been arrested.²⁸ By March of 1996, however, the Clinton Administration decertified Colombia for its failure in fighting drugs, largely because of scandal involving President Samper.

Certification

Certification, the process by which the U.S. government assesses the degree to which other countries are working on controlling the drug trade, began in 1986, but intensified during the Clinton Administration. When a country is decertified, it loses some percentage of U.S. aid and does not receive support from the U.S. when it applies for multilateral development loans.

Shortly after the 1994 election of Ernesto Samper as President of Colombia, audiotapes demonstrated that Samper had received millions of dollars in campaign contributions from the Cali Cartel. Subsequently, his defense minister and others confirmed that this was true. Although he insisted on his innocence, was cleared of wrongdoing by his legislature, and sharply criticized the Cali Cartel in public, the evidence of his connection to drug-trafficking caused scandal and accusations of widespread corruption. As the process of decertification went forward, a spokesman for Jesse Helms (R-NC), the chairman of the Senate Foreign Relations Committee said, “This is a decertification of Ernesto Samper [President of Colombia] not a decertification

²⁸ Douglas Farah, “U.S.-Bogotá: What Went Wrong? ‘This is a Decertification Not of Colombia, but of President Samper,’ *The Washington Post*, March 3, 1996.

of Colombia.”²⁹ In 1997 as well, Colombia was decertified. When Colombia was decertified for the second time, the government temporarily halted its eradication program, and President Samper said that it was unlikely that an extradition treaty was likely to be passed.³⁰ An extradition treaty that would allow Colombian traffickers to be sent to the United States had long been a goal of the U.S. government. Some, like Congressman John Mica (R-FL), argued that decertification “severely undermined legitimate drug-fighting efforts” and cut off the military training that was needed in Colombia at the time (Pomper 1999, 2093). In the wake of the U.S. decisions, Colombia’s economic and political situations deteriorated. In sum, the decertification of Colombia achieved nothing and may have impeded the overall counter-narcotics effort.

The certification process, especially as applied to Latin America, complicated and hurt U.S. relations with its Latin American neighbors, where the decisions were viewed as an aspect of U.S. imperialism (Falco 1998, 146). This was in part because of the irony of the world’s largest consumer nation passing judgment on producer and transit nations, such as Peru, Bolivia, and Paraguay, which were given national interest waivers; and also because of the clear double standard that emerged in the certification of Mexico. Trade, investment, and immigration are issues that were key in the decision to certify Mexico, despite drug corruption scandals that potentially rivaled those of Colombia (Pomper 1999, 2093). For the United States, the deep and complex bilateral relationship with Mexico was more important than its relationship with Colombia, which may have allowed for a hard-line to be taken against Colombia while looking past the Mexican problems. In simply looking at the level of trade, the difference is manifest. According

²⁹ Ibid.

³⁰ David Aquila Lawrence, “How Stiffing a Drug-Exporting Country Can Backfire,” *The Christian Science Monitor*, March 13, 1997.

to the Office of the United States Trade Representative (USTR), the amount of bilateral trade between Colombia and the United States in 1996 amounted to \$9 billion, while trade between the United States and Mexico was close to \$129.8 billion (USTR 1997). The extent of this trading relationship along with other factors including border issues, immigration, and environmental concerns contributed to the decision to certify Mexico in 1996 and 1997. The tension created by the certification process did not benefit bilateral relations.

The certification process, though intended to encourage compliance with anti-drug efforts, had negative unintended consequences when implemented. Tensions created in the certification process undermined the willingness of other nations to cooperate in the drug control process. The decertification of Colombia resulted in a decrease in cooperation between the nations and coincided with the moment in which Colombia's production of drugs increased and political stability decreased, as guerrilla expanded their claim over Colombian territory. This expansion further impeded efforts to control drug production, as the areas under guerrilla control were also relatively safe areas in which to cultivate coca or poppies. Using certification as a stick to drive compliance to tough counter-narcotics efforts did not produce a positive result. A rational actor would not choose to pursue this path, as the costs to international cooperation are far too great.

Eradication

During the first Clinton Administration, in an effort to gain the cooperation of the Andean countries, the United States strongly encouraged producer countries to enforce laws against coca and poppy growers and to meet eradication targets. If these goals were

not met, economic assistance and support for international loans was put at risk. The problem with this approach was that it reflected a fundamental difference in perception about the drug problem, a difference that had also been revealed during the Bush Administration: Latin American nations often perceived drug production as an economic problem, not a problem of law enforcement as the United States perceived it.

Opium Poppy Cultivation

Although I addressed the production and eradication of opium poppies in the Western Hemisphere in the previous chapter, the lack of credible statistics make this difficult to address in this chapter. The statistics for Colombia cultivation and eradication of opium poppies are either unavailable or vary widely from source to source. For the Mexican case, figures are available for cultivation, but those for eradication vary greatly from one source to another, even when looking at the same source from year to year. As such, it is worthwhile to note that despite eradication efforts, Colombia was the largest producer of heroin sold on the East Coast of the United States, with its heroin being readily available in the South and the Northeast. Mexican heroin was more widely available in the West (NDIC 2000). Each year from 1996 to 2000, between 12.5 and 13 metric tons of heroin were available for consumption in the United States (ONDCP 2001d)).

Coca Cultivation as an Economic Issue

The coca produced in the Andean region is a cash crop—one that is harvested several times a year, is light to transport, and yields a monetary return higher than other crops like oranges, plantains, or coffee. Coffee prices have at times been so low that the beans were not even worth harvesting. In that circumstance, it is no surprise that farmers

plant illegal crops in among the rows of coffee plants. Flowers, on the other hand, have been a success story for Colombia, which now is second only to the Netherlands in exports of flowers.

For some *campesinos* in Bolivia, Peru, and Colombia, growing coca provides an income that allows one to send his children to school and have enough food to eat. As one Bolivian woman said, “We are just trying to eat and live like everyone else, and nothing pays more than coca.”³¹ Growing coca or poppies provides a good and stable income to poor rural farmers, a group that is often mired in poverty. For this reason, many Latin American nations see drug production as an economic problem, not a law enforcement problem as the United States does. This difference of perception and understanding of the economic issues involved was a key impediment to some international programs.

During the Bush Administration, two Peruvian presidents rejected U.S. military aid, preferring economic aid. They perceived that economic aid could provide more long-term help to the poor of their country than military aid ever could. They both realized that in order to control drug production, it was essential first to win the hearts and minds of the villagers living in the drug producing areas, and thereby ensure the political survival of the state in the face of the guerrilla threat from the *Sendero Luminoso* (Shining Path). The problem continued through the Clinton Administration, as evidenced by Peruvian President Fujimori’s comments at the Summit of the Americas in 1994. Fujimori described the counter-narcotics effort as “a disaster.” Specifically criticizing

³¹ Calvin Sims, “Defying U.S. Threat, Bolivians Plant More Coca,” *The New York Times*, July 11, 1995.

U.S. policy at the time, he stressed that the United States should reduce consumption instead of insisting that Peru “put 200,000 peasants who cultivate the coca plant in jail.”³²

The U.S. relationship with Bolivia was also marked by this key difference over the perception of drug production as an economic issue. The bilateral drug policy was determined by written agreements. In one of these, the U.S. government and the government of Bolivia agreed in 1992 that between January 1, 1993 and March 31, 1994, the government of Bolivia would “eradicate 5,000 hectares of coca and 20,000 square meters of coca seedbeds” in return for economic aid (State 1994). Bolivia failed to meet the required level of eradication. By 1995, in the face of continued ineffective eradication efforts, the United States threatened to curtail economic aid and to refuse to support international loans for the country if greater eradication goals were not met. The Bolivian government had difficulties eradicating coca and prosecuting growers not just because it is an entrenched part of Bolivian society, but also because of popular opposition to the effort. The farmers had the support of the community at large. Bolivian President Gonzalo Sanchez de Lozada described the situation in this way: “Our big problem is that the Bolivian people are against narco-trafficking but they are for these farmers.”³³

Coca Cultivation: Shifts and Trends

By 1996, cultivation of coca in Peru was falling, and by 1997, cultivation in Bolivia was dropping as well. Cultivation in Colombia, however, was rising sharply. As pressure increased on the coca growers in Bolivia and Peru to either through eradication

³² Alberto Fujimori quoted in Rupert Cornwell, “America’s Trade Deal Puts a Glow on Clinton,” *The Independent* (London), December 12, 1994.

³³ Calvin Sims, “Defying U.S. Threat, Bolivians Plant More Coca,” *The New York Times*, July 11, 1995.

or through programs of crop substitution, the production of coca moved to an area nearby, Colombia, where the pressure was not so great. In Colombia between 1993 and 2000, the amount of land under cultivation for coca grew from about 40,000 hectares to over 180,000 hectares. See Table 4.2.

Despite the drop in production in Bolivia and Peru, the upsurge in Colombia production resulted in an overall increase in the total amount of land under cultivation. See Table 4.3. With intense eradication efforts in Colombia in 1999 and 2000, the total area under cultivation minus the area eradicated, yielded a drop in overall production area. In addition, the total amount of cocaine available for export dropped over the eight years of the Clinton Administrations. Export quantities peaked in 1995 but then dropped to 501 metric tons in 2000. This appears to present a success, but, despite these drops, there was no impact on the availability of cocaine on the street in the United States, for the street price fell over the same time period. This was similar to the situation under Bush. Drug prices dropped and purity rose, reflecting an apparent abundant availability of cocaine. Efforts to reduce production at the source may have reduced the supply somewhat, but not sufficiently to impact distribution and usage.

Eradication and the Environment

In assessing costs and benefits of eradication programs, it is not enough to simply assess the outcome in terms of area under cultivation; the environmental costs must be examined. These costs are particularly important in Colombia because it possesses ten percent of the world's biodiversity. The cultivation of coca involves pesticides (including dangerous ones like Paraquat) and the refining of cocaine requires the use of

chemicals. Many of these chemicals find their way into the water supply.³⁴ As farmers have been pushed from one area to another, they have gradually moved from fertile lands into the less suitable land of the Amazon Basin. Drug production clearly leads to some level of environmental damage, especially in a region with such tremendous biodiversity.

As the process of eradication intensified in Colombia, rising from under 1000 hectares in 1993 to about 47,000 in 2000, controversy over the environmental impact of the aerial spraying has been considerable. Eradication in Colombia is done largely by aerial spraying of glyphosate, commonly known by its trade name of Roundup, with some additives that are intended to improve the effectiveness of spraying. Glyphosate kills most green plants, so if legitimate crops are planted next to illegal crops, the licit crops also die when the aerial spraying occurs (Tenenbaum 2002). The spraying tends to target small farmers, something that prompted the United Nations Drug Control Program's representative in Bogotá, Klaus Nyholm, to call the spraying campaign “inhuman” and “ineffective.”³⁵

In Bolivia and Peru, some combination of eradication, decreased market demand and viable crop substitution were considered to have resulted in the drop in coca cultivation in those countries.³⁶ In Colombia, similar efforts in crop substitution were made, but viable markets providing stable income did not exist for the crops produced or aerial spraying damaged the alternative crops. Many small farmers complained that their efforts to shift to other crops or to, for example, the cultivation of fish, met with disaster as their crops and fish ponds were sprayed with the glyphosate mixture. This caused

³⁴ James Wilson, “Colombia Rues Drug Crops Blight,” *The Financial Times*, June 29, 2000.

³⁵ Sibylla Brodzinsky, “Drug Farmers Seek Alternatives,” *St. Petersburg Times* (Florida), July 25 2001.

³⁶ Howard LaFranchi, “Andean Drug Battle Bears Fruit,” *The Christian Science Monitor*, April 12, 2000, Vol. 92 Issue 98.

families to lose their livelihood and fall into poverty. In order to gain an income, many of the young men affected joined either the guerrilla or the paramilitaries. Individuals also complained of health problems in the wake of spraying. In response to the criticism, the U.S. government pointed to the widespread use of the weed killer Roundup in the United States and to the lack of scientific studies that show that the spraying is causing environmental damage.

Although more hectares of coca are being eradicated, more are being cultivated, often at the expense of tropical rainforest land. The environmental costs are as yet unknown, but the risk of destroying fragile and crucial habitats is in the balance. Despite the apparent success in reducing the production of cocaine, the amount available in the United States did not appreciably change. In 1994, the amount of cocaine available for consumption in the United States was estimated to be between 258 and 345 metric tons. In 2000, after two years of intensive eradication efforts, the amount on the street was estimated to be 259 metric tons, the lowest level since 1994 (ONDCP 2002d), but the cost per gram at the dealer and retail level remained below prices prevalent during the Bush Administration (ONDCP 2002a).

Although I addressed the production and eradication of opium poppies in the Western Hemisphere in the previous chapter, the lack of credible statistics make this difficult to address in this chapter. The statistics for Colombia cultivation and eradication of opium poppies are either unavailable or vary widely from source to source. For the Mexican case, figures are available for cultivation, but those for eradication vary greatly from one source to another, even when looking at the same source from year to year. As such, it is worthwhile to note that despite eradication efforts, Colombia was the largest

producer of heroin sold on the East Coast of the United States, with its heroin being readily available in the South and the Northeast. Mexican heroin was more widely available in the West (NDIC 2000). Each year from 1996 to 2000, between 12.5 and 13 metric tons of heroin were available for consumption in the United States (ONDCP 2001d)).

A Rational Assessment of Eradication

A rational actor assessing the effectiveness of eradication would be faced with a system that requires extensive international cooperation, contains a significant margin for error (which fields to spray, with what herbicide, and from what height), places a burden on the poor, potentially swelling the ranks of the participants in civil strife, and may cause environmental damage in an area of great biodiversity. The costs are high. The benefits are not so apparent, for though hectares are eradicated, more are planted with coca and poppies, ultimately yielding a similar, if not increased, production of cocaine and heroin. Supply of cocaine and heroin to the streets of the United States has not decreased despite strong eradication programs. Weighing the costs and benefits, a rational state would not pursue eradication.

Military Aid

During the mid-1990s, the status of Colombia's ongoing civil war shifted, bringing the question of military aid to the forefront. The escalating violence and the potential destabilization of democracy changed the ratio of costs and benefits of U.S. military aid. Cynthia Watson, Associate Dean of the National War College, observed that countries rarely "deteriorate as rapidly or as profoundly as Colombia during the 1990s." By the end of the decade, guerrillas and paramilitaries, "on the right and left, were far

more prevalent, numerically and operationally,” than they were ten years before (Watson 2000, 529). As the power of the guerrilla groups and paramilitaries rose, the rule of law was further undermined, the level of public safety dropped, and citizens’ confidence in their government’s ability to handle the crises of guerrilla, paramilitaries, and narco-trafficking faltered. By the late 1990s, military aid could no longer be viewed in the vacuum of addressing narco-trafficking, but rather as intimately tied to democratic stability in the region.

The guerrilla groups, particularly the FARC, expanded their reach within Colombia, ultimately having control of an area the size of Switzerland within the nation. Because of ties to the heroin and cocaine trades, the FARC became exceptionally well funded and, as a result, well armed and better trained. As the FARC became involved in the narcotics trade, from taxing the product to providing protection to the producers, counter-narcotics efforts became to a large degree counter-insurgency efforts, especially for the Colombian government. When an insurgent group gains enough money, territory, and power to present itself as an alternative to the legitimate state, sometimes providing services more efficiently than the state had, then the conflict has become destabilizing, even to a long-standing democratic government. FARC was able to do this and was increasingly able to carry out strategic missions, escalating the intensity of the ongoing civil conflict. Confronting the FARC was a matter of national survival for the Colombian government. For the United States it was, until the late 1990s, largely another manner to control the supply of drugs at the source. The difference in the way of viewing the problem and addressing led to U.S. aid being presented for use in counter-narcotics, often for uses that were not beneficial to the Colombians politically.

The rise of the right-wing paramilitary groups during the 1990s also significantly changed the end-use nature of U.S. military aid. The paramilitaries originally emerged to protect landowners and businesspeople from the actions of guerrillas. Their tactics were brutal. Paramilitary groups, under the loosely organized United Colombian Self-Defense force, *Autodefensas Unidas Colombianas* (AUC), were responsible for massacres, extra-judicial killings, and death threats. The paramilitaries were also working closely with the narco-traffickers, especially dealing with heroin, leading to significant income.

Particularly disturbing to many Colombian and international observers was the complicit behavior of some parts of the Colombian military with the paramilitary's actions. In testimony before the U.S. Senate, Jose Miguel Vivanco, Executive Director of the Americas for Human Rights Watch, said that there was:

abundant, detailed, and compelling evidence that certain Colombian army brigades and police detachments promote, work with, support, and tolerate paramilitary groups, treating them as a force allied to and compatible with their own. At their most brazen, these relationships involve active coordination during military operations between government and paramilitary units; communication via radios, cellular telephones, and beepers; the sharing of intelligence, including the names of suspected guerrilla collaborators; the sharing of fighters, including active-duty soldiers serving in paramilitary units and paramilitary commanders lodging on military bases; the sharing of vehicles, including army trucks used to transport paramilitary fighters; and the coordination of army roadblocks, which routinely let heavily-armed paramilitary fighters pass. (Vivanco 2001)

From 1994 to 1998, during Ernesto Samper's presidency, aid to Colombia was limited, but with the election of Andres Pastrana, the United States was wooed to increase its level of aid to Colombia. The aid package was presented in terms of drug control, but in a country that was fast slipping toward civil war, with a weakened state, rising authority in the hands of insurgents, right-wing paramilitaries fighting guerrillas and contributing to drug trafficking, and a seemingly ever-increasing flow of heroin, cocaine, and corruptive drug money, an invitation to involvement in fighting drugs was also an invitation to a complex war.

Plan Colombia

In 1998, President Andres Pastrana visited Washington with a proposal that came to be known as Plan Colombia. The plan, designed by Colombia, was a \$7.5 billion dollar proposal to address the many challenges faced by Colombia, including promoting the peace process with the guerrilla, controlling the narcotics industry, reviving the Colombian economy, and strengthening democratic society. Colombia was investing \$4 billion of its own resources. The United States agreed to provide \$1.3 billion in aid in 2000 in order to assist with "efforts to fight the illicit drug trade, to increase the rule of law, to protect human rights, to expand economic development, to institute judicial reform, and to foster peace" (State 2000b). Of this aid, the largest portion went to eradication, interdiction, and other efforts to control the supply of drugs at the source. About \$390.5 million was committed to the Colombian Army to help them gain control of southern Colombia. The aid included sixteen Blackhawk helicopters, 30 Hueys, and 15 other helicopters. Another \$129.4 million was put toward Colombian interdiction efforts. The Colombian National Police received \$115.6 million to improve eradication

efforts through use of two Blackhawk helicopters, twelve Hueys, and aircraft to be used for agricultural spraying. This aid was given with certain provisos, first being that it would be in the form of goods and services, and second that no aid would be given to those “security force” units that had been responsible for human rights violations. The rest of the aid included \$81 million for alternative crops and economic development and \$122 million to promote human rights and judicial reform (State 2000b).

The 1990s were a time of pivotal change for Colombia; change that required a response from the United States. The response could no longer be one of simply addressing the narcotics industry, for the rise of the guerrillas and the paramilitaries and both sides’ connections to the narcotics trade created an environment that threatened the stability of a democratic state. While the 1990s began with an emphasis on drugs, by the end of the decade, policy and the costs and benefits of the various options had to be weighed in broader terms of strengthening democracy, countering insurgency, and combating drugs. There were costs both to contributing military aid and to not providing that aid. If the military and police were collaborating with the paramilitaries, what was the cost to the United States of providing military equipment and training to those who were contributing to extra-judicial violence and human rights violations, and thereby undermining the security of civilians and the rule of law? At the same time, how great was the cost of not providing aid, when the FARC had gained territory and firepower, and had *de facto* control over much of the cocaine and heroin production in Colombia, providing it the funds to continue indefinitely? If the United States did not provide military aid, how could the Colombian forces hope to stop the insurgency? If democratic stability was a goal of the United States, could it afford not to assist the embattled state of

Colombia in fighting insurgents? Contributing the aid to fight the guerrilla, however, would involve the United States in a complicated and violent civil war. As one observer noted “what must be made plain is that the United States is not walking into a counter-drug fight. There is a war going on, and the U.S. is now a part of it” (Marks 2001, 21).

Law Enforcement

In April 1993, President Clinton showed his intention to emphasize domestic drug control with his statement:

To reduce drug use and drug-related crimes we have to do many things at the same time. It has to start with community policing, with more police at the local level working with our neighbors and the children and the friends to prevent crime and to quickly punish criminals. There must be better education and prevention efforts starting at the earliest ages. These work; I know that. And there must be treatment for those who want to get better. (Clinton 1993b, 528)

His choice of Lee Brown, a former New York and Houston Police Chief, as the Drug Policy Director, signaled his intention to shift funds and attention away from international programs and toward domestic efforts to control the drug trade. Controlling crime and attacking street drug trading and violence became priorities to be addressed by initiatives like community policing and an assault weapons ban. Clinton described one goal in this way: “I want to put 100,000 new police officers on the streets of our communities so they can walk their beats and work with neighborhood people. Putting more police on the streets will do more to reduce crime than anything else we can do” (Clinton 1993d, 2154). This differs from the previous administration in that Clinton’s policy focused on security on the streets instead of on tougher prosecution and harsher

penalties for traffickers. While Bush focused on drugs in many of his speeches, Clinton wedded drugs to crime in his addresses. This actually paralleled public concern as expressed in Gallup Polls at the time. While fewer people viewed drugs as the number one problem facing America, an increasing number picked crime and public safety as the most pressing problem facing the country (Gallup 1998, 35). One of the most significant results of the policies initiated, particularly that of community policing, was that crime rates across the nation fell during the Clinton Administrations.

Measurable Results: Conviction and Incarceration

Law enforcement programs, unlike many other methods of drug control, yield measurable results in terms of arrests, prosecutions, and convictions. In September 1994, a new crime bill was passed, allowing for many of the Clinton Administration's initiatives to be implemented. To support this effort, the percentage of the budget dedicated to domestic law enforcement rose from 49 percent in 1993 to 55 percent in 1996, before falling back to 51 percent in 1999 (ONDCP 2000a). The number of suspects, the number of people prosecuted, and the percentage of those prosecuted increased steadily from 1995 through 2000. See Table 4.4. Of the suspects, the charges of 31 percent had to do with marijuana, 28 percent cocaine powder, 15 percent crack cocaine, and 7 percent opiates (BJS 2001b). Beginning in 1995, there was also a steady increase in the number and percentage of convictions on federal drug charges of trafficking and possession. The percentage of those prosecuted who were convicted rose from around 85 percent to near 90 percent, a rate that was higher than the 83 to 84 percent seen during the Bush Administration. See Table 4.5.

Convictions did not increase just on the federal level. Nationwide, the number of prisoners held in state facilities on drug charges continued to increase, as more people were arrested and convicted on drug charges. See Table 4.6. In 1992, 168,100 people were incarcerated at the state level on drug charges.³⁷ This number increased by over 80,000 during the next eight years. At the state level, 72.1 percent were serving time for cocaine offenses (ONDCP 2003b).

By 1999, federal drug laws had led to 62 percent of drug offenders facing mandatory minimum sentences. In addition, offenders were required to serve at least 87 percent of their sentences (BJS 2001b). Crack cocaine offenders faced the longest median sentences, at 115 months. Powder cocaine offenders received on average 77 months; heroin offenders 63.4 months; and marijuana offenders 38 months (ONDCP 2003b). See Table 4.7. The vast majority of federal prisoners, over 90 percent, were convicted of trafficking crimes—only 3 percent were convicted of just possession (BJS 2001b). From 1994 to 2000, as a result of the increase in drug convictions and the longer sentences, between 55 percent and 60 percent of federal prisoners were incarcerated for drug offenses (BJS 2001a). Of those, approximately 65.5 percent were incarcerated for a cocaine offense (ONDCP 2003b). In that time frame, the rate of incarceration in the United States grew from 389 to 478 per 100,000 (BJS 2003c). In 2002, one of every 142 (702 per 100,000) U.S. residents was in one of the nation's prisons or jails (BJS 2003d). That incarceration rate was the highest in the world.

³⁷ Bureau of Justice Statistics provides this information in terms of most serious offense. Some who are incarcerated for violent or property crime may also have faced drug charges, so these numbers could be higher.

Community Policing

Community policing was a key part of the Clinton Administration's effort to control drugs and crime. The efforts appear to have produced results, for crime rates dropped across the country from the mid-1990s. The funding for this federal initiative promoting community policing was called "Community Oriented Policing Services" or COPS. Research shows that the COPS grants programs "resulted in significant reductions in local crime rates in cities with populations greater than 10,000 for both violent and non-violent offenses." The hiring and innovation associated with this federal initiative was effective in reducing both violent and property crime, so clearly the law enforcement efforts pursued during this time had marked benefits (Zhao, Scheider, and Thurman 2002, 7-8).

A Rational Assessment

The increases in the number of convictions and incarcerations illustrated, as during the Bush Administration, that the state was able to remove a certain number of people from the drug market. This implied that sales of drugs could have been interrupted or decreased because there were fewer traffickers, and that those arrested on possession charges were no longer on the streets using or distributing drugs.

As conviction rates reached 90 percent for drug cases, and state and federal prison populations burgeoned because of drug convictions, one unanticipated cost of the law enforcement approach to drug control emerged: prison overcrowding and its accompanying problems. As drug populations surged, the need for new prison facilities became urgent. The cost of "being tough on drugs" could no longer be dismissed by

policymakers, as taxpayers became aware new money was needed for prisons to hold often non-violent drug offenders.

Overall, law enforcement programs offer a supply-side approach that has tangible, measurable effects with fewer of the problems that international programs and interdiction present. Particularly given the success of community policing, a rational actor would prefer to pursue domestic law enforcement programs as they do give a measurable and significant return on investment.

Costs and Benefits of the Demand Reduction Approach 1993-2000

Treatment

The Clinton Administration's strategy toward treatment recognized drug addiction as an illness, and viewed treatment as one element of an integrated approach to drug control. President Clinton said, "drug addiction is a disease, that it can and should be treated, and that treatment can work" (Clinton 1994, 213). The goal of drug treatment, as defined by the National Institute on Drug Abuse (NIDA), is more than simply stopping drug use. In *Principles of Drug Addiction Treatment: A Research Based Guide* (2000) a NIDA publication, the goal of treatment is "to return the individual to productive functioning in the family, workplace, and community." According to research, effective drug addiction treatment should be readily available, address the individual needs of the patient, and last for an adequate time. The treatment should go beyond medical detoxification, because that is only the first step of addiction treatment. Counseling, medication, and behavioral therapies could all be components of effective drug treatment (NIDA 1999).

Besides viewing drug addiction as an illness, another marked difference between the Bush and Clinton Administrations in the area of drug treatment was the availability of credible research. The research available from 1988 to 1992 that recognized the effectiveness of drug treatment was often flawed. By the late 1990s, however, the results of thirty years of research on drug treatment had produced solid evidence of an array of effective treatment methods (NIDA 2000, 9-10). In fact, drug addiction treatment was clearly recognized by NIDA to “be as successful as treatment of other chronic diseases, such as diabetes, hypertension, and asthma” (NIDA 2000, 16). Based on scientific research, NIDA summed up the impact of drug treatment in this statement: “According to several studies, drug treatment reduces drug use by 40 to 60 percent and significantly decreases criminal activity during and after treatment”(NIDA 2000, 16).

One goal announced by Clinton in 1994 was the intention to increase the number of hardcore users in treatment by 140,000 (Clinton 1994, 214). In 1993, over 944,000 people were involved in substance abuse treatment programs. By 1998, Clinton’s goal was not achieved, but over 1,050,000 people were in treatment (SAMHSA 1999b). With over a million people in treatment, and treatment shown to reduce drug use by 40 percent to 60 percent, this approach clearly met the goal of reducing drug use in the United States. During these years, as during the previous administration, over 60 percent of treatment facilities were private non-profit organizations. The federal government ran 2-3 percent of the between 11,000 and over 15,200 treatment facilities available in the United States (SAMHSA 1999c).

Using an economic analysis of costs and benefits of treatment, President Clinton observed, “Every dollar we spend on treatment will save seven dollars America is

losing today. It will make up for lost productivity. It will save money we are using now to fight the problem instead of to prevent it.” Effective treatment reduces drug use. In 1995, treatment programs received a peak of 20.3 percent of the counter-narcotics budget, a percentage that then fell steadily to 16.7 percent in 1999 (ONDCP 2000a). For the rational actor, treatment would be a preferred policy because it produced significant results for little cost compared to the other approaches examined so far.

Education and Prevention

From the early years of the Clinton Administration, prevention programs were, like treatment, seen as an integral part of the counter-narcotics program. To help families, he said it was important to: “build on what works to prevent drug abuse and drug use, and do it. Don't just talk about it--invest money, time, and effort in consistent commitment to drug abuse prevention” (Clinton 1995, 1167). The Safe and Drug-Free Schools and Communities Act 1994 that was designed to help schools control violence and prevent illegal drug use was one aspect of this effort. By 1996, when Clinton introduced that year's National Drug Control Strategy, the focus on prevention was more emphatic. Clinton said: “That's what this National Drug Control Strategy is about. It focuses on rising drug use among children” (Clinton 1996, 657). The strategy presented had five goals. The “number one” goal was “to get young people to reject drugs” (Clinton 1996, 659). Indeed, the prevailing view of the Administration was that the best long-term hope of controlling drug use lay with preventing young people from starting to use drugs.

In keeping with the goal of getting “young people to reject drugs,” the Clinton Administration continued to support education and prevention programs, notably

D.A.R.E., and initiated a major media campaign to educate “youth, their parents, mentors and other influential adults about the consequences of illicit drug use.” (ONDCP 2000a) Prevention programs offered in schools are intended to keep young people from getting involved with drugs, but, as with treatment, research had not presented clear evidence of effectiveness until well into the 1990’s. For a rational decision maker, knowing that an approach to policy will have a benefit is important to whether that policy will be pursued.

Research on prevention that was produced during the 1990s has shown that there are several methods that produce clear results. SAMHSA, NIDA, and the Department of Education have recognized that among the programs that are proven effective are: the Life Skills Training Program that teaches personal and social skills along with drug resistance to 10-14 year-olds; Project ALERT for middle school students that establishes a no-drug use norm and points to reasons not to use illicit drugs; and the strengthening Families Program that focuses on substance abusing families with children who are 6-10 years of age (GAO 2003, 9). The value of knowing that these programs are effective is particularly of note for the rational actor, because with somewhere 11 percent and 14 percent of the budget dedicated to prevention, a strong result is providing a significant return on investment.

Drug Awareness Resistance Education, D.A.R.E., was the most popular and common education program, receiving the lion’s share of the prevention and education funding. This program is usually introduced in fifth or sixth grade. It entails having a D.A.R.E. trained uniformed police officer address students about decision-making skills, resisting peer pressure and seeking alternatives to drug use (GAO 2003, 4). Unfortunately, this widely used program produces almost no results. In six long-term

studies, students exposed to D.A.R.E. had “no significant difference in illicit drug use” than those students who had no program at all. In some cases there was a difference one year after the program, but that limited benefit disappeared in subsequent tests. All of the studies showed that D.A.R.E. had no statistically significant long-term effects on drug use (GAO 2003, 2).

In addition to these prevention programs, in 1998, the government initiated a \$2 billion national media campaign designed to raise awareness about drug use by young people. The multi-year campaign incorporated television, the Internet, radio, and newspapers (ONDCP 2000a). There are questions as to whether the campaign will be effective. Among the concerns raised by scholars was the idea that while advertisements raised awareness about drug use, the availability of treatment programs and community based prevention programs did not increase. Also, little information was given about how to change behavior or to access treatment. A third concern was that many of the advertisements relied on fear-based tactics, a type of message that has been shown to be ineffective (Dejong and Wallack) 1999, 155-158; Dejong and Wallack 2000, 79-80).

In 2000, about \$2.1 billion was spent on drug prevention. This was an increase of about 31 percent over the amount spent on the programs in 1993. In 1993, 13.4 percent of the budget went to prevention programs, but even though dollar funding increased, as a percentage of the budget, prevention programs received only about 11.4 percent of the total counter-narcotics budget in 2000 (ONDCP 2000a). A rational decision-maker would see the benefit of the prevention programs that have been recognized as effective, and would continue to fund or increase funding for those programs that produce results. The D.A.R.E. Program is clearly not one of those producing results, so the rational actor

would reduce or eliminate funding for the program. The results of the media campaign are as yet unknown, but the goal of encouraging parents to talk with their children about drugs would make the program well worth funding if at all effective (McCaffrey 2000, 75-76). The rational decision maker would see the benefits of effective prevention programs at a relatively low cost as being a preferred approach to drug control, as they provide a high return on investment and clearly contribute to the goal of reducing drug use.

Rational Assessment of the Costs and Benefits of Each Approach

Taking a rational approach to policy, the decision maker would weigh the costs and benefits of the various approaches to addressing the problem of drug trafficking. During the eight years of the Clinton Administration, the supply of cocaine and heroin on the street remained plentiful. Perhaps more important for policy makers, the drug trade was transformed as large cartels gave way to smaller trafficking organizations, as different nations became involved in production and trafficking, as consumers increased heroin consumption, and as the FARC became an integral part of the Colombian cocaine and heroin industry.

In assessing interdiction, the rational actor would see that increasing the funding for interdiction—even large increases—did not result in an increase in drug seizures. Smaller shipments made interdiction more difficult during this era than it had been during the Bush Administration. These smaller shipments were either the result of the shift to heroin, which yields a high profit (compared to cocaine) for a small amount; or the result of smaller trafficking organizations shipping fewer kilos of cocaine. Between 1993 and 2000, interdiction received 10 percent and 14 percent of the budget, with dollar amounts

ranging from \$1.2 to \$2.4 billion. In the year of lowest funding, over 111,000 kilos of cocaine were interdicted; the year of greatest funding, receiving twice the dollar amount, about 132,000 kilos were intercepted. The amount of heroin seized that year was lower than in the year of least funding. No matter what the amount seized, it did not diminish availability on the street level. Because of the lack of return on investment, for the rational decision maker, interdiction would not be selected as a policy approach.

Among international programs, the certification process, although intended to encourage compliance with anti-drug efforts, had very negative unintended consequences when implemented. Tensions created in the certification process undermined the willingness of Colombia and Mexico to cooperate in the drug control process. The decertification of Colombia resulted in a decrease in cooperation between the nations and coincided with the time in which Colombia's production of drugs increased and political stability decreased, as the guerrilla expanded their claim over Colombian territory. A rational actor would not choose to pursue this path, as it produced great costs in terms of international cooperation, and that, in turn, impeded any effort to control drugs at the source.

Eradication provides the benefit of eliminating the drug crop at the source. It has costs, however, in that it contains a significant margin for error (which fields to spray, with what herbicide, and from what height); it places a burden on the poor, potentially swelling the ranks of the participants in civil strife; and it may cause environmental damage. The benefits of eradication are diminished as well by the balloon effect, because even though many hectares of coca and poppies are eradicated, more are planted in other areas, ultimately yielding a similar, if not increased, production of cocaine and heroin.

Supply of cocaine and heroin to the streets of the United States did not decrease despite strong eradication programs. Weighing the costs and benefits, a rational state would not pursue eradication, because the costs to the environment, society, and civil strife are too great, especially for the limited benefit provided.

The most difficult assessment of costs and benefits relates to that of military aid. The question of military aid between 1988-1992 was focused on the issue of drugs, with tangential concerns about human rights and the guerrilla war. By the mid 1990s, both the guerrillas and the paramilitaries were involved in the drug industry, and their actions threatened the stability of the democratic state in Colombia. The goals of the United States could not be simply be described in terms of counter-narcotics, as the United States has a long term interest in democratic stability and the rule of law. If aid were given, then the U.S. had the possibility of providing equipment and training to paramilitaries who were disregarding the rule of law, human rights, and the security of civilians. Perhaps more significantly, it would be involved in an entrenched and violent civil war. Failing to provide aid to the Colombian state, when it faced a challenge to its legitimacy and an ongoing civil war with the well-armed FARC—the organization with de facto control over much of the cocaine and heroin production in Colombia—would undermine the U.S.’ interest in democratic stability and control of drug production.

Because of the rise of the guerrilla and the threat to democratic stability, the rational actor could not address this merely in terms of military aid for drug control. The decision maker would have to address the problem in a way that would minimize support to paramilitaries, maximize the abilities of the military, strengthen the democratic institutions of the society, and provide political and economic alternatives to those living

in guerrilla controlled territories. These goals would demand military aid in terms of training and equipment, as the costs of not providing aid were too great. The goals also require a multifaceted approach to the complex problems underlying the existing conflict. Some of these factors were incorporated into the U.S. portion of Plan Colombia, but the majority of the assistance went to the specific control of drugs. A rational actor seeking to support stability and avoiding involvement in conflict would only give military aid if it were well balanced with aid to support a viable, non-drug related economy and to strengthen democratic society.

The law enforcement efforts pursued during this time, particularly those of community policing, had marked benefits, notably the reduced level of crime nationwide. In addition, the increase in convictions and incarcerations illustrated that the state was able to remove a certain number of people from the drug market, potentially interrupting or decreasing the sale of drugs. With the increase in convictions and longer terms, particularly for possession, state and federal prison populations burgeoned, resulting in prison overcrowding and its accompanying problems. Even with that cost and the additional financial costs of implementing the initiatives, the benefits gained, particularly through the success of community policing, demonstrated that law enforcement programs had tangible, measurable effects.

Effective treatment reduces drug use. Between 1993 and 2000, between 20 percent and 16.7 percent of the counter-narcotics budget was addressed to treatment programs. Since effective treatment programs reduce usage by between 40 percent and 60 percent, for the rational actor, treatment would be a preferred policy because it produced significant results for little cost.

Effective prevention programs, like treatment, provide significant results for comparatively little cost. The best long-term approach to controlling the trafficking of drugs in the United States is to reduce the consumption of drugs through effective prevention and education programs.³⁸ A rational decision-maker would see the benefit of the prevention programs that have been recognized as effective, and would continue to fund or increase funding for those programs that clearly reduce the use of drugs.

Can the Rational Actor Approach Explain U.S. Policy?

The rational actor approach cannot explain U.S. policy. The United States continues to fund interdiction and eradication even though these approaches have been shown to yield little benefit. Funding for interdiction increased, despite a lack of results and a dramatically changed trafficking environment that impeded interdiction. Eradication, likewise, continued to be funded, even though it only resulted in production shifting from one area to another and finally into ecologically fragile areas. Even Plan Colombia, which was developed to respond to the challenges of guerrilla and drug trafficking and should have addressed these problems on multiple levels, has led to more U.S. funding going to ineffective eradication and interdiction efforts.

The lack of attention given to treatment and prevention programs that have been proven effective is another aspect of U.S. policy that cannot be explained by the rational actor model. Effective treatment and prevention programs have seen their share of the budget decrease even though the programs have been shown to reduce drug use. Moreover, a prevention program shown to be ineffective (D.A.R.E.) continues to be widely used and to receive the bulk of available funding.

³⁸ This is evidenced in the literature and it was also policy during the Clinton Administration, as the number one goal of the National Drug Control Strategy was reducing youth drug use.

Two areas where the rational actor approach could explain U.S. policy are military aid and law enforcement. Because of the threat presented by the guerrilla to the stability of the Colombian state and their considerable presence in the drug trafficking industry, it would be rational for the United States to grant military aid to Colombia. Because of the potential for U.S. involvement in a civil war, any military aid should be accompanied by significant, perhaps equal, funding that addresses alternative development, promotion of the rule of law, and protection of human rights. This would provide the possibility of ameliorating some of the underlying problems producing the conflict. Law enforcement efforts, particularly in community policing, have reduced crime across the nation and decreased the number of traffickers on the street making funding for law enforcement a rational policy choice. The cost of prison overcrowding, however, would probably drive the rational actor away from harsh mandatory prison sentences for possession and low level trafficking.

A rational decision maker would put more funding toward effective treatment and prevention programs and continue law enforcement funding. That decision maker would also favor a comprehensive approach to international programs that goes beyond the military to the rule of law and alternative economic development, potentially allowing a resolution to the conflict in Colombia.

Figure 4.1 The Rational Actor Seeking to Limit the Use and Trade of Drugs: Theoretical Expectation and Analytical Outcome of Counter-narcotics Strategies, 1993-2000

Policy Strategies	Expectation	Outcome
Interdiction	Seizing drug shipments is a cost effective way to reduce the drug trade and the amount of drugs available for sale and use.	<p>* Smaller shipments of cocaine and increased heroin shipments (also small in size) made interdiction more difficult.</p> <p>*Large funding increases for interdiction did not result in large increases in drug seizures. An 89% funding increase yielded a 19% increase in seized cocaine and a 29% drop in heroin seizures (1995-1999)</p> <p>*No matter what the amount seized, it did not diminish availability on the street level.</p> <p>*Conclusion: Interdiction became more difficult and increased investment neither increased effectiveness nor decreased drug availability. Not a rational policy choice.</p>
International Programs	Cooperation with other countries on programs including training, aid with equipment, high-tech surveillance, prosecution of traffickers, and economic development are a cost effective way to reduce the drug trade.	<p>*Certification discouraged international cooperation and undermined source country control programs.</p> <p>*New threat to democratic stability in Colombia necessitates a considered approach to aid. Military aid could be used by paramilitaries or military groups with records of human rights violations. The aid and training could draw the United States further into Colombia's civil war.</p> <p>*Aid was essential to help maintain the stability of Colombia's democratic state</p> <p>* Conclusion: Potentially a rational choice, if the military assistance were accompanied by aid to support a viable, non-drug related economy and to strengthen democratic society.</p>

Eradication	Eliminating coca and poppy fields is a cost effective way to reduce the amount of drugs available for sale and use. If coca and poppy plants are eradicated, then there should be less cocaine and heroin available	<p>*Aerial eradication eliminates coca and poppy plants, but its costs are great, including spraying legal crops, affecting the water supply and surrounding environs.</p> <p>*Eradication places a burden on the poor, leading to migration and potential new recruits for the guerrilla and paramilitaries</p> <p>*Eradication with herbicides may cause environmental damage.</p> <p>* Many hectares of coca and poppies are eradicated, but more are planted in other areas, yielding a similar, sometimes greater, production of the crops.</p> <p>* Conclusion: The costs to the environment, society, and civil strife are too great, especially for the limited benefit provided. Not a rational policy choice.</p>
Law Enforcement	The arrest, prosecution and incarceration of drug traffickers and users is a cost effective way to reduce the drug trade and drug use	<p>*Community policing and intensified law enforcement led to more arrests, prosecutions, and convictions, removing traffickers and users from the drug market.</p> <p>*Crime rates dropped nationwide.</p> <p>*Prison overcrowding results from longer sentences and increased convictions</p> <p>*Conclusion: Law enforcement is a rational policy choice with measurable results, even though the costs have increased due to prison overcrowding. People were removed from the drug market, which should have reduced the trade.</p>
Treatment	Providing treatment programs for drug users reduces the overall consumption of drugs	<p>* Effective drug treatment reduces drug use by 40% to 60%.</p> <p>*Over one million people were in treatment programs, so overall drug consumption fell.</p> <p>*Conclusion: Treatment is a rational policy choice as it meets the goal of reducing drug use with minimal cost.</p>
Prevention	Education and prevention programs keep people from starting to use drugs, thereby reducing the consumption of drugs	<p>*Some youth prevention programs are proven to effectively reduce drug use.</p> <p>*The well-funded D.A.R.E. program is not effective</p> <p>*Conclusion: This is a rational policy choice, if the effective programs are funded.</p>

Table 4.1. Interdiction: Expenditure, Drug Budget Percentage, Cocaine Shipment Amounts, and Quantities of Cocaine and Heroin Seized, 1993-2000

Year	Expenditure for Interdiction	Percentage Drug Control Budget	Cocaine shipped (kg)	Cocaine Seized (kg)	Heroin Seized (kg)
1993	\$1.51 billion	12 %	375,000-462,000	121,215	1,502
1994	\$1.31 billion	11 %	371,000-456,000	129,378	1,285
1995	\$1.28 billion	10 %	421,000-513,000	111,031	1,543
1996	\$1.32 billion	10 %	385,000	128,555	1,362
1997	\$1.72 billion	12 %	340,000	101,495	1,624
1998	\$1.64 billion	10 %	341,000	118,436	1,458
1999	\$2.42 billion	14 %	335,000	132,063	1,151
2000	\$2.29 billion	12%	318,000	106,619	1,674

Source: Dollar amounts and percentages are found in “National Drug Control Funding by Function,”

National Drug Control Strategy: FY 2001 Budget Summary,

<http://www.ncjrs.org/ondcppubs/publications/policy/budget00/budget2000.pdf>. Figures for 2000 come from FY 2003 Budget Summary, *2003 National Drug Control Strategy*, The White House February 2002, p. 15. <http://www.whitehousedrugpolicy.gov/publications/pdf/budget2002.pdf>

The estimates for the amount of cocaine shipped to the United States are found in “Trends in Cocaine Availability,” *2002 National Drug Control Strategy*, Office of National Drug Control Policy.

<http://www.whitehousedrugpolicy.gov/publications/policy/03ndcs/table32.html>. The estimates for the amount of cocaine shipped to the United States 1996-2000 are the result of the STAR estimation process used by the ONDCP. Figures for the amount seized are found in “Federal Cocaine, Heroin, Methamphetamine, and Cannabis Seizures, 1989-2000, (Kilograms),” *Federalwide Drug Seizure System*, Drug Enforcement Administration, 1989-2000, <http://www.ncjrs.org/ondcppubs/publications/policy/ndcs01/table46.pdf>.

Table 4.2. Coca Eradication in Bolivia, Colombia and Peru (1993-2000): Amount of Coca Leaf Cultivated and Eradicated and the Percentage of Cultivated Area Eradicated

Year	Bolivia cultivated (hectares)	Bolivia eradicated: hectares and % crop	Colombia Cultivated (hectares)	Colombia eradicated: hectares and % crop	Peru cultivated (hectares)	Peru eradicated: hectares and % crop
1993	49,600	2,400 (4.8%)	40,493	793 (2%)	108,800	0 (0%)
1994	49,200	1,100 (2.2%)	49,610	4,910 (9.9%)	108,600	0 (0%)
1995	54,093	5,493 (10.2%)	59,650	8,750 (14.7%)	115,300	0 (0%)
1996	55,612	7,512 (13.5%)	72,800	5,600 (7.7%)	95,659	1,259 (13.2%)
1997	52,800	7,000 (13.3%)	98,500	19,000 (19.3%)	72,262	3,462 (4.8%)
1998	49,600	11,621 (23.4%)	115,450	13,650 (11.8%)	58,825	7,825 (13.3%)
1999	38,779	16,999 (43.8%)	135,900	13,400 (9.9%) or 43,246 ³⁹ (31.8%)	52,500	13,800 (26.3%)
2000	22,253	7,653 (34.3%)	183,200	47,000 (25.7%)	40,200	6,200 (15.4%)

Source: For all figures 1993-1997 and Colombia 1998-99, “Amount of Coca Leaf Cultivated and Eradicated, Calendar Years 1987-1999 (Hectares),” *2001 National Drug Control Strategy*, <http://www.ncjrs.org/ondcppubs/publications/policy/ndcs01/table54.pdf>. For 1999 and 2000 figures, “Amount of Coca Leaf Cultivated and Eradicated, Calendar Years 1987-2000 (Hectares),” *2002 National Drug Control Strategy* <http://www.whitehousedrugpolicy.gov/publications/policy/03ndcs/table41.html>

³⁹ This figure is in question. In the 2000 *National Drug Control Strategy*, this figure is 13,400. The 2001 report it is 43,246.

Table 4.3. Total Coca Cultivation and Eradication in the Andean Countries, and Amount of Cocaine Available for Export

Year	Cultivated	Eradicated	In Production	% Eradicated	Exported
1993	198,893	3193	195,700	1.6%	581-692
1994	207,410	6010	201,400	2.9%	558-670
1995	229,043	14,243	214,800	6.2%	616-738
1996	224,071	14,471	209,600	6.5%	608
1997	223,562	29,462	194,100	13.2%	560
1998	223,875	33,096	190,779	14.8%	521
1999	227,179	74,045	153,134	32.6%	518
2000	245,653	60853	184,800	24.8%	501

Source: Export amounts can be found in “Trends in Cocaine Supply, 1989-2000,” Table 32, *2002 National Drug Control Strategy* <http://www.whitehousedrugpolicy.gov/publications/policy/03ndcs/table32.html>.

Table 4.4. Federal Drug Charges: Number of Suspects and Prosecutions and Percentage of Suspects Prosecuted (1993-2000)

Year	No. Suspects	No. Prosecuted	Pct. Prosecuted
1993	34,396	25,661	74.6%
1994	27,697	19,427	70.1%
1995	31,261	21,445	68.6%
1996	30,758	21,548	70.2%
1997	32,072	24,400	76.0%
1998	33,991	26,266	77.3%
1999	36,765	28,372	77.1%
2000	37,009	28,917	78.1%

Source: Figures for 1993 are from *Federal Criminal Case Processing, 1982-1993*, Bureau of Justice Statistics, U.S. Department of Justice, May 1996, <http://www.ojp.usdoj.gov/bjs/pub/pdf/fccp93.pdf> , all other figures are from *Federal Criminal Case Processing, 1994-2000*, Bureau of Justice Statistics, U.S. Department of Justice, p. 28, <http://www.ojp.usdoj.gov/bjs/pub/pdf/fccp00.pdf>

Table 4.5. Federal Convictions for Trafficking and Possession: Number Convicted and Percentage of those Prosecuted who were Convicted (1988-1992)

Year	Convicted for drugs	Convicted Trafficking	Convicted Possession	Percentage Convicted	% convicted Trafficking	% convicted Possession
1993	20,458	19,228	1230	84.8%	84.7%	85.6%
1994	16,400	16,197	203	85.9%	86.0%	78.5%
1995	14,778	14,322	456	85.6%	85.6%	88.3%
1996	17,365	16,485	880	88.3%	88.3%	88.2%
1997	19,115	18,057	1058	89.3%	89.3%	89%
1998	20,867	19,417	1450	89.1%	88.8%	92.7%
1999	23,476	21,698	1778	89.9%	89.8%	91.2%
2000	24,206	22,275	1931	91.2%	91.3%	90.7%

Source: Figures for 1993 are from *Federal Criminal Case Processing, 1982-1993*, Bureau of Justice Statistics, U.S. Department of Justice, May 1996, p.10, <http://www.ojp.usdoj.gov/bjs/pub/pdf/fccp93.pdf> , all other figures are from *Federal Criminal Case Processing, 1994-2000*, Bureau of Justice Statistics, U.S. Department of Justice, November 2001, p. 31, <http://www.ojp.usdoj.gov/bjs/pub/pdf/fccp00.pdf>

Table 4.6. Number of People in State Correctional Facilities with Drug Charges as the Most Serious Offense, Total Number of State Prisoners, and Prisoners on Drug Charges as a Percentage of the Total.

Year	Total State Prisoners	Prisoners on Drug Charges	Drug Charges as Percentage of Total
1993	824,100	177,000	21.5%
1994	900,600	193,500	21.5%
1995	985,500	212,800	21.6%
1996	1,029,400	216,900	21%
1997	1,072,500	222,100	20.7%
1998	1,252,700	236,800	18.9%
1999	1,186,800	251,200	21.1%
2000	1,328,000	251,100	18.9%

Source: "Number of Persons in Custody of State Correctional Authorities by Most Serious Offense, 1980-2000," Bureau of Justice Statistics, Department of Justice
<http://www.ojp.usdoj.gov/bjs/glance/tables/corrtyptab.htm>

Table 4.7. Mean Sentence Length for Federal Drug Offenses, Trafficking, and Possession (1993-2000)

Year	Median Drug Sentence (months)	Median Sentence Trafficking (months)	Median Sentence Possession (months)
1993	79.7	82.2	18
1994	83.9	84.0	46
1995	87.1	88.0	66
1996	84.8	85.0	77
1997	81.1	81.3	77.7
1998	78.7	78.3	84.3
1999	75.4	74.8	83.4
2000	75.6	75.2	81.1

Source: Figures for 1993 are from *Federal Criminal Case Processing, 1982-1993*, Bureau of Justice Statistics, U.S. Department of Justice, May 1996, <http://www.ojp.usdoj.gov/bjs/pub/pdf/fccp93.pdf>, all other figures are from *Federal Criminal Case Processing, 1994-2000*, Bureau of Justice Statistics, U.S. Department of Justice, November 2001, 33, <http://www.ojp.usdoj.gov/bjs/pub/pdf/fccp00.pdf>

CHAPTER 5

DRUG POLICY: THE ORGANIZATIONAL ACTORS

During the twelve years of the Bush and Clinton Administrations, public interest in drugs ebbed and flowed, usage levels rose and fell, and heroin became chic. Through these changes, the drug war went on, as institutional actors carried out their roles. In this section on organizational behavior, there are three chapters. In the first, I will present the missions, cultures, and capabilities of the key institutional actors in the making of drug policy. In the following chapter, I will assess how these organizations and their standard operating procedures shaped drug policy during the Bush years. In the third chapter, I will examine how the organizations' procedures shaped policy during the Clinton years.

Organizational Behavior: The Model

In the organizational behavior model, governmental action is the result of organizational output partially coordinated by leaders (Allison and Zelikow 1999, 164). In this model, the actor is not unitary as it was in the rational actor model, but rather is a “constellation of loosely allied organizations on top of which government leaders sit” (Allison and Zelikow 1999, 166). Because drug policy is such a large issue, the parts are divided up and distributed among many different organizations. Each organization perceives problems, processes information, and takes action. Existing organizations, programs, and established routines constrain behavior and tend to shape any new approach or assignment to the range of action they are already performing (Allison and Zelikow 1999, 145). Each organization has a mission, operational objectives, special capacities, and notably a particular culture (Allison and Zelikow 1999, 166-167).

Using this model, I am focusing on the government institutions that are involved in the drug war and the way they approach their areas of responsibility. There are a great many organizations involved in the war on drugs. For this study, I have selected those that play significant leadership roles or have been tasked with major areas of responsibility in carrying out policy. In making drug policy, the key organizations providing output include the Department of State, the Department of Defense, the Drug Enforcement Agency (DEA), the Department of Health and Human Services, and Congress. The White House Office of National Drug Control Policy (ONDCP), part of the Executive Office of the President, is the organization responsible for coordinating the policy and the output of these organizations. I will consider the areas of responsibility of each organization, the mission and culture of the organization, and the approaches or procedures they follow to address the drug issue. The principal question of this section is whether the ingrained behaviors and standard operating procedures of the organizations perpetuate the current policy.

The Actors

The main organizations involved in the drug policy process are different not only in their missions, but also in their basic characteristics. In the area of domestic and international enforcement on the federal level, the Drug Enforcement Agency (DEA) is the main actor; in the area of interdiction, the DEA and the Department of Defense are leading actors; in the international realm regarding cooperation, the Department of State is key. On the demand reduction side, the Department of Health and Human Services (HHS) is the most influential in treatment programs and prevention programs through the Alcohol, Drug Abuse, Mental Health Administration (ADAMHA), which after 1992

became the Substance Abuse and Mental Health Services Administration (SAMHSA). HHS is active in research on treatment, prevention, and usage through the National Institute on Drug Abuse (NIDA). This varied group includes a law enforcement organization, one focused on military endeavors, a third dedicated to diplomacy, and another focused on public and social health. One sees the drug problem as a law enforcement issue; another as a national security issue (a recurring theme from the beginning of U.S. drug policy with roots in China's problems with opium); another as a political and economic problem; and another as a medical problem, with drug abuse seen as an illness. This "loose constellation" of varied organizations is responsible for carrying out drug policy. This array of institutions may be necessary to address this complex and multifaceted problem, or the array could be creating an uncoordinated jumble of policies that conflict. While all of these shape the policy through the way they carry it out, Congress also affects the direction of policy, particularly through the control of the budget. Finally, the leadership organization coordinating the activities of the constellation of actors is the ONDCP.

To examine the making of drug policy from the perspective of organizational behavior, the first step is to look at the key institutions involved in policymaking and assess their missions and responsibilities. The next step is to assess how the capacities and operating procedures could shape policy outcomes, the topic of the next two chapters.

The Office of National Drug Control Policy

The ONDCP, the office of the "drug czar," was established in Title I of the Anti-Drug Abuse Act of 1988. The idea was first embodied by legislation introduced by

Senator Joseph Biden (D-DE) in the 1980s, who said, “Without some central, coordinated mechanism in place, with the *statutory and political authority* to do the job, each agency will continue to pursue its own narrow agenda, with little or no concern for the effectiveness of the overall program” (Quoted in Inciardi 2002, 254).¹ Biden recognized that with so many agencies involved in the counter-narcotics effort, it was essential to have one organization coordinating and integrating the agendas and goals of the organizations in order to achieve some form of coordinated policy. His quote above is an embodiment of the idea of the organizational behavior model: that there are many organizations pursuing their agendas with some coordinating force at the top of the amorphous mass bringing shape and direction. The purpose of the ONDCP is to “establish policies, priorities, and objectives for the nation's drug control program. The goals of the program are to reduce illicit drug use, manufacturing, and trafficking, drug-related crime and violence, and drug-related health consequences” (ONDCP 2003c).

As the coordinating office for national drug policy, the ONDCP produces the *National Drug Control Strategy* that directs the nation's anti-drug efforts, establishing a program, a budget, and “guidelines for cooperation among Federal, State, and local entities.” In addition to establishing the direction of U.S. policy, the ONDCP “evaluates, coordinates, and oversees both the international and domestic anti-drug efforts of executive branch agencies” (ONDCP 2003c). As it is the coordinating body, it is very closely tied to the political objectives of each administration.

The ONDCP has a powerful mandate, but rarely has the “statutory and political authority” to do the job. The drug czar did not hold a cabinet-level position during the Bush Administration, but the position was elevated to cabinet-level for the Clinton

¹ Italics are mine.

Administration. Still, much of the influence the office possessed during both administrations relied on the personal power of the director. During the early years of the Bush Administration, when drugs were a very high priority on the domestic agenda, Dr. William Bennett held the job of director. Not only did he set the direction of drug policy, he also was active using the media and lobbied Congress strongly to achieve ONDCP goals. The foundation of Bennett's approach to drug control was, however, moralistic, not based on expert opinions of what approaches would effectively address the nation's drug problem. Still, his style and approach to the drug problem helped keep the topic on the front page and he was a guiding force in drug policy. He was followed by Robert Martinez, former Republican Governor of Florida, who was lackluster and ineffectual in his pursuit of drug control goals.

The "statutory and political authority" of the ONDCP did not increase with the inauguration of Bill Clinton. In fact, Clinton did little to promote the counter-narcotics effort for months. Early in his administration the ONDCP was reduced from 146 to 25 employees. One sign that Clinton was serious about the drug issue was his choice of an ONDCP Director. At the swearing-in of Dr. Lee Brown as the Director of the ONDCP, President Clinton described him as "a drug trafficker's nightmare, a cop with a doctorate or a doctor of criminology with a badge" (Clinton 1993e, 968). Brown came to the job after heading the New York and Atlanta police departments. Having seen the harm drugs caused on the street, he recognized that enforcement alone could not solve the problem, and he had become a supporter of treatment and prevention. His initiatives on community policing were well received at a time when concern about crime was high.

His efforts to address treatment for hard-core users, however, lacked the necessary presidential support (Massing 209-220).

General Barry McCaffrey followed Brown into office and proceeded to restructure the office and its goals along military lines. Like his predecessor, he favored demand reduction programs. Even before his appointment he shied away from the term “drug war,” preferring to see the drug problem more as a cancer that needed various methods to treat it (Massing 221-223). Despite the preferences shown for treatment and prevention programs shown by Clinton’s ONDCP directors, the overall drug policy remained firmly entrenched as a supply-side endeavor.

Congress

Congress has played a role in the counter-narcotics effort since the first national attempts were made to control the use of drugs in the United States in the early 1900s. Congress makes the laws covering drugs and approves the budget that sustains the drug policy. It has shaped drug policy by creating organizations (ONDCP) and by granting new mandates to existing organizations (Defense Department). Subsequent oversight further directs the roles of the key players. Members of Congress are responsive to their constituents, and in their efforts to continue to represent their districts, regularly seek reelection (Mayhew 1975). As public concern over the drug problem grew in the late 1980s, pressure to get “tough on drugs” also grew. Congress established longer and harsher punishments for violations of drug laws. In addition, Members of Congress perceived that people wanted immediate results, and looked to law enforcement for those results. While some lawmakers called repeatedly for more treatment and prevention

programs, the institution continued to pass budgets that distributed funds in a way that promoted supply-side control, not demand side programs (CQWeekly 1991).

As long as the public is interested in the drug issue and candidates compete for office, both Democrats and Republicans will try to appear to be taking strong action on the drug problem. This, in turn, produces harsher laws, greater restrictions, and more funding for programs with highly visible results. Seizures of drugs and greater numbers of arrests provide the image to the public that something is being done, whether or not that actually has any real effect on drug trafficking and consumption.

Department of State

The State Department is the lead agency in the United States for foreign affairs. It is the oldest of all of the cabinet departments, and is charged with promoting U.S. foreign policy interests. Among State's activities that apply to the issue of counter-narcotics are: representing the United States abroad, carrying out foreign assistance programs, countering drug trafficking and its related crimes, and maintaining foreign military training programs (State 2003). As embassy officers are representing the United States, their responsibilities include "promoting U.S. drug strategies and encouraging support for U.S. counter-narcotic positions in national and international forums" (GAO 1993b, 28). They push for the ratification of international conventions regarding narcotics control and, in countries that traffic or produce drugs, they work for bilateral agreements regarding law enforcement and the sharing of evidence and information (GAO 1993b, 29). Because of its emphasis on international relations, the Department places the counter-narcotics effort within the broader context of political and economic interaction.

Most bilateral relationships are characterized by a variety of important issues. In most cases, the drug issue is only one of those.

Within the State Department, the Bureau for International Narcotics Matters (INM) was established in 1978 to address the growing international problem of drugs. In 1995, the name of the bureau was changed to Bureau for International Narcotics and Law Enforcement Affairs (INL) to reflect a broader mandate that included international crime and international law enforcement interests. This is one of sixteen functional bureaus within the Department of State. The Bureau's mandate is "to extend America's first line of defense through diplomatic initiatives and international programs that strengthen the commitment and abilities of foreign governments to deter" illegal activities, like drug trafficking (State 1999b). This bureau of the Department of State works with other countries to promote awareness of the importance of international narcotics control. It cooperates with

other governments and international organizations to halt the flow of illegal drugs into the United States by providing assistance to foreign governments to eradicate narcotics crops, destroy illicit laboratories, train interdiction personnel, and develop education programs to counter drug abuse among their own populations. (State 1992)

This actor in international narcotics control uses a wide range of programs to stop the flow of drugs, including providing "technical support and training to foreign governments on how to locate and eradicate drug crops, interdict drug production and trafficking activities and dismantle major drug trafficking organizations." INL supplies "aviation equipment, vehicles, boats, communications equipment, [and] troop supplies"

to support the anti-narcotics efforts of Andean governments (GAO 1993b, 16). In addition to these endeavors, the Bureau promotes programs offering incentives to farmers cultivating illegal drug crops so that the farmers can switch to alternative crops or pursue other employment (State 1999b). INL also produces the annual International Narcotics Control Strategy Report and manages the drug certification process. A narcotics specialist working in the Bureau described the organization's purpose in this way: "The immediate personal danger Americans face at home from illegal drugs and other crimes that originate abroad is what INL is about ... about government doing its best to shield its people from harm" (State 1997).

Department of Defense

The Defense Department was drafted into the drug war in 1989. The word drafted is appropriate here, because from the events and inaction in the wake of receiving this new mandate, it appeared that Defense, like the CIA (Johnson 2000, 44), had been given a mission it did not want. In the Defense Authorization Act of 1989, the Department of Defense was made the lead organization for "detection and monitoring of aircraft and maritime vessels suspected of smuggling." The Department was slow to initiate its counter-narcotics efforts, prompting pointed criticism from Congress. In response to a letter from Senator Alfonse D'Amato (R-NY), Secretary of Defense Richard Cheney assured him that "The Department of Defense is enthusiastically participating in the fight against the epidemic of illegal drugs while maintaining our defense readiness posture" (Cong. Rec. 1989, S16898) He continued:

Defense has a crucial role in defending the United States from the scourge of illegal drugs. The Department will employ the resources at its command to

accomplish that mission effectively...The men and women of America's armed forces will fight the production, trafficking and use of illegal drugs, as an important part of the national effort to secure for all Americans a drug-free America. (Cong. Rec. 1989, S16901)

Defense committed to using its abundant resources and capacities both internationally and domestically to fight drugs. To address the production of drugs in source countries, the Defense Department offered “assistance for nation-building, operational support to host-country forces, and cooperation with host-country forces to prevent drug exports.” These are extensive endeavors that potentially were beyond the institutional capacity of smaller organizations. The nation building assistance programs were designed to help the host country government “protect itself from criminal drug enterprises and drug-related insurgencies, and to enforce its laws against drug producers and traffickers.” In relation to host country military counter-narcotics efforts, the Defense Department committed to contributing “training, reconnaissance, command and control, planning, logistics, medical support and civic action.” Defense also planned to aid other countries’ law enforcement organizations by assisting with intelligence collection (Cong. Rec. 1989, S16901).

By detecting and monitoring shipments of illegal drugs to the United States, Defense played a fundamental role in interdiction. To aid interdiction, Defense planned to deploy both armed forces and “appropriate air and maritime drug interdiction assets and aerial and maritime detection and monitoring assets,” particularly to the Caribbean, in order to reduce the flow of drugs or to complicate transit and increase costs of shipment. Defense, with its tremendous command and control and communications

capacities, also had a leading role in integrating command and control, communications, and intelligence between the various federal agencies that are involved in the interdiction of illegal drugs (Cong. Rec. 1989, S16901).

The Department of Justice and the Drug Enforcement Agency

The Department of Justice contains both the Bureau of Prisons and the Drug Enforcement Agency, two recipients of substantial shares of drug control funding that serve two different aspects of the drug problem. For this study, my focus will be on the DEA because of its more diverse mandate and its ability to influence policy direction.

The Drug Enforcement Agency was founded in 1973 and is a law enforcement organization. Its mission is to:

enforce the controlled substances laws and regulations of the United States and bring to the criminal and civil justice system of the United States, or any other competent jurisdiction, those organizations and principal members of organizations, involved in the growing, manufacture, or distribution of controlled substances appearing in or destined for illicit traffic in the United States; and to recommend and support non-enforcement programs aimed at reducing the availability of illicit controlled substances on the domestic and international markets. (DEA 2003)

As a Department of Justice organization charged with enforcing U.S. controlled substances laws, the DEA perceives drug control as fundamentally a law enforcement problem. Even though the agency is relatively new, the DEA traces its heritage of the enforcement role in drug control back to the Harrison Act of 1914. Indeed, the key actors

in policy making today parallel those involved from the beginning: enforcement, diplomacy, and treatment.

To carry out its mission, the DEA works with federal, state, and local law enforcement, and uses informants, surveillance, and undercover operations to enforce the Controlled Substances Act and to limit the availability of illegal drugs. It investigates and prepares “for the prosecution of major violators” of drug laws who operate at the interstate or international levels, and they address similar efforts toward “criminals and drug gangs” acting violently within communities. The DEA manages a national drug intelligence program to collect, analyze and share key drug information. Internationally, in addition to coordinating with law enforcement officials in other countries, it is involved in “crop eradication, crop substitution, and training of foreign officials” (DEA 2003). Overseas, the DEA is “more focused” on specific counter-narcotics priorities than is the State Department narcotics officer or an embassy’s Narcotics Affairs Section. It “works with foreign officials to eliminate illicit narcotics destined for the United States,” and it shares information with host countries on trafficking and seizures (GAO 1993b).

Until November 1995, it was not necessary to have a college degree to work as a DEA special agent; it was more important to have a law enforcement background (DEA 2003b). This is a revealing note about the culture of the organization. Because of the exclusive focus on law enforcement issues, the DEA often does not consider the broader implications of its actions. While the “law enforcement only” approach works in the domestic context, the international context is varied and often delicately balanced, a balance that the law enforcement approach can easily upset.

Department of Health and Human Services: ADAMHA, SAMHSA and NIDA

Within HHS during the Bush administration, the Alcohol, Drug Abuse, Mental Health Administration (ADAMHA) handled grants to states for treatment and prevention and the National Institute on Drug Abuse (NIDA), an organization that was part of ADAMHA, was in charge of research on drug abuse. These organizations carried out the programs and research that should lead to the reduction in demand for drugs in the United States. They based their approaches on research and science, and they viewed drug abuse as a public health issue. Being responsible for both providing services and doing research on treatment and prevention became a problem for ADAMHA that led to its restructuring in 1992.

ADAMHA

ADAMHA was charged with providing the federal services of treatment and prevention. It impacted demand reduction by making federal grants of money to states and other entities carrying out treatment, prevention, and mental health programs. From 1982, these categorical grants were the main way that the federal government distributed treatment resources and provided drug services, including prevention programs.

ADAMHA made the grants to states and communities which were then to provide the appropriate treatment and prevention programs. While some people could afford for-profit private treatment programs, for the working poor and the disenfranchised the only option was federally funded treatment programs.

NIDA

The National Institute on Drug Abuse was established in 1974. Its mission was “sponsoring and conducting research into the incidence and prevalence of drug abuse, its causes and consequences, and approaches to treatment and prevention.” It had numerous successes including locating opiate receptors in the brain, but generally the organization fulfilled its mandate quietly and did not get involved in policy battles (Booth 1988, 649).

NIDA’s sought to “lead the nation in bringing the power of science to bear on drug abuse and addiction.” According to NIDA, it supports about “85% of the world’s research on health aspects of drug abuse and addiction.” This research ranges from studying DNA to researching managed care (NIDA 2003). As the research is gathered, the information is then shared with policy makers in an effort to implement new and more effective strategies. Very telling of the character and culture of NIDA is its statement “Our goal is to ensure that science, not ideology or anecdote, forms the foundation for all of our nation’s drug abuse reduction efforts” (NIDA 2003).

Although research received only a small amount of the ADAMHA budget, Dr. Fred Goodwin, the controversial director of ADAMHA from 1986 until 1992, was a strong proponent of research over services. He described research, NIDA’s work, as “the fundamental, orienting, defining mission of ADAMHA” (Holden 1988, 782). Critics saw his “excessive preoccupation with basic research” as coming at “the expense of the services” provided by ADAMHA (New Director 1992, 174). This conflict was a sign of the underlying differences within the organization that led to its restructuring.

ADAMHA and NIDA: Restructuring

Within the federal health establishment, ADAMHA was considered a “stepchild.” Because of its mandate to provide treatment services, it was quite different from research organizations like the National Institutes of Health (NIH), and yet with NIDA as part of the organization, it had a research mission. ADAMHA also suffered because its mission to provide substance abuse treatment made it susceptible to shifting political winds (Holden 1988).

In October 1992, ADAMHA was restructured. NIDA was moved to the National Institute of Health, and ADAMHA became the Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA was subdivided into a center for treatment, a center for prevention, and a center for mental health. When President Bush signed the legislation that led to the restructuring, he said it reflected the “Administration’s continued commitment to help the victims of mental illness and substance abuse” and that it would help the nation reach the goals of the National Drug Control Policy (Bush 1992, 1245). The motive for the restructuring appeared to lie in the fundamental differences in mission of ADAMHA and NIDA. There were questions as to whether one organization could effectively research the causes and cures of a disease and, at the same time, also provide the necessary treatment services. As one observer put it, NIDA and ADAMHA “share a common goal, but they speak a different language and thrive in different professional cultures” (Marwick 1992, 851).

SAMHSA

SAMHSA was established to strengthen the nation’s ability to “provide prevention, diagnosis and treatment services for substance abuse and mental illnesses.” It

works to “improve the quality and availability of prevention, treatment, and rehabilitative services” in order to reduce the costs of substance abuse to society (SAMHSA 2003).

SAMHSA, as ADAMHA did, makes federal block grants to states to promote and maintain drug abuse prevention and treatment programs. The organization also makes grants to local communities. SAMHSA is the umbrella organization responsible for the Drug Abuse Warning Network (DAWN) and for the annual National Household Survey on Drug Abuse, which tracks patterns of drug use in the United States. Also under SAMHSA is the Center for Substance Abuse Prevention (CSAP), the main organization that identifies and promotes “effective strategies to prevent substance abuse” (SAMHSA 2003). The key mission of SAMHSA is to strengthen the delivery of services to the public by helping “state and local agencies to expand capacity and access, to improve the quality of services, and to develop community-wide approaches to addressing mental and addictive disorders.” (Goodman 1992, 736).

Shared Goals, Different Agendas

The organizations involved in carrying out drug policy have distinctly different ways of approaching the goal of reducing drug trafficking and use. The next two chapters will build on this introduction to show how the various organizations, by following their standard operating procedures, may create a drug policy that emphasizes supply-side control, even if the nation’s drug czar wishes otherwise.

CHAPTER 6
THE BUSH YEARS:
AN ORGANIZATIONAL BEHAVIOR ASSESSMENT

“The drug war is the number one growth industry in federal funding, but we've
spent most of the money on a policy that basically doesn't work.”

—Mathea Falco

The drug war reached the peak of public interest during the first few years of the George H.W. Bush Administration. In December 1989, U.S. military forces invaded Panama to capture General Manuel Noriega, who had been indicted in Florida in 1988 on drug charges. On the home front, presidential and media attention to the drug problem raised citizens' level of concern about the issue to unprecedented heights. Crack cocaine was a new threat—even across the street from the White House in Lafayette Park—and harsh new drug laws were passed. The Administration's policy emphasized law enforcement and international efforts, sinking 70 percent of funds into supply-side efforts, while senators decried the failure to address drug treatment and rehabilitation. By 1991, however, public attention shifted to the Gulf War, William Bennett left the ONDCP, and the drug issue fell from prominence. Still, drug policy moved forward with the same pattern, with supply control as a primary focus.

Instead of addressing a singular event—a crisis with a beginning, a middle, and an end—drug policy addresses an ongoing problem. The types of drugs may change, trafficking routes and production sites may change, and quantities and purity may change,

but the fundamental issue, the trafficking and use of illicit drugs, remains. To assess how the different organizations address the problem of drugs, I will look at how each views the problem, filters the information it has, and responds to the situation with the capacities it has. During the Bush Administration there were two acting organizations that were new to drug policy: the ONDCP and the military. This means that they were addressing the drug problem as if it were new and applying institutional capacities to new situations.

The ONDCP

The ONDCP was charged with developing the national drug control strategy, the drug control budget, and coordinating the activities of the agencies involved in drug policy. With such a mandate, the organization had to take a broad view of the problem, seeing both the demand- and supply-sides. Although President Bush originally stressed demand reduction, the drug strategy presented by ONDCP director William Bennett was clearly focused on the supply-side and law enforcement. The ONDCP's presentation of a national strategy focused on the supply-side reflected a continuation of the existing bureaucratic strategy. Though the organization was new, the capacities available to the government had not changed except for the addition of the surveillance and training capacities of the military. As a result, the coordinated strategy did not differ greatly from what was produced as each organization carried out its individual mandate.

When Bennett was the Director of the ONDCP, he had experts in the varied aspects of the drug war on staff. Their offices were, however, two floors below the director's office, and their advice was seldom heard two floors above (Massing 1998, 193-194). The people who shared the floor with the director shared his political views

and had worked with him at the Department of Education—they were not experts in drug policy. His closest advisors took a strongly political approach to the drug war (Massing 1998, 193-194).

When Bennett was named Director of the ONDCP, he set out to learn all he could about what was happening in the fight against drugs, but his approach was fundamentally shaped by a moralistic view of drug use. This view had its modern roots in the standard expressed by Reagan, that people expect government officials to recognize that “...right and wrong matters; that individuals are responsible for their actions.” This led to a view that the drug user was not a “victim,” but rather an individual of “weak moral character” who was making poor decisions. According to John Carnevale and Patrick Murphy, if drug users were seen as individuals of weak moral character who had to be held accountable for their actions, then “an emphasis on law enforcement and punishment [had to be seen] as the most effective approach to drug policy” (Carnevale and Murphy 1999, 299-322).

Bennett’s adherence to a moralistic view, instead of seeking the advice and insights of his policy experts, framed the drug issue in terms of law enforcement and criminal behavior. Although casual drug use was falling off and hard-core usage was growing, he was reluctant to place emphasis on treatment, holding the position that hard-core users did not seek treatment by choice (Massing 1998, 192; 202-204). The National Drug Control Strategy produced by Bennett’s office ultimately reflected a continuation of Reagan Administration policies.

In the wake of Bennett’s departure in 1991, the experts in policy also left the organization and were replaced by political appointees. With Bob Martinez at the helm,

the ONDCP became a dumping ground for political appointees, and the influence of the office deteriorated (Massing 2006). While Bennett had a strong, sometimes aggressive, style that helped him push policy forward, Martinez was “amiable” and “laid back,” an approach that did not yield results when working with a powerful and diverse group of institutions such as those in the drug war. In addition, Martinez’s top aides had no experience in counter-narcotics and no experience working with the major organizations involved in counter-narcotics. Other actors perceived the ONDCP as basically irrelevant during Martinez’ tenure (Witkin 1992, 33).

The Congress

Congress serves many constituencies and balances many issues. In the late 1980s, drugs became a point of great public concern, as reflected in public opinion polls with well over 20 percent of the population listing drugs as the most important problem facing the United States, Members of Congress promoted a wide variety of legislation taking a hard-line, pro-enforcement approach to drugs. Historically, in Congress, Republicans have tended to support harsher punishment and greater enforcement, while Democrats have promoted treatment and prevention programs. Partisanship was and is clearly a part of the drug policy debate. Arnold Trebach of the Drug Policy Foundation noted, “The Republican strategy is, let's throw laws at the problem. The Democratic strategy is, let's throw money at the problem” (CQ Weekly 1991). By the late 1980s, however, public interest and pressure had led to demands for more enforcement. Few Democrats could have been framed as “soft” on drugs or crime because they were as supportive of harsh measures as Republicans were (CQWeekly 1991).

In addressing drugs, Congress considered various aspects of domestic politics and international relations. By 1990, over fifty committees and subcommittees claimed some oversight responsibility for the drug war (Rabkin 1990). The rhetoric and actions emerging from the institution often differed. When Members of Congress complained about the failure of the Bush Administration to promote treatment, Drug Czar Bennett responded sharply that despite their complaints, the Congress was responsible for passing the budget and often for cutting funds for treatment. He argued that because the Democratic Congress did not appropriate the full funding requested by the president in 1991, “100,000 people were not going to get treatment.” He continued, “They talk bigger numbers but aren't ready to vote bigger numbers” (CQWeekly 1991).

In June 1990, the Bush Administration’s ONDCP introduced an international policy targeting Bolivia, Peru, and Colombia that was designed to reduce the drug trade. The goals of the Andean Initiative were to: help nations strengthen political and economic conditions and their national institutions so they could counter the power and tactics of drug traffickers; to promote the effectiveness of host country military and law enforcement so they could control major growing areas, destroy labs, and stop the flow of precursor chemicals needed for refining coca; seize key traffickers; and, by encouraging legal exports through lowered trade barriers, to “strengthen and diversify the legitimate economies” in those countries to encourage a shift away from coca cultivation (Perl 1992).

As part of the Andean Initiative, in 1989 Congress approved the sale and shipment of military equipment, including helicopters, to Bolivia and Peru. The House Foreign Affairs Committee, however, held up the sale, as staffers claimed that under the

Foreign Assistance Act, the helicopters could only be leased, not sold. This was an effort at oversight. If the helicopters were only leased, the United States could demand their return if they were used improperly (involved in human rights abuses, for example). However, the sale of the helicopters had not been authorized under the Foreign Assistance Act, but rather under other legislation that did allow the sale. Both the Defense Department and the State Department supported the sale of the helicopters. The ONDCP yielded to the congressional demands (Rabkin 1990). Despite the importance of the drug war, and particularly the role of eradication and interdiction, purposes for which these helicopters would have been used, other priorities impeded the implementation of the policy.

Another part of the Andean Initiative was designed to provide greater markets for traditional Andean products by lowering barriers to trade for those items. Although counter-narcotics programs were intended to be a priority, Members of Congress, seeking to protect the interests of their constituents, placed more importance on trade priorities in this case. One of the region's more lucrative legal exports, alpaca wool, was left out of the legislation entirely. Congress' protectionist tendencies, particularly toward textiles, impeded the lowering of trade barriers promised as part of the Andean Initiative (Lowenthal 1990).

At a time when drugs dominated the agenda and being "tough" on drugs was the standard in the halls of Congress, harsh penalties for drug use and trafficking were imposed, but support for measures to address the drug problem often failed to receive necessary support. Policies designed to address the drug war were undermined by Congress' attention to other priorities. Internationally, Congress impeded the sale of

military equipment intended for the drug war. Further, by refusing to lower barriers, Congress undermined the trade incentives designed to help with alternative development and encourage growth in the legal economies of the Andean countries. Domestically, treatment funds were cut while the budget demands enforcement programs were met. Congress responded to public demands. Demands were for enforcement and immediate action, not for treatment or for international programs.

Supply Control Actors

The State Department, Defense Department and DEA all had prominent roles to play in carrying out the Andean Initiative. Each of the organizations took a different approach to achieving these goals.

The State Department

The State Department viewed the problem of drug trafficking within the greater scheme of international relations. In Latin America, drug trafficking was a major issue, but it was seen by State officials in relation to other issues, including trade, democratic stability, and migration. In any producer country, State Department officials would be aware of the economic forces at work, whether poverty or corruption, that helped drive the drug trade. Of the organizations addressing the supply-side of drug control, only the State Department pursued an approach that encompassed all four goals of the Bush Administration's Andean strategy.

The majority of the funding in the State Department budget is for paying salaries. As such, one of the main capacities with which State can respond to a problem is its people. As representatives of the U.S. abroad, State Department officials work to persuade host country officials to support the U.S. position on policy issues, including

counter-narcotics efforts. In Colombia, this was evident in the issue of extradition of drug traffickers. The problem, as perceived by State, was that powerful drug traffickers were operating with impunity and, though they might be arrested, were rarely convicted because the judicial system was being undermined. State saw that extraditing the traffickers to the United States would allow a much greater probability of conviction and incarceration, thereby removing the powerful trafficker from the trade. This addressed the goal of seizing key traffickers, and was a central element of policy. The Bureau of International Narcotics Matters (INM) carried out State's other activities in counter-narcotics. The INM added significantly to State's power of persuasion with its ability to provide equipment and training to host governments to counter drug trafficking.

Being a diplomatic organization, the Department of State would first approach a problem using discussion and negotiation. It would also look at the various aspects of the problem, in this case, the economic, legal, and technical aspects of fighting the drug trade. As the production and trafficking of narcotics had economic roots, State considered how to alleviate fundamental economic problems. Hence, State's INM developed programs to provide for alternative crops and economic development. Courts and the legal system were under attack from traffickers, so in addition to urging extradition of high-profile traffickers, State promoted programs that strengthened the courts and the administration of justice. There was a lack of training in law enforcement and military sectors appropriate to counter-narcotics, so INM provided the necessary training and equipment to the host country government. These initiatives were not pursued equally, however. In 1992, most of the \$293 million State Department counter-narcotics budget went to "supporting, training, and assisting" drug enforcement and

eradication efforts, while \$7 million went to crop substitution programs. About \$4 million was dedicated to international treatment and prevention (GAO 1993a, 9). Despite the Andean Initiative goal of ameliorating economic problems, State's emphasis stayed on enforcement and eradication, the areas in which both the military and the DEA were active.

Department of Defense

As outlined in Chapter 5, the Department of Defense was drafted to fight the drug war in 1989. Defense was slow to embrace its new position in the war on drugs, which was a leading role delineated in the National Defense Authorization Act of 1989. Seeing this apparent reluctance to take on the new mission, lawmakers took Defense to task. Within a short time, Secretary of Defense Richard Cheney confirmed that controlling drugs was a national security priority for the Department of Defense, and the military began to apply its capacities to the drug war.

The responsibility given to the Defense Department in the National Defense Authorization Act of 1989 of being the lead agency for detecting and monitoring air and sea shipments of illegal drugs framed the Department's mandate as supply-side control. In addressing supply-side efforts, Defense had three strengths it could provide: high technology surveillance, military equipment, and military training. Defense had technological capacity for surveillance far beyond that of any law enforcement organization, so the first step was to apply this technology to tracking shipments of drugs. The Department of Defense was also skilled at training soldiers, so providing training and equipment to Latin American militaries was another way Defense could apply its abilities to the drug war.

On the supply-side, the military began to use its capacities to promote interdiction, military training, security assistance in the form of equipment, and coordination of counter-narcotics operations. To address interdiction and meet its mandate of detecting and monitoring drug traffic, the military began using its state-of-the-art technology to track drug traffickers. The technology that had been used to track Soviet actions, including potential missile attacks, was shifted in order to monitor drug traffickers by sea and air (Bertram et al. 1996, 128). This superior intelligence was shared with U.S. law enforcement and with host country police and military counter-narcotics forces. This followed the Andean Initiative imperative to improve the efficiency of Latin American militaries and law enforcement organizations. While the military collected the intelligence, it did not participate in the apprehension of traffickers. That action remained the province of law enforcement organizations.

To better coordinate counter-narcotics efforts in the source countries and the transit areas, the Southern Command (SOUTHCOM) in Panama, which had been dedicated to the guerrilla wars of Central America, was restructured in order to address Latin American drug trafficking (Bertram et al. 1996, 128). In Latin America, the U.S. military focus shifted from the Cold War to the drug war, a new mandate that was eagerly accepted by SOUTHCOM, if not by the rest of the military (Zirnite 1997). As the U.S. military became involved in the drug war, the U.S. government encouraged the governments of the Andean regions to involve their militaries in the fight. This was in keeping with the 1989 National Drug Control Strategy that encouraged “increased levels of Andean nation military involvement in counter-narcotics operations” and provided increased U.S. military support for the counter-narcotics forces of those countries.

Military aid surged, as the United States offered both equipment and training to the armed forces of the Andean countries.

Domestically, the military gave support to law enforcement activities and promoted National Guard efforts at interdiction. When Secretary Cheney outlined his plans for military involvement in the drug war, he included the provision that domestic law enforcement agencies and National Guard units requesting it could receive assistance with “training, reconnaissance, command and control planning, and logistics for counter-narcotics operations” (Cong. Rec. 1989, S16898). As part of this, in late 1989, Army and Marine armed patrols began conducting surveillance of trafficking routes along the U.S.-Mexico border and shared that information with civilian drug enforcement agents who in turn apprehended the suspected traffickers. By December 1989, there were reports of U.S. Marines trading fire with drug traffickers in southern Arizona.¹

Military efforts were not limited to the supply-side. Since the Vietnam Era, when soldiers were returning to the United States with drug addiction problems, the military had pursued rigorous drug testing and prevention programs. They continued to pursue education and prevention programs.

State of the art technology for intelligence gathering is expensive, because to carry out the surveillance, the military needs equipment, ships, people, and aircraft. The budget for Department of Defense drug surveillance quadrupled between 1989 and 1993. Military efforts did markedly improve intelligence gathering in counter-narcotics, allowing early detection of cocaine traffickers and continual tracking of them. The GAO, however, found “that although this expanded capability has become increasingly more

¹ Bernard E. Trainor, “Drug Smugglers and the Marines Exchange Shots,” *New York Times*, December 16, 1989.

costly, it has not led to any reduction in the estimated flow of cocaine onto American streets.” Moreover, the “evidence strongly indicates that military surveillance is not producing results commensurate with its costs” (GAO 1993c). The military’s advanced technology offered law enforcement better intelligence information than they had previously possessed. But, unfortunately, law enforcement efforts and capacities were often not sufficient to act on the military intelligence received, so law enforcement agencies were unable to apprehend the detected traffickers. In addition, significant amounts of cocaine were trafficked overland and in ways that even high-tech surveillance could not detect (GAO 1993c).

In the National Defense Authorization Act for 1989, the Department of Defense was given the responsibility of detecting and monitoring illegal drug trafficking. It did that successfully. The Department of Defense successfully carried out the mission it had been assigned. However, this increased detection and monitoring did not reduce the flow of drugs to the United States, partly because the capacity for interception of the identified traffickers did not exist.

Another responsibility Defense had was that of training and providing security assistance to the Andean countries involved in the counter-narcotics effort. Again, the Defense Department effectively carried out its mission. Providing weapons and training to the militaries in Peru, Bolivia, and Colombia produced some unintended consequences: consequences that would perpetuate the need for U.S. military training and equipment. At a time when the U.S. was expressing a need to strengthen democratic institutions, the influx of money to the military sent mixed signals. Peru and Bolivia were not many years removed from military control, and strengthening the military

potentially promoted military over civilian control. This could have undermined the foundation of new democracies. In Colombia, particularly, the military had been accused of human rights abuses. The funding and training dedicated to counter-narcotics efforts could not be fully separated from counter-insurgency actions. As some guerrilla groups became involved with drug trafficking, the groups were characterized by the United States as “narco-guerrillas,” facilitating the transfer of funds for counter-narcotics to counter-insurgency efforts. The better arms and training contributed to the Colombian army’s ability to counter the well-armed FARC and ELN. But this escalated the conflict, leading to a greater need for U.S. support and training. Hence, the mission of providing training and equipment led to a greater need for training and equipment.

The Drug Enforcement Agency

The Drug Enforcement Agency views drug trafficking as a law enforcement problem. Having been working on drug control since 1973, the DEA would place any new situation within the framework in which the organization has been working, and any response would likely be fairly similar to previous actions taken. The DEA’s largest section is dedicated to domestic operations, not international operations. It is, however, the DEA’s international activities that stir the most controversy and have the greatest implications for this study. Using informants, electronic surveillance, and undercover operations, the DEA has had success finding and bringing traffickers to justice (Biskupic 1991). It also has experience intercepting shipments in route to U.S. markets, destroying laboratories overseas used for refining coca, and working with host countries for eradication. To face whatever challenges appeared, the organization would use those capacities that were already developed.

Between 1989 and 1992, the DEA was operating in an environment in which drugs were readily available in the United States and street prices were falling. The net production of cocaine was increasing, but the areas of cultivation were identifiable, and heroin was not yet a problem. The major players in the international trade were easily recognized, as the Medellin and Cali cartels in Colombia controlled the cocaine trade. The DEA, given their mandate to bring to justice those who were “involved in the growing, manufacture, or distribution of controlled substances” being trafficked to or in the United States and to “support non-enforcement programs” that reduced the availability of drugs both domestically and internationally (DEA 2003a), would perceive the problem as one of supply control. As a law enforcement organization, the DEA would seek to undermine the traffickers, bring them to justice, and disrupt their trade and organizations. This approach of undermining the trafficking organizations and interrupting the flow of drugs by destroying labs and intercepting precursor chemicals, coca paste, and refined cocaine was one of the specific goals laid out by the ONDCP National Drug Control Strategy.

The problem as perceived by the DEA was that coca was being cultivated, refined and trafficked. To address the cultivation, eradication was the solution. For refining, the destruction of labs would slow or interrupt the process, and finally, for trafficking, the solution was closing the routes used and interdicting the products. The DEA’s activities in Latin America included working with local law enforcement in Peru and Bolivia to eradicate crops and, in Colombia, to destroy coca processing labs. In all three countries the Agency sought to stop shipments of coca paste or refined cocaine. The DEA was able to show that through its international efforts, it destroyed an increasing number of

labs each year, seized more chemicals, and intercepted more coca product (Perl 1992). The supply of cocaine to the United States, however, did not fall. The overall production of cocaine did not fall either. Still, as they could demonstrate solid results to Congress, their efforts were perceived to be successful. These results would have led to support for more of the same, improving the DEA's ability to expand their international efforts. The flaw in this is that:

This gap between efficiency and effectiveness is clouded by the very measures of "success" favored by policy advocates. There is a tendency to emphasize the number of crops eradicated and not the amount of new coca planted; the number of labs destroyed and not the number rebuilt or the total processing capacity; the number of seizures and not the totals being shipped; the number of arrests and not the continued effectiveness of the trafficking networks. (Andreas and Bertram 1991)

Although DEA was able to present facts and figures demonstrating its success, the measurement of success had little to do with any measurable effect on the availability of drugs in the United States.

Taking the law enforcement approach, the DEA did not necessarily understand the broader implications of its actions or coordinate its actions with other organizations involved in foreign affairs. Bilateral relationships are generally multifaceted, and acting in one way can result in a loss of balance. As the DEA pursued its agenda in Latin America, particularly that of disrupting the flow of drugs and chemicals, it replaced the CIA in some regions as the most despised of U.S. institutions (Queise Morales 1992). Focusing on the law enforcement aspect of drug production, the DEA often overlooked

the implications of disruption on local economies. The farmers cultivating coca were an integral part of the local and national economy. In Bolivia, for example, 20 percent of the labor force (300,000-500,000 people), mostly peasant farmers, was involved in coca production in the early 1990s (Queise Morales 1992). When the DEA efforts were carried out, there was little or no effort made to establish alternative crops or introduce other employment opportunities.

Taking away the livelihoods of the small farmers, whether through interdiction or eradication, had two effects, one political and the other economic. If the government were perceived to be working with the DEA, the actions were at times enough to drive these small farmers to support insurgent groups, a factor that was clearly not anticipated. The implications of pushing the rural people toward insurgent groups, was evident in the support for the Shining Path (*Sendero Luminoso*) in Peru, but the implications for Colombia would not be fully manifested for several more years. Economically, the eradication programs and the disruption of trafficking routes eliminated some farmers' source of income. If they were unable to cultivate coca in one area, they would often move their production elsewhere. This created an even larger problem for the DEA to address. If cultivation were expanding as an unintended consequence of the standard operating approach of interdiction and eradication, then the organization would need more funding to deal with this new and larger problem of more land under cultivation in more difficult areas and potentially more complicated trafficking routes.

Demand Reduction Actors

Health and Human Services: ADAMHA and NIDA

Health and Human Services did not have the new mandate given Defense nor the broad responsibility given State. It had one organization, ADAMHA, that was charged with providing both treatment and prevention services and, through NIDA, the basic research needed on the causes and cures of drug abuse. The institution represented the view of drug abuse as an illness, but the difference in responsibility for services and research set up a fundamental conflict within ADAMHA and impeded its effectiveness.

ADAMHA

As ADAMHA made grants to the states for treatment and prevention programs, it faced a significant problem: the lack of accountability of the states in how they used the federal grants they received. The states received money, but there was little confirmation it had been used as designated. Part of this problem is the result of HHS following a 1987 Presidential Executive Order that asks that federal agencies “be guided by fundamental principles of federalism” and that states be granted “maximum administrative discretion.” In addition, the statute that consolidated the block grants administered by ADAMHA, that in 1989 totaled \$500 million, requires that ADAMHA “defer to the state’s interpretation” of its compliance with the terms of the grant unless the interpretation is clearly in error (GAO 1991a, 1-3).

One example of this failure in accountability is related to the set aside for women, specifically pregnant women or women with young children who sought drug treatment. By the late 1980s, the estimates of the number of babies exposed to cocaine before birth ranged from 100,000 to 375,000. As a result, Congress specifically

requested that the ten percent set-aside for women be addressed to the drug treatment needs of pregnant women and mothers of young children, to ameliorate the problems caused by drug abusing mothers. Unfortunately, numerous studies showed that there appeared to be little evidence that the money had actually been used to support said programs. In some cases, states were given credit for having complied with federal guidelines despite the state having no programs whatsoever designed for pregnant women or women with small children (GAO 1991b, 1-8). ADAMHA made the grants to states and communities, but there was little follow-up or involvement to confirm that the appropriate programs were executed.

In approaching Congress and dealing with policymakers, the medical and scientific professionals faced another problem. While military and DEA officials could give firm numbers reflecting accomplishments, medical and scientific professionals rarely speak in absolutes. As late as 1990, there was no clear evidence that treatment and prevention programs were effective. These two factors framed treatment and prevention efforts as ineffective in the views of policymakers. Even when research showed effectiveness, Members of Congress held the programs to a higher standard than that applied to other government programs, prompting Senator Joseph Biden (D-DE) to observe that if all programs were held to that standard “would there be any program you think we’d fund?” (CQWeekly 1991).

NIDA

NIDA saw drug abuse as a public health problem and saw itself as doing research into that problem. It was not an active participant on the ground, working on the problem. This separation from the problem of drug abuse resulted in two impediments to

effectiveness: the organization did not focus its research on current topics nor did it respond to those in the field implementing the research.

Many practitioners of drug treatment who were actively working with addicts were critical of NIDA because they were rarely, if ever, included in the organization's planning or research. These were the people who would use the research that NIDA was producing and were also the ones who were most aware of the trends in drug abuse. This limited NIDA's capacity to influence the drug war.

NIDA did little long term planning. They did not change the focus of their research as times and usage patterns changed. The GAO noted that in 1990, most of NIDA's research focused on male opiate users, despite the fact that cocaine and methamphetamines were the greater problem, and that women made up an increasing percentage of users. As attention to the drug problem increased, NIDA's small budget quadrupled, but it did not shift its research (GAO 1990). The failure of the organization to do long term planning and to relate to the practitioners who would make use of their research products meant that NIDA could not provide the results needed to show effectiveness.

A further problem with the agenda pursued by NIDA was that there was almost no research done on the causes of drug abuse. A mere 3 percent of NIDA's budget went to research on that question. Twice that amount went to prevention research, and ten times that went to treatment research (GAO 1991c). The dedication to the application of science to drug abuse may have created a culture that did not contribute to the practical application of that science in a dynamic environment.

Can the Organizational Behavior Approach Explain Drug Policy During the Bush Administration?

The organizational behavior approach appears to explain the perpetuation of the supply-side emphasis. Two of the supply-side organizations, by just following their standard operating procedures, created situations that demanded expanded funding. On the side of demand reduction, the standard operating procedures were flawed, resulting in no outcome that should have led to increased funding. Congress with its “tough on drugs” tactics and the ONDCP with a punitive, supply-side oriented emphasis reinforced the results of the standard operating procedures executed by the supply and demand side actors.

Supply Control Actors

Both the Department of Defense and the Drug Enforcement Agency, with their clearly defined objectives and results, were the most likely to receive the largest share of funding. As they followed their standard operating procedures, they were both able to show clear results. More drug shipments were tracked, many hectares of drug crops eradicated, and many drugs were seized. See Tables 3.1, 3.2 and 3.3. In addition, by pursuing their standard procedures, their actions created bigger problems to address. Military training and equipment led to a need for more of the same. Eradication led to more territory being cultivated, which meant that more needed to be eradicated. These two organizations through their standard operating procedures created outcomes that would keep U.S. drug policy focused on the supply-side.

The State Department carried out the objectives of the Andean Initiative, but its broad responsibility in diplomacy and primary emphasis on negotiation and interaction,

not training or enforcement, placed it in a different situation than the other two supply-side actors. Although it was the only organization to address all aspects of the Andean Initiative, it underfunded crop substitution while emphasizing the well entrenched enforcement and eradication efforts. The areas in which the State Department was clearly pursuing objectives others were not were either not funded well or depended more on negotiation than money to achieve goals. This meant that there was little reason to change funding levels unless the direction and emphasis of policy were to be altered.

Demand Reduction Actors

On the demand reduction side, there was little in organizational behavior that would inspire a sense of success or a shift in drug war emphasis to the institutions charged with providing treatment and prevention. ADAMHA carried out its treatment and prevention efforts through grants to the states, but had no way to check the accountability of the administration of those grants. In addition, it lacked the capacity to present clear evidence of success with its programs. NIDA had long been underfunded, but even when the amount of money flowing to the organization increased, organizational standard operating procedures impeded the success of their research efforts. The failure to do long term planning, to incorporate practitioners in their research, and to stay current with the trends undermined the likelihood that they would receive a larger percentage of the budget. The standard operating procedures would, if anything, point toward a decrease in funding. But despite the lack of organizational effectiveness, the percentage of the budget dedicated to treatment and prevention did increase slightly during the years of the Bush Administration.

Congress and the ONDCP

As long as the public focus was on drugs, Congress would stay “tough on drugs.” To opt for demand reduction and treatment was to appear weak and therefore vulnerable at election time. The orientation toward tough action led to a reinforcement of the supply-side approach, especially through enforcement and interdiction.

The organizing entity, the ONDCP, was new and was personality driven. During the Bennett years, the emphasis on the supply-side was a result of political and moral objectives that framed drug use as criminal. The environment in which the ONDCP and the Executive were functioning demanded politically a strong and punitive approach—responding to public pressure. The moral component of the ONDCP position was partly driven by the personality of the director, but the approach was not new, for the government had historically depicted drug users and dealers as deviants, criminals, or social misfits. The nature of the ONDCP under Bob Martinez, when the organization had little influence, reflected that while a strong coordinating office can help emphasize the direction of policy, the absence of the office does not significantly alter the direction of policy. Under both directors, the emphasis remained on supply-side control.

Is the Organizational Behavior Explanation Complete?

The standard operating procedures of Defense and the DEA should lead to a perpetuation of an emphasis on supply-side programs while, just as clearly, demand reduction programs should receive less of an emphasis because the standard operating procedures of ADAMHA and NIDA did not bring results. The problem arises when the Defense and DEA results are examined. The focus of Defense’s success in interdiction was on how many vehicles were tracked, but this leaves the question of how many were

intercepted. The DEA eradicated many hectares of plants, but how many were replanted elsewhere? Labs were destroyed, but how many were rebuilt? What damage was done to the local economies in other countries? Did that inspire more people to plant coca or poppies, or did it push people to join the insurgents? The assessment that the Defense and DEA approaches resulted in great success that should lead to ever greater funding is based on flawed assumptions. Andreas and Bertram observed: “Washington's measures of efficiency are as misleading in assessing genuine progress in the Andean drug war as “body counts” were in measuring U.S. success in the Vietnam War” (Andreas and Bertram 1991). While this model does explain the perpetuation of the supply-side emphasis in drug policy, the bureaucratic politics model may more fully illuminate this approach.

Figure 6.1 Organizational Behavior: Theoretical Expectation and Analytical Outcome of Organizations Pursuing Standard Operating Procedures, 1989-1992

Organization and Behavior	Expectation	Analytical Outcome
ONDCP: Directs and integrates policy and produces the National Drug Control Strategy.	Takes balanced approach to drug control encompassing both supply and demand control.	*Personality driven organization emphasizes a morality-based policy focused on supply control and law enforcement. *Conclusion: emphasis and funding stay on the supply-side
Congress: Makes drug law and the drug budget. Responds to constituents	Constituents demand punitive action on drugs. Congress takes a tough stance on drugs, leading to a continued emphasis on the supply-side	*Mandated longer sentences for drug trafficking and possession. *Passed tougher drug laws *Looked to law enforcement and supply control agencies to provide immediate tangible results *Conclusion: behavior perpetuates supply-side programs
Department of State: emphasizes diplomatic solutions, negotiation, and foreign assistance	Takes balanced approach, viewing drugs as one of many international political and economic issues. Promotes U.S. position and provides foreign assistance. Supply control programs require increased funding	*Had responsibility for economic development alternatives, but under-funded crop substitution programs, while funding training for enforcement and eradication *Emphasized enforcement and eradication *Conclusion: Approach as it is executed does not appear to require more funding
Department of Defense: emphasizes national security and military solutions	Pursues military training programs and contributes high tech interdiction and intelligence assistance, limiting the flow of drugs to the U.S. Supply control programs require increased funding	*Reluctant to address drug war *Provided training, logistics, and intelligence *More people trained, more shipments tracked, more drugs seized *Conclusion: Organizational behavior should bring more funding to supply-side.
DEA: emphasizes law enforcement solutions	Pursues training, eradication and interdiction, and prosecutes major violators of drug laws, thereby limiting the flow of drugs to the U.S. Supply control programs require increased funding	*More people trained, more drugs interdicted, more drug crops eradicated * Conclusion: Organizational behavior should bring more funding to supply-side.

HHS-ADAMHA: views drug abuse as a public health problem and emphasizes mental health approach to drugs	Grants funds to states for treatment and prevention programs. Effective treatment and prevention programs require increased funding	*Failed to require accountability by states. States used funding for other programs *Little evidence that programs are effective. *Conclusion: No reason to increase funding, as current funds are not used well. Organizational behavior should not have led to increased funding.
HHS-NIDA: views drug abuse as a public health problem and pursues medical and scientific research on drug abuse	Investigates drug abuse, its causes and effects, with the goal of reducing the use of drugs. Useful research requires increased funding.	*failed to stay current with drug trends * failed to incorporate practitioners in research *Conclusion: No reason to increase funding when research does not address current problems. Organizational behavior should not have led to increased funding.

CHAPTER 7
THE CLINTON YEARS:
AN ORGANIZATIONAL BEHAVIOR ASSESSMENT

The 1990s were marked by dramatic changes in the nature of drug use and trafficking. Heroin grew in popularity, Mexico became a major supplier of cocaine, and FARC guerrillas in Colombia became clear players in the drug trade. Within the drug policy establishment, the Clinton Administration first decimated the ranks of the ONDCP, reducing it from 146 to 25 employees, and then as concern about drugs grew, let it return its previous size. The two drug czars championed treatment and prevention, but the balance of the budget between supply-side and demand reduction programs did not change. In this chapter, I will examine whether the standard operating procedures of the institutions involved in drug policy during the Clinton Administration could have led to the perpetuation of the status quo in the balance between supply-side and demand reduction programs.

ONDCP

The Office of National Drug Control Policy was hindered in its operation during the first few years of the Clinton Administration by three factors: the perceived irrelevance of the office at the end of the Bush Administration; a lack of support from the President; and a sharp reduction in staff. As part of his campaign promise to reduce the size of the Executive Office of the President, Clinton decreased the size of the ONDCP from 146 to 25 employees. This affected the ability of the office to coordinate and shape policy. The reduction also affected the ability of the ONDCP to present its initiatives

before Congress. Members of Congress, already displeased with Clinton's lack of attention to the drug problem, did not approve of the slashing of personnel at the ONDCP because the office had become a symbol of the nation's commitment to the drug war.

When Dr. Lee Brown, former head of the police departments of New York, Atlanta, and Houston was sworn-in as the new director, he was described by Clinton as "a drug trafficker's nightmare, a cop with a doctorate or a doctor of criminology with a badge" (Clinton 1993e, 968). Brown had strong views on drugs, having seen the destruction addiction could wreak when he worked as a narcotics officer (Massing 1998, 209). Since the influence of the ONDCP is strongly related to the personal ability of the director to use the office as a bully pulpit, the choice of Brown should have signaled coming success. However, taking the already weakened office, with a president perceived to not be placing much emphasis on the drug issue, undermined Brown's ability to carry out his initiatives.

Brown's first report brought out four main goals to be achieved. They were: to reduce the demand for illegal drugs, particularly through treatment of addicts and heavy users; to reduce drug-related activities and violence through community policing efforts; to deemphasize interdiction programs; and to increase international cooperation through the building of democratic institutions, especially in the judicial and law enforcement arenas, and through promoting alternative agricultural development. These goals were consistent with the rhetoric of the White House regarding the importance of treatment and prevention, but when decisions were made, Brown did not have the support from President Clinton that he thought he had, and he was often left out of the loop, despite having a seat on the president's cabinet (Massing 1998, 212-216).

Lee Brown's initiatives in community policing were well received and successful. They also were presented at a time when public concern about crime was high. His efforts to push for treatment for hard-core addicts did not fare well, even though this group consumes most of the drugs that come into the United States. Brown knew that hardcore users drive demand for drugs, as they use, for example, over two-thirds of the cocaine used in the United States even though they make up one-quarter of the drug-using population. In Brown's words, "Reduction in demand for drugs requires reduction in the hardcore user population. And reduction in this population will be accomplished most cost-effectively through drug treatment. For this reason, drug treatment for hardcore users was the central initiative in the National Drug Control Strategy" (Brown 1995).

The strong shift toward treatment, especially of hard-core addicts, and the shift away from interdiction to source country programs captured the attention—and the ire—of Congress. By 1995, there was a strong move afoot in Congress to eliminate the ONDCP altogether because of its perceived lack of influence. The initiative may have been more of a response to President Clinton's action on drug policy than it was to Brown and the ONDCP. Senator Orrin Hatch (R-UT) said of Brown, "He is a very fine man. He was a good selection for this position. I believe he has given his heart and soul to it to the extent that he could. He has done a credible job. But I have to say the administration has barely paid any attention to him and his efforts on this issue. Unfortunately, under this administration drug control policy is in utter disarray" (Cong. Rec. 1995, S18396).

In March 1996, General Barry McCaffrey succeeded Brown as the ONDCP Director. McCaffrey, like Brown, was an advocate of treatment and prevention,

believing that demand reduction could work. His focus was not on hard-core addicts, but rather on keeping young people from starting to use drugs. The number one priority of the 1996 National Drug Control Policy was to “motivate America's youth to reject illegal drugs” (McCaffrey 1996). McCaffrey had experience with supply-side policies, having served at SOUTHCOM and having overseen numerous military counter-narcotics efforts. When he came into office, he “met with hundreds of drug policy experts” to be well informed on his topic (Allen 2000). His background may have been military, but he was committed to the work of treatment and prevention, and earned the respect of demand-reduction actors.

Personality and policy delivery proved to be fundamental for the success of the ONDCP Director once again. Lawmakers and drug policy experts from both sides of the argument were full of praise for McCaffrey and the 1996 National Drug Control Policy, even though it had been only slightly changed from the 1995 version. McCaffrey had raised the profile of the drug issue in the weeks leading up to the release of the document, and had demonstrated extensive knowledge of the problem and its costs (ADAW 1996). He also had the support of the White House, as rising drug use among teens had put drugs back on the agenda.

When he left office, McCaffrey had served longer than any other drug czar. He was also still receiving praise for his strong leadership, his ability to work with the various federal agencies involved with counter-narcotics, his balanced treatment of the issue, and his ability to maintain a high profile status for the drug issue (ADAW 2000b). In the time he was in the office, the size of the office increased to about the size it was under former ONDCP Director William Bennett and many of those new positions were

filled by detailees from the Department of Defense. According to some of his former aides, he was a “fiercely meticulous employer.” But, similar to Bennett, “once he made a decision on policy, “debate was shut off” and he dismissed “suggestions from experienced staff members” (Allen 2000). His presentation of policy was shaped by his years in the military. He used a systems-style approach, offering five goals, numerous objectives and performance targets (Massing 1998, 222).

In the effort to encourage young people to reject drugs, the first goal of U.S. drug policy during his tenure, McCaffrey thought it fundamental to change public perception of drug use. He sought to counter the glamorization of drugs and to raise awareness of the dangers of drug use. To this end, he initiated a two billion dollar media campaign, the most expensive public health campaign in U.S. history, intended to discourage young people from getting involved in drug use. This campaign, which included a billion dollars of federal funds, accounted for a significant portion of the budget committed to education and prevention programs. Critics of the program argued that while it raised awareness, it did not guide people to treatment or prevention programs, nor did it show parents how to talk to their children about drugs. In addition, it may have raised demand for treatment and prevention programs at the local level when those programs were not available, as there had been no major new investment in treatment and prevention efforts to accompany the media campaign (Dejong and Wallack 1999).

McCaffrey brought to the ONDCP a military style and mindset combined with a commitment to prevention and treatment, and an understanding of the need for a balanced approach to the drug war. Because of his charisma and ability to work with the various organizations, including Congress, McCaffrey brought influence to the office. By the

time he left the ONDCP, not only was there no mention of abolishing the office, there were questions as to who could fill his shoes. Although he “injected more intelligence, energy and justice into the drug issue than any predecessor” and strongly supported prevention and reducing use among young people (Allen 2000), the distribution of the budget remained staunchly focused on the supply-side, with two-thirds of the budget still committed to those programs.

Both Lee Brown and Barry McCaffrey were committed to the pursuit of treatment and prevention programs. While one of these drug czars lacked crucial presidential support, the other did not. While that lack of support could explain why Brown was unable to implement the treatment agenda he desired, McCaffrey’s tenure, which was marked by presidential backing, also failed to shift the funding balance toward prevention and treatment.

Congress

Republican and Democratic members of congress were not pleased with the lack of action by President Clinton during his early years in office. Speaking on *Meet the Press* in April 1996, Senator Joseph Biden (D-DE) said, “The President is silent on the matter. He has failed to speak” (Cong. Rec. 1996a, S4279). Senator Paul Coverdell (R-GA) said, “In his first three years in office, President Clinton abandoned the war on drugs” (Cong. Rec. 1996a, S4278). The drastic reduction in staff at the ONDCP and the cuts in interdiction, combined with presidential failure to back the initiatives of the ONDCP in treatment for hard-core drug addicts in the early years of the Clinton Administration implied a vacuum in the area of drug policy, a void easily filled by congressional initiative. Senator Alfonse D’Amato (D-NY) illustrated this with these

words: “This is our clear, undeniable message: If the administration refuses to be a leader on this issue, then we will (Cong. Rec. 1996b, S3241).”

Congress had the responsibility not only for approving the drug war budget, but also for reauthorizing the existence of the ONDCP. As early as February 1993, Senator D’Amato was encouraging the Executive to not abandon the gains that had been made in drug policy. He particularly noted the gains made in cooperation among the supply-side actors. He also pointed to the importance of the ONDCP, which, “despite its shortcomings,” was created “to see the whole forest instead of just the trees, and chart a path through the forest for this country” (Cong. Rec. 1993, S1662). By 1995, the ONDCP was in danger of being abolished. Concern over the lack of efficacy of the ONDCP and over the direction of drug policy during the early years of the Clinton Administration almost led Congress to terminate the office.

When Congress created the ONDCP, it was an exercise in symbolic politics. Congress was attempting to reassure the public that something was being done about the drug problem. “Czars” have historically not been effective (Stolz 1995). Since it was originally authorized for five years, it could have disappeared in 1993, but still existed in 1994. In 1995, Senator Richard Shelby (R-AL) led a campaign to abolish the ONDCP. The efforts of Senator Joseph Biden (D-DE) and Senator Orrin Hatch (R-UT) led to the defeat of the legislation, and the ONDCP survived, even though its reauthorization was for only one year.

The lack of leadership on drugs from the presidency opened the door to Congress to exercise its power on the issue. Because of the need to appear to be taking strong action on drugs, as noted in the last chapter, congressmen generally favor supply-side

measures. The tendency to be “tough on drugs” created an environment where Lee Brown’s requests for funding for treatment for hard-core addicts, including addicts who were already incarcerated, were not heeded. The public expected Congress to take action to control drugs, particularly punitive action. Treatment and prevention were not “tough” approaches. This preference for punitive and law enforcement responses to the drug problem was evident in the distribution of the marginal resources available for counter-narcotics between FY 1993 and FY1998. Each year the ONDCP requested that more of the funding go to treatment and prevention. In five of the six years, the additional funds were allocated to law enforcement programs (Carnevale and Murphy 1999).

International programs were also a focal point for Congress. A poll in 1995 revealed that 85 percent of Americans believed that “stopping the flow of drugs” was a “very important” foreign policy goal (Falco 1996, 120). This interest by the public meant that lawmakers would be active in pursuing policy initiatives in the international arena. Two ways congressmen could appear to be doing something about stopping the flow of drugs were supporting eradication and promoting interdiction programs. These were particularly effective for Republicans hoping to attract attention to the efforts of their party in fighting drugs.

Another area in which Congress exercised its muscle was that of certification. Each year, the President evaluates whether countries where drugs transit or are produced are cooperating with the United States or making a significant effort in counter-narcotics. If a country is not certified, it loses most of its aid from the United States and is not supported by the United States in its applications for loans. If there are vital U.S.

interests at stake, the President can extend national interest certification even if the country is not deemed to be cooperating fully.

The certification process had not been used much during the Bush years, and the only countries decertified for failing to fight the drug war were countries with which the United States already had minimal relations. Being tough on drugs by opposing the certification of countries like Mexico, Colombia, Peru, and Bolivia was a powerful symbolic action by congressmen, and yet it cost nothing financially. Instead of accepting recommendations from the executive branch that countries be certified as doing their best in fighting the drug war, Congress challenged presidential decisions to grant a national interest waiver to Colombia in 1995, sharply criticized the decision to certify Mexico in 1996, and nearly decertified Mexico in 1997 (Doherty 1997). The rhetoric of congressmen challenging the Administration's decision to extend certification of Mexico often pointed to corruption in Mexico and the high level of trafficking occurring there. In the same statement they would go on to discuss the danger this posed to "the safety of our children, the safety of our schools, the safety of our streets and the very security of this Nation" (Cong. Rec. 1997b, H852.) Another statement on this theme was that of Senator Judd Gregg (R-NH), who said, "withholding full certification to Mexico would send the right message from the American people to the Government of Mexico, and that message is that the status quo is not acceptable" (Cong. Rec. 1997a, S1791).

Senator Christopher Dodd (D-CT) responded to these criticisms of Mexico and the Clinton Administration's decision to certify by turning the focus back to the United States and putting certification in perspective. He said:

We need to try to keep this in perspective. As angry as we get about what happens in nations and countries in Asia and Latin America, and especially with respect to our neighbors to the south, it would be healthy if we also would take some time to recognize that children in Chicago, or Hartford, or Atlanta, or Los Angeles are not consuming this illegal drugs solely because somebody in Mexico wants them to. It is also because we are not doing enough here at home, to address some of the underlying reasons why these children are driven to use drugs.

The idea that if we scream loud enough at these other countries, we are going to somehow solve the problem here at home without doing anything else ourselves, I don't believe is a foolhardy notion. We need to figure out a way in which to get far better cooperation with other nations in addressing the supply side of the equation while at the same time working here at home on demand. (Cong. Rec. 1998, S2646)

Congress focused on supply control, but some congressmen, all democratic, championed treatment and prevention. Senator Paul Simon (D-IL) was particularly active in promoting treatment. He said, "Our failure to provide drug treatment for people who need it is short-sighted. We demagog on the crime issue and pretend we are really doing something when we create 60 new causes for capital punishment and set more mandatory minimums. The reality is we are doing nothing through those things to reduce the crime rate" (Cong Rec. 1995b, S2424). Senator Edward Kennedy (D-MA) lamented that:

While resources for law enforcement efforts to reduce the supply of drugs have grown dramatically in recent years, resources for treatment have decreased. In

1996, Congress slashed substance abuse treatment and prevention programs by 60 percent, and attempted to cut the Safe and Drug Free Schools Program in half.

The House has proposed only minimal increases for fiscal year 1997 over these drastically reduced levels. (Cong. Rec. 1996c, S11365)

Treatment faced strong opposition however, especially from those critical of the Clinton Administration's strategy. Congressmen complained that the emphasis in the drug war had shifted and that money was flowing to treatment. Treatment programs which they argued were having little result (Cong. Rec. 1996d, H2308). As House International Relations Committee Chairman Benjamin Gilman (R-NY) put it, the Clinton Administration was "attempting to win a war by treating the wounded here at home." Treatment was an approach perceived to "at best produce limited results." Source country and other supply-side programs during the Reagan and Bush Administrations, Gilman argued, brought monthly cocaine use down by 80 percent by driving prices up and purity down (Cong. Rec. 1996e, E1289).

Party differences were very present in the ongoing debate over drugs. Democrats called for expansion in treatment in addition to supply-side programs. Republicans proclaimed the success of the interdiction and international programs carried out by the Reagan and Bush Administrations. At the same time, they criticized Clinton for moving away from interdiction, changing the focus of international programs and putting an emphasis on treatment.

As evidenced in this quote by Congressman Bill McCollum (R-FL), Congress saw the importance of treatment and prevention programs, but faced with large amounts

of drugs entering the country, they faced a political imperative to control the influx of drugs in order to appear to their constituents that they were taking action.

One of the reasons we have so much trouble with our prevention programs and with our law enforcement efforts in fighting narcotics today is because drugs are in more plentiful supply and cheaper than they have ever been....We need to spread the word out into the community to reduce this demand and use of drugs by education and every way we possibly can. We need to have better treatment programs and so on.

But when it comes right down to the crux of this, if we continue to inundate our Nation with the quantity that is coming in now, it is not going to be possible to manage this from the demand side alone. (Cong. Rec. 1998b, H885)

Treatment and prevention, if they were accepted as effective programs, took a backseat to supply-side action. This powerful emphasis on the supply-side would have helped perpetuate the status quo in drug policy.

Supply Control Actors

Department of State

The statement of Robert Gelbard, U.S. Assistant Secretary of State for International Narcotics and Law Enforcement Affairs (INL), before the Subcommittee on the Western Hemisphere of the House International Relations Committee in 1996 was very revealing about State's approach to progress in international drug control:

This effort must be sustained. Success in a single year is not necessarily permanent.

You might ask yourselves why we have asked for so little money to combat the

drug trade overseas when the magnitude of the threat is so great. The answer, I believe, is that our request... provided it is sustained and incrementally increased over time, provides insurance for drug control programs with measurable results... uneven funding from year to year produces uneven results.(State 1996, 310)

Until Plan Colombia was initiated, Bureau of International Narcotics and Law Enforcement Affairs (INL) yearly received approximately one percent of the total federal drug control budget. Approximately 60 percent of that funding was spent on source country programs in Colombia, Peru, and Bolivia. Those initiatives included aerial and manual eradication of coca and opium poppy crops, alternative development programs to help coca and poppy farmers shift away from their illicit crops, support of host country law enforcement, and strengthening of judicial and other democratic institutions (State 1996, 310-311).

From Assistant Secretary Robert Gelbard's comment, it is apparent that the State Department was seeking stability in its budget in order to maintain and slightly expand its programs. It was not attempting to gain new funding for new initiatives. Its priority was to maintain, without interruption, its functioning programs.

For State, the most important of these programs are those that build democratic institutions. In testimony in 1995, Gelbard referred to these programs as "central" to the effort to stop the flow of drugs (State 1995, 839-843). In 1996, he said that:

Our most effective means of achieving and maintaining positive results are training and assistance programs that help the source countries develop strong legal frameworks and help build credible democratic institutions. Strong institutions will be better prepared to eradicate and control cultivation, to

dismantle top crime and drug syndicates through investigation and prosecution, and to interdict drug shipments. (State 1996, 310-311)

The training programs designed to reduce corruption and to strengthen judicial, law enforcement, and other institutions formed the foundation for any other programs to be carried out. Without a functional state governing, it would be difficult, if not impossible to execute the eradication, interdiction, and alternative development programs also being pursued as part of the source country strategy.

The other key area of action for State was eradication of coca and opium poppies, in an effort to eliminate the crops that yield the drugs. Again, looking to the capacities of the governments of the source countries, State emphasized that eradication programs had to be accompanied by alternative sustainable development programs (State 1996, 310-311). State apparently recognized the problem identified in the previous chapter that governments, particularly fragile or new democracies, could not carry out eradication programs unless they maintained the support of their populations through providing other viable development possibilities. Although the plan was to address these varied approaches to the cultivation of coca and poppies, in the process of developing aerial eradication programs, the Narcotics Affairs Section of the U.S. Embassy in Bogota ran into problems. The cost of the aerial eradication programs escalated from \$19 million to \$34 million during 1997. This increase, which addressed unforeseen costs, meant that the Narcotics Affairs Section was not able to fund police interdiction training, demand reduction programs, or institution-building initiatives (GAO 1998b, 7). Despite the commitment to a broad range of activities to counter narcotics production, the emphasis became eradication programs.

Certification

While aid may have been a carrot, certification was the stick in implementation of counter-narcotics efforts in source countries and those that were major transit countries. The Department of State viewed the certification process as “one of the most powerful and cost-effective tools in our counter-narcotics arsenal” (State 1995). The threat of losing U.S. aid and not being supported for international development loans was powerful indeed. After receiving a national interest waiver, Colombia forcefully cracked down on the Cali cartel, arresting its leaders. Mexico and Bolivia increased their eradication efforts when faced with the threat of decertification (State 1995).

For State, certification was a means of persuasion to achieve counter-narcotics objectives.

Plan Colombia

On July 13, 2000, the United States committed to support Plan Colombia, a broad plan to address the intractable problems of Colombia, including drug trafficking and the guerrilla insurgency. The plan was proposed by the government of Colombia, which then sought international aid to carry out the \$7.5 billion program. The United States agreed to help Colombia, offering \$1.3 billion, but kept its participation focused on the U.S. interest of counter-narcotics. This new initiative sharply increased the budget for the State Department, as it was the lead agency for implementation. The planned actions, including institution building, alternative development, support for interdiction and eradication, were very similar to those already carried out by State, they were just much more extensive.

The first two years of the Plan were to begin in southern Colombia with a rapid expansion of programs addressing institution building, social action, and alternative development. These programs were intended to help establish security, to strengthen the Colombian government presence in the area, and to facilitate the implementation of the other parts of the plan. Next, there would be an increase in interdiction activities, and then, by the end of the year, eradication efforts would begin. Public outreach and publicity about the program were carried out on the national level to encourage support for initiative of Plan Colombia and to prepare people for its nationwide implementation (State 2000c).

Although the program sharply increased the funding for State, it was not State's efforts or its operating procedures that led to the policy or the funding increase. The testimony of Gelbard on two separate occasions reflects that the Department of State was making a concerted effort to just maintain its budget in counter-narcotics so that it could continue to pursue the programs it had initiated.

Department of Defense

Through the 1990s, the Department of Defense continued to detect and monitor drug trafficking activity, and to provide logistics support and intelligence to law enforcement organizations. The U.S. military also continued to provide training to Latin American militaries and to supply equipment, including Blackhawk and Huey helicopters. At the end of the decade, when Plan Colombia was introduced, most of the money approved for counter-narcotics under the plan was committed to training or equipment for the Colombian military.

The Department of Defense had only reluctantly taken on a role in the drug war in the early 1990s, but SOUTHCOM embraced the mission as a way to maintain the U.S. military presence in Latin America and to maintain the Defense budget for Latin America. It also seemed to be a way to strengthen local military and police forces to support the political systems in the face of poverty and corruption (Youngers, Brackley, and Murillo 2000, 16-19). Although the Defense Department was committed to the drug war, within its ranks there were many who were critical of the mission. They were critical because it took the military away from its traditional role, because it was not effective, and because it required them to work closely with militaries accused of human rights abuses (Zirnite 1997, 22-23).

When the Defense Department committed to fighting the drug war, it was the only war they had. By 1998, the counter-narcotics effort was no longer a high priority, as evidenced by the Defense Department ranking it last among its priorities on its mission statement (Cong. Rec. 1998c, S7083). By 1999, conflicts in Bosnia and Kosovo were higher priorities than activities like monitoring and detecting drug traffickers in Latin America. This was clear when SOUTHCOM wanted to expand surveillance to promote source country control, but Defense did not provide the resources to meet SOUTHCOM's request, as there was a greater need for those resources elsewhere (GAO 1999, 19). In 1998, the Defense Department requested that its counter-narcotics operations be funded at about the same levels as the year before, a clear change from the beginning of the decade when military counter-narcotics funding was increasing rapidly.

The Defense Department supplied training, equipment, and logistical support to the drug war in Colombia, but avoided intervention. Colombian troops, not U.S. troops

carried out the counter-narcotics mission. Even as Plan Colombia was initiated and military aid levels to Colombia rivaled those of aid to Central America during the 1980's, the role of the U.S. military remained one of support, not direct action. Among the lessons the military learned from Vietnam was that the social, cultural, and economic problems entwined with the conflict may be great enough to keep any superior military force or intelligence from succeeding in its mission (Zirnite 1997, 22-23).

The Department of Defense reluctantly became involved in the drug war in 1989 as the Cold War came to an end. The monitoring and training activities provided a venue for troops to use their skills and equipment. When other conflicts emerged around the world, from Somalia to Bosnia and Kosovo, the drug war fell as a priority. Traditional military actions took priority over counter-narcotics missions. Although more money was spent on military initiatives in the drug war during the Clinton years, for Defense, drug control was no longer a top national security priority. The standard operating procedures shifted attention away from the drug war toward other conflicts. That shift should not have led to an increase in funding, and yet Defense did receive funding increases for counter-narcotics work.

Drug Enforcement Agency

As the nature of drug trafficking changed through the 1990s, the DEA altered its mission to respond to those changes. The mission of DEA has always been to enforce drug laws and bring drug traffickers to justice, but during the Clinton Administration, the DEA adjusted its approach to that counter-narcotics mission in order to address the new challenges presented by the drug trade. Since its founding in 1973, the DEA had focused on the highest levels of international and domestic drug trafficking. In the 1990s, it began

to address drug trafficking as a “seamless continuum” from high-level international traffickers to domestic street-level dealers (GAO 1999b, 32). It viewed international and domestic drug trafficking as interrelated, with each necessary for the other to exist.

As part of this new approach, it began working more with state and local law enforcement and dedicating more resources at that level. Between 1993 and 1999, the total number of DEA state and local task forces increased from 100 to 179. In that time frame, the budget for state and local efforts increased from \$82 million to \$105.5 million (GAO 1999b 35). On the international level, it started using more intercepted communications to track and disrupt international trafficking organizations and it helped establish and train a group of special police units that operate in source countries (GAO 1999b, 6).

The overall budget of the DEA increased from about \$921 million to \$1586 million between 1993 and 2000, with almost all the increase coming after 1996. The number of employees increased from 7266 to 9141 (DEA 2003c), the number of intelligence specialists more than doubled, and the number of special agents increased by 40 percent (GAO 1999b, 27-28). It is the lead agency for drug law enforcement in the United States, and its budget grew as the federal budget for drug law enforcement increased.

The DEA’s position in drug control was quite different from the other supply-side actors studied here. State viewed the drug problem in an international context and attempted to address it through diplomacy and programs that recognize the social and political consequences of drug trafficking. Defense also saw the international context but viewed the problem in terms of national security and military solutions. Using the

approach of the “seamless continuum,” the DEA was addressing the international and domestic facets of the problem simultaneously. It was also looking at the problem specifically in terms of law enforcement. Domestically, most of the budget for drug control is allocated to law enforcement. This is consistent with Senator Dianne Feinstein’s (D-CA) comment that the war on drugs “is fought on the streets,” and that “Law enforcement cooperation ... is where the rubber hits the road in counter-narcotics” (Cong. Rec. 1998a, S2638).

Because the DEA is a law enforcement agency, its agents were trying to solve a *crime* problem. In the international trade, the cultural, social, and economic factors that underpin the trade were not important. The important factor was the degree of cooperation and support offered by the host country police and military. For example, in the decision as to whether a country should be certified for cooperation in the drug war, corruption that impeded cooperation was more of a telling factor in a country than was any high level political agreement or apparent advances in drug control. The more universal mission that the DEA adopted in the 1990s, especially with its aid to domestic efforts could well have driven the supply-side part of the counter-narcotics budget to be perpetuated, particularly that dedicated to funding the Drug Enforcement Agency.

Demand Reduction Actors

Health and Human Services: SAMHSA (CSAT and CSAP) and NIDA

While the DEA approached the drug trade as a crime problem and its professionals had backgrounds in law enforcement, the professionals in treatment and prevention approached drugs as a health problem and their researchers had backgrounds

in medicine and academia. This background shaped the culture of these institutions and the way they presented their programs.

SAMHSA was created in 1992 as ADAMHA was restructured. The two entities in SAMHSA most pertinent to treatment and prevention were the Center for Substance Abuse Treatment (CSAT) and the Center for Substance Abuse Prevention (CSAP). The organizations had difficulties during the 1990s. SAMHSA almost ceased to exist as a separate entity in 1995, as it was nearly incorporated into the Health Care Financing Administration and Health Resources and Services Administration (Disappoints 1995, 1). CSAP, also fared poorly and saw its funding slashed in the mid 1990s. CSAT, however, was successful, having carved out a position in the forefront of treatment by providing information and by promoting innovative ideas in drug treatment (Stoil 1998, 6).

CSAP

The Center for Substance Abuse Prevention was designed to provide assistance—both information and funding—to states and communities providing grassroots and community-based prevention efforts. It provided grants to communities and spread the word about those programs that were successful. The problem was that NIDA did research in the area of community-based prevention, and already was providing information to communities. CSAP was not providing much new information, and NIDA remained the main source of information on community prevention programs. In fact, CSAP's most widely distributed booklet on drug prevention was actually a NIDA publication (Stoil 2000, 9). Another problem for CSAP was that part of its prevention effort was directed at alcohol, not drugs. This made CSAP a target for the alcohol industry, which complained that CSAP was inappropriately using public funds to

advocate for restrictions on the industry, including limits on the advertising of alcohol (ADAW 1995, 2). The redundancy of its efforts in community prevention and the opposition to its activities in prevention of alcohol abuse were both aspects of its operating procedures that would have likely led to less funding, not more funding.

CSAT

Treatment programs faced a difficult problem for many years: there was very little hard evidence that treatment worked (Apsler 1994), 46. This changed in 1997 when the results of a five-year study of those who were treated in federally funded treatment programs (CSAT programs) showed that drug use had dropped by an average of 50 percent one year after treatment. The SAMHSA administrator, Nelba Chavez said that this “confirms what we have been saying for years: that federal alcohol and drug treatment programs work and have lasting, positive effects on individuals in critical need of help”(Alc. Rep. 1997, 1).

Another marked change for the treatment field was evident in 2000 when SAMHSA’s Center for Substance Abuse introduced its National Treatment Plan. As noted in Chapter 6, one problem the organizations responsible for treatment and prevention had was that they often failed to include the larger community in their plans, research, and efforts. This plan was designed to help in closing “the addiction treatment gap, reducing stigma, improving the treatment system and linking services and research.” Support for it among key figures was unanimous. That support was existed because CSAT included state and local government actors, the advocacy community, and representatives of other federal agencies in the drafting of the plan (ADAW 2000a, 1).

CSAT reinvented itself in the 1990s, building on its original mandate of making federal block grants for state and community treatment programs. CSAT became known for providing information on treatment topics ranging from treatment of adolescents to how to start treatment programs in rural areas. It also became known for promoting innovative ideas in drug treatment (Stoil 1998, 6). The new evidence of the effectiveness of drug treatment along with the aspects of its operating procedures—the inclusive nature of its initiatives and its increased ability to provide information on treatment—should have resulted in more funding for treatment.

NIDA

Research on NIDA led political scientist James Rogers to observe that drug “research has yet to build a solid foundation for a major shifting of priorities away from law enforcement and interdiction to prevention and treatment, should the day arrive when that fundamental change is made” (Rogers 2000, 621-640). He based his observation on several different aspects of NIDA’s operating procedures. First, most of NIDA’s research grants are awarded to the medical establishment of the nation’s colleges and universities for basic medical research on drug abuse. Although some of the medical research programs have been going on for years, the research done has not been directly applicable to the problem of treatment and prevention. The ongoing nature of many of these programs has resulted in a significant share of the budget being committed, leaving less flexibility to fund more research on practical applications in treatment and prevention. The emphasis on medical research has produced a large body of knowledge on drug abuse, but it has been disjointed and there has been little evidence that it has impacted policy (Rogers 2000).

As noted here and in Chapter 6, the research financed by NIDA often has little to do with the work of treatment and prevention professionals. Recognizing the disjuncture between research and treatment, the Director of NIDA, Alan Leshner, encouraged treatment providers and researchers to work together. In his words, “We are the science guys, not the policy guys ... We would hope policy is reinforced by science. The scientific enterprise can't do this alone ... Our [only] justification is ... if the research is useful and used” (ADAW 1998). NIDA’s operating procedures committed a significant portion of their resources to research that had little practical impact on treatment or prevention. If the goal of national policy is to reduce drug use, then the current operating procedures of NIDA give little reason for a shift from the emphasis on the supply-side.

Can the Organizational Behavior Model Explain Drug Policy During the Clinton Administration?

The organizational behavior approach only partly explains the perpetuation of the supply-side emphasis. The behavior of the Congress, DEA, and NIDA and CSAP could have led to the continuation of the supply-side emphasis. Congress continued to pursue a hard line policy toward addicts, traffickers, and drug-producing countries. The DEA expanded its mandate to address the “seamless continuum” of the drug trade from the international to the street level deal, which inevitably required increased funding to meet the expanded law enforcement effort. CSAP and NIDA were both institutionally weak, providing services and research that had little impact on drug use, so would not have been likely to receive increased funding.

The behavior of the ONDCP, the State Department, the Defense Department, and CSAT, through their organizational behavior, could have all produced a changed

outcome in the balance between the supply and demand side. The ONDCP favored treatment and prevention programs as primary goals of U.S. drug policy. Had these policies been implemented, they would have shifted the balance in the favor of demand reduction. The Department of State was asking only for moderate increases in its budget with the goal of continuing existing programs. Likewise, the Department of Defense did not ask for large funding increases, as the conflicts in Somalia, Bosnia, and Kosovo took priority over any commitments to counter-narcotics efforts in Latin America. Federal treatment programs, embodied in CSAT, grew more effective and could have helped tip the scales for treatment, but despite ONDCP support for treatment, this shift in budget did not result from CSAT's institutional behavior.

Supply Control Actors

On the supply side, the Department of State and the Department of Defense were not seeking large increases in their budgets. The State Department sought only marginal increases in its funding in order to maintain its programs. It recognized that fluctuations in funding hurt its programs. With the implementation of Plan Colombia, instead of receiving gradual increases, State received a large increase in drug funding as the lead organization for the implementation of the plan. The Department of Defense, by the mid-1990s, had priorities other than the drug war. While the drug war had provided a way for soldiers to keep their skills honed either through surveillance or through training others, traditional conflicts were the core of the mission of Defense. So, the Defense Department received millions more in funding than it had requested for a program that it did not perceive as central to its mission of national defense. Its operating procedures clearly should not have resulted in an increase for funding for its counter-narcotics efforts, yet

that is what occurred. The situations of State and Defense in their operations regarding drugs are not consistent with an explanation that the organizational behavior model could provide.

Only the DEA, as it increased its mission to encompass the “seamless continuum” of drug trafficking would have helped to drive the budget increase for supply-side and the perpetuation of the status quo in the distribution of the budget.

Demand Reduction Actors

On the demand reduction side there was also a split in the explanatory power of the organizational behavior model. The proven success of the treatment programs provided by CSAT and its ability to incorporate the ideas and needs of practitioners in its efforts are two factors that should have implied additional funding for treatment. Instead, the improved operating procedures and program success did not result in a positive shift in funding. On the other hand, institutional weaknesses of both CSAP and NIDA should not have led to more funding, and this was the case. CSAP failed to provide effective prevention programs and did not offer innovative ideas in prevention, instead distributing research that had been done by NIDA and other organizations. NIDA failed to be effective in the drug war by expending too much of its funds on research that was only tangentially related to the immediate problems of drug use in the United States. NIDA and CSAP by their operating procedures would have contributed to the continuation of the low level of funding for research and prevention programs. CSAT with its success in treatment should have been in a position to pull attention and funding to demand reduction.

ONDCP and Congress

Again, the organizational behavior model coincides with the outcome of one of these institutions, but not the other. If the operating procedures of the ONDCP had led to a shift, it would have been toward treatment and prevention. The ONDCP placed treatment and prevention as its highest priorities, and not just in its rhetoric. The drug czars during the Clinton years lobbied for and promoted treatment, in the case of Brown, and prevention, in the case of McCaffrey. Despite this attention to the demand side of drugs, their efforts failed to shift the fundamental balance between the supply-side control and demand reduction, so the organizational behavior model does not explain the situation. The Congress was devoted to taking a tough stance on drugs and marginalized treatment and prevention as necessary to the counter-narcotics effort, but as inefficient and “soft.” The procedures of Congress would have maintained the status quo of emphasis on supply-side control, so the model is partially explanatory.

Conclusion

The organizational behavior model has limited explanatory power in the perpetuation of the supply-side emphasis during the Clinton years. The behavior of Congress and the DEA would have resulted in a supply-side focus, especially given the weaknesses of CSAP and NIDA. But, the behavior of the ONDCP, the Department of State, and the Department of Defense as well as the successes of CSAT should have shifted the emphasis to some degree toward treatment and demand. This did not occur, as the budget continued to be distributed with two thirds of funding dedicated to supply control and one third to demand reduction. As this model cannot fully explain the

perpetuation of the supply-side emphasis, it may be that the bureaucratic politics model will.

Figure 7.1 Organizational Behavior: Theoretical Expectation and Analytical Outcome of Organizations Pursuing Standard Operating Procedures, 1993-2000

Organization and Behavior	Expectation	Analytical Outcome
ONDCP: Directs and integrates policy and produces the National Drug Control Strategy.	Takes balanced approach to drug control encompassing both supply and demand control.	<ul style="list-style-type: none"> *Brown and McCaffrey placed treatment, education and prevention as highest priorities in rhetoric and action *Lobbied to shift emphasis to those programs * Behavior should not have perpetuated the current balance
Congress: Makes drug law and the drug budget. Responds to constituents	Constituents demand punitive action on drugs. Congress takes a tough stance on drugs, leading to a continued emphasis on the supply-side	<ul style="list-style-type: none"> *Mandated longer sentences for drug trafficking and possession. *Passed tougher drug laws *Looked to law enforcement and supply control agencies to provide immediate tangible results *Deemed treatment and prevention inefficient *Conclusion: behavior perpetuated supply-side programs
Department of State: emphasizes diplomatic solutions, negotiation, and foreign assistance	Takes balanced approach, viewing drugs as one of many international political and economic issues. Promotes U.S. position and provides foreign assistance. Supply control programs require increased funding	<ul style="list-style-type: none"> *Asked for minimal budget increases in order to maintain programs. *Received large increases for Plan Colombia *Conclusion: Organizational behavior should not have led to increased funding.
Department of Defense: emphasizes national security and military solutions	Pursues military training programs and contributes high tech interdiction and intelligence assistance, limiting the flow of drugs to the U.S. Supply control programs require increased funding	<ul style="list-style-type: none"> *Reluctant to continue pursuing drug war *Drug war keeps soldiers' skills honed, but is not central to the military's national security mission *Asks for minimal budget increases, but receives large increases * Conclusion: Organizational behavior should not have led to increased funding.

DEA: emphasizes law enforcement solutions	Pursues training, eradication and interdiction, and prosecutes major violators of drug laws, thereby limiting the flow of drugs to the U.S. Supply control programs require increased funding	*Expanded its mission to address the “seamless continuum” of drug trafficking *More people trained, more drugs interdicted, more drug crops eradicated * Conclusion: Organizational behavior should bring more funding to supply-side.
HHS-CSAT: views drug abuse as a public health problem and emphasizes mental health approach to drugs	Grants funds to states for treatment programs. Effective treatment programs require increased funding.	*CSAT’s federal treatment programs are proven effective *CSAT incorporated the needs of treatment practitioners in its work *Conclusion: CSAT should receive increased funding
HHS-CSAT: views drug abuse as a public health problem and emphasizes mental health approach to drugs	Grants funds to states for prevention programs. Effective prevention programs require increased funding.	*Failed to provide effective prevention programs *Failed to provide innovative ideas * Conclusion: Organizational behavior should not have led to increased funding.
HHS-NIDA: views drug abuse as a public health problem and pursues medical and scientific research on drug abuse	Investigates drug abuse, its causes and effects, with the goal of reducing the use of drugs. Useful research requires increased funding.	*Pursued research that was only slightly related to current drug problems. * Conclusion: Organizational behavior should not have led to increased funding.

CHAPTER 8
THE BUSH YEARS:
A GOVERNMENTAL POLITICS ASSESSMENT

“We’re not winning this war.”

—William Bennett, December 5, 1989

In looking at the making of drug policy through the lens of the governmental politics model, the politics, bargaining, and personalities of the process come into focus. Each of the institutions considered in the last three chapters have different amounts of influence in the policy making process. In this chapter I will examine the interaction of the institutional actors involved in drug policy in an effort to explain why more emphasis does not fall to treatment and prevention. I will particularly focus on the ONDCP and Congress, their interaction with each other and with the drug policy institutions.

The ONDCP and Congress

During the Bush Administration, ONDCP Director William Bennett used his position as a bully pulpit to promote the counter-narcotics effort. As the first director of the ONDCP, Bennett shaped the office and its character. Because the office had neither Cabinet standing, nor a large budget, nor staff to force the departments involved in drug policy to follow its lead, Bennett used the office as a platform to speak and bring attention to the drug issue. He used the media to promote the Bush Administration’s drug policy. He kept drugs on the agenda and obtained money from Congress to pursue the drug war. In the early months of his time as ONDCP Director, he had the support of

prominent congressional democrats, including Charles Rangel (D-NY), Chairman of the Select Committee on Narcotics, and Senator Joseph Biden (D-DE),¹ who was behind the legislation that created the ONDCP. The honeymoon, however, was brief.

Partisanship was a key characteristic of the relationship between the ONDCP and the democratically controlled congress. An illustration of this was that before Bennett first presented his National Drug Control Strategy, he met with Republican National Committee (RNC) Chairman Lee Atwater.² Partisanship characterized his tenure to the very end: when he left office, he was slated to become Chairman of the RNC, but then declined the position (Dumas 1991). Bennett was criticized for his partisan behavior. Charles Rangel (D-NY), Chairman of the Select Committee on Narcotics, asked, “What right does Bill Bennett have to bring partisanship to such a sensitive national security issue as this?”³ The differences between the parties centered on whether to emphasize treatment (Democrats) or to push for tougher laws and interdiction (Republicans). Both sides supported enforcement. During the Bush Administration, the Democratic Congress pushed for treatment while the Administration favored tougher laws and interdiction (Dumas 1991).

Bennett, who has been described as “blunt,” “opinionated and controversial,” and as having “alienated nearly the entire education establishment and much of Congress” when he was Secretary of Education under Reagan,⁴ faced a challenge from both Congress and the departments involved in drug policy. In Congress he was confronted

¹ Richard L. Berke, “Public Enemy No. 1: War on Drugs Is a Necessary Risk for Bush,” *The New York Times*, September 3, 1989, Section 4, 1.

² Ibid.

³ Michael Isikoff, “Under Attack, House Restores Anti-Drug Funds,” *The Washington Post*, July 20, 1990, A4.

⁴ Diane Alters, “Bennett’s Two Battles: Drugs and Politics,” *The Boston Globe*, January 15, 1989.

with markedly different views about the appropriate emphasis on treatment. In interacting with the bureaucracy, he fought turf wars and budget wars.

The ONDCP, Congress, and Treatment

The key point of contention between the ONDCP and Congress was treatment programs, which Democrats in Congress argued that the Bush and Reagan Administrations had not emphasized sufficiently. The congressional argument is framed well by Senator Edward Kennedy (D-MA) who observed that many lawmakers were concerned that the National Drug Control Strategy was unbalanced, because the “President and his advisers fail to recognize the prominent role that treatment and prevention must play in combating drug abuse.” He continued:

The long-term solution to the drug epidemic will not be found in distant cocafields in Colombia, or in overcrowded holding cells in inner-city police precincts. Instead, real gains against drugs will be made when schoolchildren are persuaded that drug use is harmful, when communities rally to create a climate in which drug use is unacceptable, and when treatment is offered to all who wish to rid themselves of a drug habit.

The administration persists in the belief that crime control can solve the tangle of social factors that contribute to the self-destructive behavior of drug use. For the past 2 years, the administration has sent anti-drug budgets to Congress in which 70 percent of the resources are devoted to reducing the supply of drugs, and only 30 percent to reducing demand.(Cong. Rec. 1990, S6479)

The other side of this argument was voiced by Joseph McHugh, of the ONDCP, who observed: “Congress says, ‘Thou shalt spend more on treatment’ ... Congress continues

to fund it at a 70-30 split” (Dumas 1991). Although Congress called again and again for more spending on treatment, it did not act to shift the balance of funding away from supply control and toward demand reduction.

On the issue of treatment on demand, Bennett had public conflicts with members of Congress. Senator Patrick Moynihan (D-NY) was openly critical of Bennett’s interpretation of the Anti-Drug Abuse Act of 1988. He and other senators believed the law required that treatment be increased “so that treatment on request may be provided to all individuals desiring to rid themselves of their substance abuse problem.”⁵ Senator Joseph Biden echoed that position observing that the 70-30 balance was not appropriate and saying, “I think it should be much closer to a 50-50 ratio.”⁶ Senator Dennis DeConcini, (D-AZ), chairman of the committee that funded the ONDCP believed more should be invested in treatment: “We ought to have, in my opinion, a system of treatment on demand.” He also observed that in his state, there was a six to eight month waiting list to enter a treatment program (Dumas 1991). Senator Kennedy summed up the position of Democrats in Congress with this: “Drug Policy Director William Bennett has used his office as a bully pulpit, but he has largely preached the gospel of law enforcement. He has stubbornly refused to pay more than lipservice to the fundamental goal of treatment on request and, on occasion, he has belittled the importance of drug education” (Cong. Rec. 1990, S6479) Bennett, for his part, held firm to the idea that treatment should not receive 50 percent of the budget, and that the 1988 Anti-Drug Abuse Act did not require treatment on demand.⁷ One of the reasons the Bush Administration rejected treatment on

⁵ Robert Pear, “Drug Policy Debate turns to Feud Between Moynihan and Bennett,” *The New York Times* June 18, 1990, A14.

⁶ Richard L. Berke, “Public Enemy No. 1: War on Drugs Is a Necessary Risk for Bush.”

⁷ Robert Pear, “Drug Policy Debate Turns into Feud Between Moynihan and Bennett,” *The New York*

demand was that the existing treatment structure could not handle large number of new patients, and the programs could not be easily expanded.⁸

From the time that the National Drug Control Policy was first introduced by Bennett in September 1989, Democrats in Congress criticized the Bush Administration's plan as putting too great an emphasis on enforcement and too little on treatment and prevention. In 1990, when the president did try to increase the budget for treatment, there was an outcome worth noting. In July 1990, in apparent contradiction to rhetoric, the House Appropriations Committee cut over \$230 million from the amount President Bush had proposed to spend on treatment, prevention and education programs. The Democratically controlled committee did this because funding levels appeared adequate to the programs⁹ and most—up to 75 percent—of the ADAMHA block grants made to the states the previous year had not yet been spent.¹⁰ Only two days later, the House restored the drug funding. Bennett's response to the proposed cut had been immediate and strong. It was likely the reason that funding was restored so quickly. Instead of speaking to members of Congress directly to express his grievance, as is the norm, Bennett went directly to the press. While his approach was effective, it was less than diplomatic and earned him even more criticism from Congress. Some of his comments to the press were:

I'm mad as hell...Bill Bennett is not going to take any more democratic garbage about the need for more treatment, education, and prevention ... This is cheap,

Times, June 18, 1990, A14.

⁸ Richard L. Berke, "Drug Strategy: The Real Goals- A Special Report: President's 'Victory Over Drugs' Is Years Away, Officials Say," *The New York Times*, September 24, 1989.

⁹ Michael Isikoff, "House Panel Cuts Bush's Drug Budget: Bennett Denounces Democrats calling move 'Cheap' and 'Sneaky,'" *The Washington Post*, July 18, 1990, A20.

¹⁰ Michael Isikoff, "Under Attack, House Restores Anti-Drug Funds," *The Washington Post*, July 20, 1990, A4.

dishonest and sneaky ... I'll be damned if I'll take any more criticism from that crowd. So shut up, guys.¹¹

His spokesman added that “as many as 100,000 people would lose access to treatment” if the committee’s action were passed.¹²

By bringing attention to the plan to cut money for treatment, a plan that contradicted the expressed position of Democrats, Bennett and the ONDCP were able to influence the actions of Congress. The Democratic leadership was concerned about the perception that treatment was being shortchanged and that they were not taking appropriate action against drugs. Representative Joseph D. Early (D-MA) expressed his dismay at the Congress backing away from the Appropriations Committee decision, saying Congress was throwing money away because “we’ve got a political problem”¹³. The appropriations committee had intended to cut the funding. Had Bennett followed the norm and taken the less public approach of direct contact with congressmen, he might not have gotten what he wanted. By playing to public perception, he put Congress in a position in which it had to change course. The Democratic leadership could not support cutting funding to treatment and prevention, even if the previous funding had not been used, because the Bush Administration’s failure to promote treatment had been one of its primary complaints. In addition, members of Congress had to be perceived as doing all it could in the war on drugs, so they could not make a very public cut in funding.

While Bennett’s brash approach brought results in this case, it also further antagonized some members of Congress. Commenting on Bennett’s tactic of contacting

¹¹ Michael Isikoff, “House Panel Cuts Bush’s Drug Budget: Bennett Denounces Democrats calling move ‘Cheap’ and ‘Sneaky.’”

¹² Ibid.

¹³ Michael Isikoff, “Under Attack, House Restores Anti-Drug Funds.”

the press instead of lawmakers, Charles Rangel observed, “Bill Bennett has lost his effectiveness on the Hill... He feels far more comfortable talking to reporters than trying to work out differences with the Congress.”¹⁴ When Bennett left office to be replaced by Bob Martinez, Charles Rangel said, “With Bennett gone, I would think anybody looks good” (Dumas 1991). For his part, when he left his position, Bennett called Rangel “A gasbag.”¹⁵

Despite having the high profile position of ONDCP Director and working on what President Bush called the nation’s “gravest domestic threat” (Bush 1989a). Bill Bennett had difficulty pursuing his agenda in Congress. Representative William Natcher (D-KY) said, “I personally like Bill Bennett, but if you inquire around, a great many people will tell you he has not placed into effect a drug program which has proved to be successful ... I think you’d find generally a consensus that his plans and programs have not been successful.”¹⁶ Only a few months after the National Drug Control Strategy was introduced, Bennett was criticizing Congress for its “lack of will”¹⁷ on the drug issue and lamenting that there was no “sense of urgency”¹⁸ Partisanship and personal animosity had polarized the debate.

ONDCP and the Cabinet Actors

Bill Bennett was not much more successful in dealing with the heads of the bureaucratic agencies he was to coordinate than he was dealing with members of

¹⁴ Ibid.

¹⁵ Michael Isikoff, “Bennett Exits Drug War with Potshots: Rep. Rangel a ‘Gasbag,’ City of Washington a ‘Basket Case,’” *The Washington Post*, November 9, 1990, p. A11.

¹⁶ Michael Isikoff, “House Panel Cuts Bush’s Drug Budget: Bennett Denounces Democrats calling move ‘Cheap’ and ‘Sneaky.’”

¹⁷ Jack Kelley, “Drug Czar Down but Not Out: Bennett Familiar with Criticism, Rumors He’ll Quit,” *USA Today*, December 4, 1989, 3A.

¹⁸ Martin Fletcher, “Bush Drugs Chief Admits He Is Losing War,” *The Times* (London), December 5, 1989.

Congress. He was well aware of the turf battles he was fighting, but believed that he could win. He said, “If they’re not in line, we will get them in line ... That’s the way it’s got to work. We move as one team.”¹⁹ Only nine months into his tenure, however, it appeared few were listening to Bennett. He was in regular and public conflict with Attorney General Richard Thornburgh, who was defending the position of the Justice Department (including DEA).²⁰ Thornburgh had hoped to make the drug enforcement issue his own, as the head of the Justice Department, but Bennett was active and dominated media attention.²¹ Even before he released the first National Drug Control Strategy in September 1989, Bennett had already lost a battle to Thornburgh about a new intelligence service dedicated to drugs. The National Drug Intelligence Center, proposed in the draft of the plan, was intended to be a multi-agency center to consolidate the intelligence information gathered on international and domestic drug trafficking. This was important, because the DEA, FBI, Customs Service, State Department, Defense Department, and CIA all collect their intelligence separately. It was eliminated from the plan because, reportedly, it would have infringed on Thornburgh’s power²²—in particular, Thornburgh complained that he had not been named chairman of the center.²³ By January, the plan had been restored, with Thornburgh named as the chairman.²⁴

When former Florida governor Robert Martinez succeeded Bennett, relations with the Justice Department only got worse. The ONDCP was plagued by turnover, including

¹⁹ Jack Kelly, “Agencies’ Bickering Impedes Drug Fight,” *USA Today*, September 8, 1989, 4A.

²⁰ Martin Fletcher, “Bush Drugs Chief Admits He is Losing War.”

²¹ Ethan Bronner, “Heat in the Justice Department Scorching Thornburgh’s Image,” *The Boston Globe*, May 21, 1990.

²² Jack Kelly, “Agencies’ Bickering Impedes Drug Fight.”

²³ Richard L. Berke, “Bush to Seek \$1.2 Billion for a Bigger Drug War,” *The New York Times*, January 25, 1990, A20.

²⁴ *Ibid.*

the departure of several experts. One person who worked at the ONDCP and at the Department of Justice revealed, “The Justice Department doesn't worry a hell of a lot what ONDCP thinks.” The office had become largely irrelevant (Witkin 1992, 33).

The ONDCP Director was supposed to coordinate the activities of over thirty agencies and departments involved in counter-narcotics, but he did not have standing of a member of the Cabinet. Some observers said this diminished the ONDCP's influence, as it was a “pseudo-Cabinet slot with a lot of responsibility, and not a whole lot of authority.”²⁵ An example of that lack of influence occurred during the summer of 1989, when the Customs Service, facing a deficit in some areas, shifted money out of interdiction. Customs then ignored directives from the ONDCP to return that money to interdiction programs.²⁶

Bennett also conflicted with Director of the Office of Management and Budget Richard Darman as he sought more funding for the drug war. William Safire described Darman as delighting “in taking on the Cabinet members ... like a champ inviting all challengers at a county fair.” Safire continued, “when seriously challenged as he was on funding by the drug czar William Bennett (a player, but not a Cabinet member) Darman goes one-on-one before John Sununu who adjudicates and cuts a deal.”²⁷ Whether or not deals were cut, Darman's rejection of Bennett's requests for funding led to, on one occasion, an angry shouting match.²⁸

The heart of Bennett's problems in achieving the goals of the ONDCP and reducing drug use was expressed well by Bennett in a comment made in December 1989:

²⁵ Michael Isikoff, “Bennett Exits Drug War with Potshots.”

²⁶ Ibid.

²⁷ William Safire, “Bush's Cabinet: Who's Up, Who's Down,” *The New York Times*, March 25, 1990 Sect. 6, p. 30.

²⁸ Michael Isikoff, “Bennett Exits Drug War with Potshots.”

“The Drug Czar can make a dent, but he can’t do it all by himself. He’s not really a czar.”²⁹ Bennett was unable to get the increases in funding he desired proposed by the Office of Management and Budget, conflicted with the Justice Department over the power of the ONDCP, and failed to influence the Customs Service when it shifted funds away from interdiction to what it considered more pressing obligations.

Military and Congress

In 1989, Lee Hamilton (D-), a senior member of the House Foreign Affairs Committee, said, “Drugs have become a top foreign-policy priority.” President Bush had turned his attention toward Latin America, focusing on cocaine trafficking and giving the drug issue a level of diplomatic importance that was usually reserved for strategic interests (Duffy et al. 1989). In that foreign policy picture, the Department of Defense was a key player, as it trained Latin American counter-drug troops and provided military assistance and equipment. In FY 1998, the Department of Defense received only about \$200 million to pursue counter-narcotics objectives. By 1991, it was receiving \$1 billion for its efforts.

The Department of Defense was not eager to join the drug war. Pentagon officials argued that “the military should not act as police and that the drug war would be a drain on time and resources needed to train units for combat” (Dumas 1991). Some military officials and members of Congress had questions about the United States becoming involved with the Colombian and Peruvian militaries because of their records of human rights violations. They wanted to avoid producing U.S. trained units that would then violate human rights. In addition, military officials wanted to avoid having

²⁹ Martin Fletcher, “Bush Drugs Chief Admits He Is Losing War,”

U.S. troops drawn into the violence and guerrilla war of Colombia. Military officers with experience in Vietnam commented that combat operations and training are at times difficult to tell apart, especially if a U.S. instructor accompanies a patrol and the patrol comes under fire.³⁰ Despite the reluctance, the Pentagon yielded to budget pressure by Congress. The Department of Defense was facing budget cuts, and participation in the drug war allowed them to obtain funding they viewed as necessary. One Senate appropriations aide said, “They got money, which in a time of budget reductions was important to them, probably paramount”(Dumas 1991).

The Department of Defense took a more active role in the drug war because of pressure from Congress. Comments by Alfonse D’Amato (D-NY) illustrate the nature of the pressure put on the Pentagon. In August 1989, D’Amato pointed out that \$300 million had been allocated to the Defense Department for counter-narcotics efforts. By May 1989, seven months into the fiscal year, just a fraction of the money—\$200,000—had been spent. This meant that there would be a rush to spend funds in, likely, less than appropriate ways. D’Amato and Senator Dennis DeConcini (D-AZ) introduced an amendment to shift \$227.8 million away from Defense and to agencies that were actually fighting the drug war (Cong. Rec. 1989b, S10174). The amendment failed, but it delivered a message. D’Amato called it “a scandal and an outrage” that Defense had not appropriately allocated and used the funds at a time in which the drug war was such a high national priority. He called on the Defense Department to actually start fighting the war on drugs. To emphasize the importance of the role of defense and the very real possibility of losing funding, D’Amato continued:

³⁰ George C. Wilson and Michael Isikoff, “U.S. Advisers Allowed to Leave Latin Bases: Pentagon Reports Expanded Military Role,” *The Washington Post*, September 13, 1989. A16.

They have sat on their hands long enough ... Alone among Federal agencies, DOD has the resources, the experience, and the ability to make a serious dent in drug smuggling and to discourage other aspects of the international drug trade ... I serve public notice that it is time for DOD to join the team. If they do not, they will bear the blame for it, and will *lose the resources* we have authorized. I am dead serious about this and I hope they receive this message loud and clear ... to date their handling of these resources, these precious resources, is nothing short of shocking and scandalous. We must do better, otherwise we make a sham of the so-called war on drugs. (Cong. Rec. 1989b, S10174)³¹

Secretary of Defense Cheney responded, and the Department of Defense became committed to the drug war. As the Department of Defense took the responsibility as the lead agency for detecting and monitoring the trafficking of drugs into the United States, it was put in a position of directly supporting the Latin American drug war. The changes led to a more visible emphasis on drug policy for the U.S. Southern Command and expanded the role of National Guard forces in working with domestic law enforcement in border areas (Fauriol 1989). In the wake of its success in ousting Manuel Noriega from Panama, the Pentagon even planned to station an aircraft carrier off the coast of Colombia in order to monitor drug trafficking. The carrier was not deployed after complaints from the government of Colombia.

By early 1991, though, Bush's war on drugs seemed forgotten. Public concern had shifted from drugs to the Persian Gulf crisis and the possibility of a recession. The President was also focused on other issues (Booth 1990). With the Iraqi invasion of

³¹ Italics are mine.

Kuwait, national priorities moved away from Latin America. The Defense Department shifted military equipment and personnel away from drug interdiction efforts to the more pressing—and more traditional—national defense priorities of the Gulf War.³²

Surveillance equipment, including aircraft and ships, were moved from the Caribbean, Mexico, and South America to duty stations in the Persian Gulf.³³ The drug war had dropped down the Defense Department's list of priorities.³⁴ For those key years that the Defense Department needed funding, they molded their interests to those required by Congress. As the Senate Aide observed, money was “paramount.”

Interdiction, the DEA, and Congress

Despite the rhetoric for more treatment programs, the sentiment for tough action against drugs was very strong. One congressman said, “Protecting innocent people from drug pushers and their merciless tactics must also be a priority ... Taking back the streets will require more arrests, more convictions, and more time behind bars for these murderers and their accomplices.” He continued, “Removing temptation is one of the best ways to reduce demand for drugs in our society” (Cong. Rec. 1989c, E3635). The speaker was not a Republican backing the positions of the Bush Administration; it was David Bonior (D-MI) who went on to be House minority whip in 1991. Bonior was not alone. Many democrats including Senator John Kerry (D-MA) strongly supported enforcement:

We have a serious gap in drug law enforcement ... Today the crime problem in the United States is the drug problem. In those cities where cocaine usage has gone

³² Charles Holmes, “Drug War Takes Back Seat to Gulf Conflict,” *The Atlanta Journal and Constitution*, February 14, 1991, A4

³³ Ronald Buchanan, “The Gulf War: Gulf Withdrawals Leave Glaring Gaps in U.S. Drug Defence,” *The Guardian* (London) February 14, 1991

³⁴ Charles Holmes, “Drug War Takes Back Seat to Gulf Conflict.”

up the most, violent crime has gone up the most, too. It is clear we must improve the quality of our arrests and prosecution. We can do that best by focusing our resources on improved narcotics intelligence, aimed at making the best cases against the biggest drug and money laundering enterprises--and the youth gangs they are using as some of their principal distribution networks. (Cong Rec. 1989d, S12760)

The public wanted action taken against drugs and crime. As a result, both parties promoted enforcement, helping to perpetuate the balance between supply-side and demand reduction programs.

Promoting interdiction was one way to take “tough” action against drugs. The DEA was one of the main beneficiaries of this emphasis on interdiction. The most controversial of the proposals for interdiction was debated in the 101st Congress. It involved authorizing either the DEA, Customs or the Coast Guard to shoot down any small plane that refused to land when contacted. The United States was spending millions of dollars on air interdiction, which required radar, planes, and boats. The existing rules of engagement meant that few pilots were ever stopped and only some drugs were interdicted. In order to discourage traffickers, the 1990 Drug Control Strategy, the Bush Administration suggested revoking the pilot’s license of anyone refusing an order to land. Some members of Congress felt that was little deterrent. An amendment proposed regarding this topic read as follows:

Whenever any law enforcement officer of the United States Customs Service, United States Coast Guard, or Drug Enforcement Administration, commanding an aircraft displaying proper identifying insignia, instructs an aircraft to land on the

basis of knowledge that the aircraft is transporting illegal narcotics on board, and the aircraft does not land or make preparations to land; then, after observing all appropriate safeguards established under section 2 of this Act, the law enforcement officer is authorized to fire a warning signal; and if the aircraft does not land or prepare to land in response to such warning signal and other previous instructions, *the law enforcement officer is authorized to fire into the aircraft.* (Cong Rec. 1989d, S12714-15)³⁵

Those in the Senate who were pilots referred to this proposal as “posturing” and pointed out its many flaws. Senator John Glenn vigorously identified some of the many flaws, including that there was no requirement to have a radio on, and if the pilot were flying at night, there would be no way to see the “identifying insignia” of the other plane (Cong Rec. 1989d, S12714-15). There was simply too much risk of harming innocent civilians.

Those who advocated the shootdown approach argued that once the pilots ferrying drugs in their small private aircraft saw one of their cohort shot down, few would be willing to continue trafficking drugs into the United States. Congressman Lawrence Coughlin, recognizing the limits on acting within the territory of the United States, introduced legislation to permit the Coast Guard, with Defense Department Assistance, to track and shoot down small planes in the Caribbean that intelligence revealed to be traffickers. He said, “We cannot continue to spend hundreds of millions of dollars on fancy equipment to watch and follow around cheap twin engine planes without doing anything about them. If we can diminish the cartel's potential pool of pilots, we can focus

³⁵ Italics are mine.

our spending on the other emerging interdiction threats such as the Mexican border or cargo containers--we may even have a little money left over for drug treatment and cops on the beat” (Cong. Rec. 1990b, E2391).

These proposals to shoot down small planes suspected of traffickers were defeated, but they illustrate the lengths to which some members of Congress were willing to go to show they were taking a tough stand on drug interdiction. While these extreme positions were defeated, solid support for the interdiction efforts of the DEA remained. Members of Congress were aware of the successes of the DEA and knew what quantities of drugs were being intercepted. This comment by Dan Burton (R-IN) reveals much about the way the DEA was perceived:

In December of this last year, we interdicted in New York, California, and Texas, 42 metric tons of cocaine, 42 metric tons, and it did not even make a dent in the street price. But our DEA agents and our Customs agents did a great service for this country by interdicting these drugs.

...Interdiction is very important, and we need to do what is necessary to help those people who are in the Upper Huallaga Valley now. Our drug enforcement agents who are risking their lives working on the problem, our DEA agents in Miami, California, and Texas and all across this country, who are risking their lives. (Cong. Rec.1990c, H688-689)

Members of Congress promoted interdiction, and the foundation of that was its support of the DEA. The discussion of shooting down small planes suspected of carrying trafficked drugs was an extreme point in the debate over interdiction. That aspect of the debate was not a reflection of the power or actions of the DEA, but rather was a result of the internal

dynamics of congress. Lawmakers sought to surpass each other in demonstrating how much they opposed drugs and drug traffickers. In the race to be “tough on drugs,” many laws were passed, and some— particularly ill-considered ones with serious consequences—were not.

Can the Governmental Politics Model Explain Drug Policy During the Bush

Administration?

The Governmental Politics Model provides significant insights on the making of drug policy during the Bush years, particularly when the priorities of Congress are considered.

The ONDCP was created to coordinate national drug policy, but its influence was very dependent on the strength of the director and his capacity to influence the Congress and to keep the issue of drugs in the headlines. As ONDCP Director, Bennett was a prominent figure in Washington and in the news. He pushed for a plan that emphasized law enforcement and supply-side control of the drug problem, and he helped keep the nation focused on the drug problem. The policy that emerged from Washington focused on the supply-side, but it was not the efforts of the ONDCP that led to the policy. The bureaucratic institutions that were to be coordinated by the ONDCP, notably Justice and Customs, actually paid little attention to the directives of the office. They continued to pursue their own institutional objectives. While the ONDCP had little success influencing the bureaucratic institutions, Congress did have influence, because it had the money. Threats from Congress to reduce military funding produced drug warriors from the recalcitrant Department of Defense.

The relationship of the ONDCP and Congress was characterized by public conflict. Members of Congress objected to the lack of emphasis on demand reduction and the ONDCP's apparent preference for supply-side control, but the policy approved by Congress was very similar to the balance of demand reduction and supply-side control proposed by the ONDCP and the Bush Administration. This was also not a great deviation from the policy under the Reagan Administration, reflecting inertia of policy and budget. The only time a policy direction was clearly influenced by Bennett was when Congress was considering cutting treatment. By bringing attention to the action in the press, Bennett put the Democratically controlled Congress in the position of being perceived by the public as both not taking action on drugs and as going against the position it had argued throughout the Bush Administration that treatment should receive more funding.

The rhetoric of lawmakers in Congress promoted treatment and prevention, but there was no corresponding shift in funding toward treatment. The ONDCP did not favor the congressional positions of providing for treatment on demand or for a 50-50 split in the funding of supply-side and demand-reduction programs. But the ONDCP Director did not have the power to force Congress to do anything. He could suggest options, but could not direct the policy or budget. Even when President Bush proposed increasing funding for treatment and prevention, Congress would not have funded treatment at the higher levels had it not been for Bennett's intervention. Why did Congress not move more funds to treatment and prevention? Congress responds to the public. The public mood was one that called for prompt and punitive action. Interdiction, military and law enforcement programs were public ways to fight drugs that yielded tangible results. The

ONDCP proposals regarding law enforcement, interdiction and international programs were implemented, but that was likely because the interests of Congress and the ONDCP coincided.

It is Congress that appears to hold the key to drug policy. The behavior of Congress often reflects the mood of constituents. The public wanted strong action taken against drugs, and there was little evidence in the late 1980s that treatment and prevention programs worked. Both parties favored enforcement, so despite the pro-treatment rhetoric, Congress perpetuated an emphasis on supply-side programs. In an environment where some members of Congress were willing to shoot down planes—regardless of the potential for loss of innocent lives—to stop drugs, it is little surprise that advocates of “soft” treatment programs would not gain a larger share of the budget.

Figure 8.1 Governmental Politics: Theoretical Expectation and Analytical Outcome of Organizations Interactions, 1989-1992

Organization	Expectation	Analytical Outcome
ONDCP	As the organization that directs and integrates policy and produces the National Drug Control Strategy, this actor should yield tremendous influence in the policy process.	<p>*Bennett used the ONDCP office as a bully pulpit, effectively lobbying for his law enforcement and supply control policies.</p> <p>*The relationship of the ONDCP with Congress was highly partisan and openly combative</p> <p>*Congress supported Bush's policies, but they were similar to Reagan's policies, reflecting budget and policy inertia more than ONDCP influence.</p> <p>*The ONDCP did not have the power to make any organization follow its lead—bureaucratic agencies that the ONDCP was to coordinate did not heed its requests</p> <p>*Conclusion: Although the supply-side policies advocated by Bennett became national policy, they were not the result of the ONDCP driving the policy. The ONDCP kept drugs in the national policy spotlight, but did not have the power to define policy or demand the compliance of bureaucratic agencies.</p>
Congress	As the organization that makes drug law and the drug budget, this actor should yield tremendous influence in the policy process. It responds to the public, a public that wanted strong punitive action against drugs	<p>*Both democrats and republicans favored tough action against drugs, so promoted enforcement and supply control programs.</p> <p>*Congress controlled the budget and used the threat of restricting funds to force agencies to comply with their policy objectives</p> <p>*Conclusion: Congress commitment to supply-side programs was translated into policy and that policy was implemented because of Congress' willingness to cut funding to those agencies that do not comply.</p>

Department of Defense	As the largest and most powerful of the Cabinet Departments, this actor should yield considerable influence in the policy process.	<p>*Defense was reluctant to become involved in counter-narcotics and was slow to start implementing the programs and responsibilities Congress delegated to it.</p> <p>*Defense accepted its position in the drug war after Congress threatened to cut its funding</p> <p>*Conclusion: In the wake of the Cold War the Department of Defense was facing budget cuts. By pursuing the drug war per Congress' request it obtained funding.</p>
DEA	As the agency specifically tasked with drug control and enforcement, this actor should yield considerable influence in the policy process.	<p>*DEA presented to Congress clear data on the quantities of drugs intercepted and the number of traffickers arrested.</p> <p>*The data coincided with the congressional goal of taking a tough enforcement stance against drugs.</p> <p>*Conclusion: The DEA received funding and support because it supplied strong data showing apparent results to a congress that sought strong action against drugs.</p>
Treatment and Prevention	As the actors committed to demand reduction, they had minimal influence.	<p>*Democrats in Congress advocated treatment programs and criticized the Bush Administration's failure to give attention to treatment.</p> <p>*Although lawmakers advocated an expansion of treatment, funds were not shifted toward treatment</p> <p>*Through bullying, the ONDCP did achieve an increase in treatment funding that had initially been blocked by Congress</p> <p>*Conclusion: Calling for treatment made good rhetoric, but Congress was committed to tough action, so funding did not shift away from the supply side.</p>

CHAPTER 9
THE CLINTON YEARS:
A GOVERNMENTAL POLITICS ASSESSMENT

“...In terms of leadership and cooperative strategy, the war on drugs has, at times, looked more like the rag-tag antics of a banana republic dictator than an effort orchestrated by the most powerful nation on earth.” —James Iniciardi, 2002

During Dr. Lee Brown’s tenure as ONDCP Director from April 1993 to December 1995, the center of conflict over drug policy was the administration’s shift of emphasis away from interdiction and source country programs and toward treatment programs. As teen drug use rose in the mid 1990s, the administration’s attention turned to prevention programs as General Barry McCaffrey took the helm at the ONDCP. Congress continued to criticize the shift away from interdiction and supply-side approaches used during the Bush and Reagan Administrations, saying the shift was the reason for the increased availability and use of drugs.

In addition to shifting resources away “from United States priorities set in the 1980’s—away from the prior emphasis on drug prevention for children, drug interdiction, and international source country programs” (Cong. Rec. 1997c)—Congress found that Clinton’s drug policy had failed in a number of ways. The other flaws Congress found were that programs lacked measurable goals, effective coordination, and program accountability. It criticized treatment programs because the bureaucracy failed to assess their effectiveness, particularly untested programs. Congress also found that the military could be used to a greater degree in the drug war (Cong. Rec. 1997c).

In addition, Republicans in Congress were very displeased with the President's leadership on the issue, as the following quote from Dan Miller (R-FL) reveals:

It does not take a lot of chart experts ... to see that drug use had gone down for 11 years and then, when Bill Clinton gets elected, it goes up. Now, there has to be some correlation to that. It is a complex issue and it is not one person's fault, there are a lot of reasons, but it has to start at the top. It is the moral leadership of our country.

When we have the President of the United States asked on MTV, and the question is, 'If you had to do it all over again, would you inhale?' And the President laughs and says, 'Sure, if I could, I tried it before,' well, that is not the type of leadership we should have on this very serious issue dealing with crimes and such. (Cong. Rec. 1996f, H10654)

In this chapter I will assess the interaction of the various actors in the policy making process in the areas of conflict: treatment, prevention, use of the military, interdiction and source country programs.

Treatment

The ONDCP and Congress

Although he came from a law enforcement background, ONDCP Director Lee Brown believed in treatment. His top priority was treatment for hard-core users in order to bring down drug use. In an interview in 1994, he said:

We view substance abuse - addiction - as just as much a public health issue as a criminal justice issue. That's why we push so hard for treatment. Unless we treat the drug addict and get the addict off of drugs, we're not going to be successful in

addressing the drug problem. It's clearly understood that law enforcement and the criminal justice system alone will not solve the problem. (Stoil 1994, 6-8)

His commitment to treatment met strong resistance in the Congress. The ONDCP and Congress had a combative relationship during Brown's tenure, as Congress was dominated by Republicans who were displeased with the Clinton Administration's approach to counter-narcotics. Brown, as head of the ONDCP, was the representative of that policy. He was appointed to the position of Director of the ONDCP too late in 1993 to produce a national drug control strategy for the year. Instead, he provided an interim strategy, a plan that drew considerable criticism. For example, Senator Phil Gramm (R-TX) said, "Not surprisingly, [the strategy] reflects a fundamental view of most Democrats that when things go wrong, society is to blame and more social programs are the answer" (ADAW 1994, 1). The widespread criticism did not aid Brown in his effort to shift emphasis to hard-core treatment programs. By the end of his first year in office, he was already criticized by some in Congress for being vague, for not providing the resources to back up his treatment plans, and for moving away from interdiction and eradication (Keigher 1994, 74-75).

Lee Brown became the target of those in Congress critical of the Clinton Administration on the drug issue. During hearings he became, in Michael Massing's words, "a human punching bag" (Massing 1998, 216). Even the structuring of hearings was used to put him at a disadvantage. For example, in April 1995, he was called to testify before the Republican-led House Subcommittee on Government Reform and Oversight. More revealing than the substance of the presentations was the order of those giving testimony. He was called to testify after Nancy Reagan, who lamented the Clinton administration's lack of attention to drugs, and former Drug Czar William Bennett, who

was highly critical of the Clinton Administration's policies, particularly treatment.

Brown called the hearing "politically orchestrated" and the order of the speakers a breach of protocol, but went on to restate the Administration's intention to fight drugs by getting treatment for hard-core users (Alc. Report 1995, 2-4).

Treatment Community and Congress

The treatment community was likewise not successful in dealing with Congress and obtaining support for its programs. Lawmakers remained skeptical about whether treatment is effective, despite much scientific evidence to the contrary. This skepticism was an impediment to the Clinton Administration's efforts to promote hard-core treatment.¹ This doubt about treatment programs remained, even though testimony of experts and prominent individuals presented evidence that treatment was effective.

Dr. Jerome Jaffe, the top drug official in the Nixon Administration, observed, "The facts are that the impact of treatment is quite remarkable... You can demonstrate fairly substantial reductions in drug use while they're in treatment. If you look at it a year later, you can still see effects, sometimes also substantial."²

In addition to presenting evidence of the efficacy of treatment, individuals also presented arguments to Congress about the importance of treatment in order to reduce costs to society. Former Senator Harold Hughes, founder and chairman of the Society of Americans for Recovery (SOAR), tried to persuade Congress to abandon the myth that treatment is expensive and ineffective. He noted that failing to address addiction created economic costs, and he argued that adequate availability of treatment was the most cost effective way to reduce crime and lower health care costs (Alc. Report 1994). Former

¹ Robert Marquand, "Clinton Shifts Course on Drugs, but GOP has its own Compass," *Christian Science Monitor*, 9 February 1995, Vol. 87, Issue 52.

² Alexandra Marks, "With Jails Packed, More States try Drug Treatment," *Christian Science Monitor*, 5 January 2000, Vol. 92, Issue 30.

First Ladies Betty Ford and Rosalynn Carter testified before the House Ways and Means Committee that “Extensive research shows that treatment and prevention of drug and alcohol abuse saves this nation tens of millions of dollars by avoiding far more expensive medical care and by reducing criminal justice, foster care, lost productivity and other social and economic costs” (Alc. Report 1994).

Despite all of the testimony and arguments presented in favor of treatment, SAMHSA struggled with budget cuts through the mid 1990s. After struggling with continuing resolutions and the sharp funding decreases, Secretary of Health and Human Services Donna Shalala made an “impassioned appeal” for a restoration of funding to SAMHSA. She noted that the cuts Congress was making were resulting in the termination of treatment and prevention programs that worked. She said, “The effects of these cuts in SAMHSA are staggering.” Her effort appeared, however, to have little effect on Congress, as her pleas went unheeded (Alc. Report 1996, 1).

David Mactas, a former director of the Center for Substance Abuse Treatment, observed that it is difficult for treatment organizations to get funding because of the stigma associated with substance abuse. He said, “I have a theory that you are who you treat ... If you deal with the disenfranchised, people whom the public and Congress regard as morally weak, then that rubs off on you” (ADAW 1998b, 6-8).

Congress and Skepticism about Treatment

Lawmakers from both parties acknowledged that an approach that incorporated both demand and supply-side approaches to drug control were needed.³ Despite this, treatment programs faced impediments in acquiring funding. Even as evidence emerged

³ See for example Charles Rangel and Benjamin Gilman, “Failing National Drug Control Strategy,” *Congressional Record*, 11 February 1994, p. E186 and Mike DeWine, “Drug Interdiction,” *Congressional Record*, 21 October 1998, p. S12960.

that treatment was effective (Alc. Report 1997), congressmen argued that treatment did not work. Despite the studies showing effectiveness, some people challenged those advocating treatment by saying, “I know someone treatment did not work for” (ADAW 1998b). Alternatively, lawmakers used studies that showed most addicts went through treatment several times and that treatment did not work for everyone (Cong. Rec. 1996g, S9022). These arguments were capped with the observation that Clinton’s approach did not work, because after three years, “promised reductions in hard-core use—the centerpiece of the Administration strategy—have failed to materialize” (Cong. Rec. 1996g, S9019).

The continued skepticism about the efficacy of treatment could be connected to two underlying forces in Congress: the need to appear tough on drugs in order to be reelected and partisan politics. In Chapters 6 and 7, I discussed the need to be tough on drugs as part of the standard organizational behavior of Congress. As the treatment community advocated for more funding, it was at a disadvantage in its interaction with Congress because it did not have a strong constituency. Hard-core drug users are not a large or organized group, neither are they active in political participation. Congressmen have little to gain by promoting hard-core treatment if they are seeking to show their constituents that they are doing something about drugs, for addicts do not garner the voters’ sympathy. Prevention programs, on the other hand, can be presented to constituents as having a direct impact on their lives. Parents of teenagers and pre-teens who could benefit from education and prevention programs represent a large number of potential votes.

The other force at play is partisan politics. During the Bush Administration, Democrats criticized the administration for failing to provide treatment on demand.

During the Clinton years, the Republicans in Congress were highly vocal opponents of the ONDCP's hard-core treatment initiative. While lawmakers from both sides of the aisle were critical of the Administration's perceived inaction in the area of drug control, it was the Republicans who repeatedly referred to the successes of the Bush and Reagan Administration policies. Senator Paul Coverdell (R-GA) said, "President Reagan and President Bush deserve a lot of credit. They engaged this war as the Nation would expect them to, and indeed they contributed to saving millions of lives and harm to millions of families all across the land because they engaged the battle" (Cong. Rec. 1996a, S4278). Senator Orrin Hatch (R-UT) pointed out the reduction in drug use from the 1980s to the early 1990s and credited Reagan and Bush with that success. He commented, "Both President Reagan and President Bush led from the front on this war, confronting our Nation's drug problems head on with positive results. As a Nation, we were committed to winning the war on drugs, and we were making gains. Since President Clinton has assumed office, his administration's campaign against drugs has been in full retreat, and America is now losing the war" (Cong. Rec. 1996g, S9017). Hatch pointed to "sustained, visible use of the bully pulpit, ... a clear and quantifiable antidrug policy and, most important, strong Presidential leadership" as the reasons for the success of the Republican Administrations in bringing down drug use (Cong. Rec. 1996g, S9017). Other Republican members of congress blamed Clinton for the rise in drug use among young people, claiming that the increase resulted from his failure to pursue interdiction and continue the policies of the Republican Administrations (Cong. Rec. 1998d, S5362).

The third factor shaping Congress' interaction with the ONDCP and the treatment community is that of budget inertia. The ONDCP recommended a direction for policy and proposed a budget, but it was Congress that allocated the funds. As John Carnevale

and Patrick Murphy observed, “a recommendation by almost any entity cannot overcome the institutional inertia of the congressional budget process” (Carnevale and Murphy 1999, 316). In their view, as long as Congress has complete control over the allocation of funds in the counter-narcotics effort, the ONDCP is nothing more than an advisor and should not receive credit or blame for changes in the level of use of illegal drugs (Carnevale and Murphy 1999, 316). Budget inertia is evident in the lack of change in the level of funding committed to treatment. Although the ONDCP was promoting hard-core treatment, it could not achieve its goals without the support of Congress. Congress had not given preference to treatment programs in the past, so there was no reason for them to suddenly move in that direction.

The ONDCP under Brown held hard-core treatment as the cornerstone of counter-narcotics policy. Treatment did not receive a significant increase in the percentage of funding. The ONDCP was unable to influence Congress in its distribution of funds for treatment. The treatment community was also unable to persuade Congress to promote its endeavors, or even to show effectively that treatment programs worked. Congress may have been resistant to the arguments presented on treatment because of partisan politics, the lack of a constituency supporting treatment, and budget inertia.

Prevention

The ONDCP and Prevention

Under Barry McCaffrey, the ONDCP held up drug prevention and education programs as the core of the counter-narcotics effort. Early in his tenure, McCaffrey told D.A.R.E officials that seventy-five percent of drug control funds should go to demand reduction (ADAW 2000b, 2). Obviously, the distribution of funds never approached that level. McCaffrey did, however, successfully launch the largest public health campaign in

United States history. His primary prevention project was a media campaign to raise awareness of the dangers of drug use.

The program was not the type of prevention program usually carried out by prevention community. Instead, it was much larger, reached people through the media, and was carried out by a mixture of people in advertising, media, social sciences, and the prevention community. The National Youth Anti-Drug Media Campaign targeted young people, especially those between 11 and 13, and was designed to educate them and help them reject illegal drugs. Its messages were also directed to their parents and other influential adults. The project was proposed in 1997, began formally in January 1998, and was planned to last five years (Kelder et al. 2000, 15). McCaffrey said, “We’re confident that if you can shape youth attitudes, you can change their drug-taking behavior.”⁴

By 2000, when youth drug usage rates had stabilized and showed signs of falling, President Clinton was pleased to point out that “If you’re a teenager or a parent it is nearly impossible to avoid seeing or hearing our anti-drug messages on television or radio several times a month ...[It] appears to be working even better than we thought.”⁵

Why was McCaffrey successful at presenting his proposal for a media campaign while Brown was not when he promoted treatment? Almost from the beginning of his tenure in April 1996, McCaffrey enjoyed bipartisan support in the House and Senate. He was perceived to be a strong and charismatic leader who successfully gave the drug issue a high profile. Not only was he able to bridge political parties, he also effectively encouraged cooperation between federal agencies (ADAW 2000b, 1).

⁴ Alexandra Marks, “In Your Face Ads Turn Some Kids Off Drugs,” *Christian Science Monitor*, 5 August 1999, Vol. 91 Issue 175.

⁵ Ibid.

The Prevention Community

The \$195 million committed to media campaign increased the amount of money to prevention by 16 percent over the year before, but even what appeared to be a substantial infusion resulted in only a one percent increase in the percentage of the overall drug budget dedicated to demand reduction (ONDCP 1997). While the media funding surged, funding for other established and successful prevention programs remained fairly constant.

Most members of the prevention community held McCaffrey in high esteem. Sue Thau, Vice President for Public Policy for Community Anti-Drug Coalitions of America observed, “I think he probably was the most important figure in bringing visibility to the demand side ... I think he really believed that the demand side worked” (ADAW 2000b, 2).

This does not mean, however, that there was overwhelming support for the media campaign. In fact, public health professionals were critical of the program because it failed to address alcohol and tobacco, the two drugs used most commonly by young people. The program also failed to provide money for community prevention and treatment programs—funding needed especially as the advertising campaign produced a demand for services (Wallack 2000, 656). Another complaint involved the nature of the advertisements used. The first set of advertisements used in the campaign contained exaggerated fear appeals, an approach that has rarely been shown to be effective (Dejong and Wallack 1999). Critics also asked whether the \$1 billion could not have been better spent on other proven programs aimed at reducing drug use by young people (Wallack 2000, 656). The critics’ voices had little impact, especially as teen drug use appeared to decline.

Congress and Prevention

When drug use among teens began to increase in the mid-1990s, lawmakers turned their attention to prevention. One result was congressional support for the ONDCP's media campaign. The program received about one billion dollars from Congress and about one billion from the private sector. Although many lawmakers regularly derided treatment programs as ineffective, even though evidence showed contrary, they embraced a media campaign that was unproven. Even after funding was approved, there were many experts who questioned whether the program would work.⁶ Why did Congress support the ONDCP's ambitious media campaign, an untested approach, when there were prevention programs that already were shown to be effective that could have been funded?

The ONDCP's media campaign suited the needs of congressmen who needed to appear to be doing something about drugs. Congressmen had expressed their views on the dangers drugs posed to children, young people and the community. Some examples of those statements are: Newt Gingrich (R-GA) saying, "We have a challenge in America of ending the drug trade, *protecting our children*, and cutting off the flow of money to drug lords wherever they are (Cong. Rec. 1997d, H955); and Gerald Solomon (NY) saying, "...the drug lords, the people that are *killing our young children* ... let us get on with fighting that war to *save our children*, please (Cong. Rec. 1997d, H956).⁷ Pointing out the connection to prevention programs, Lee Hamilton (IN) said, "Protecting our children from the scourge of drugs must be our top priority. Tough penalties for drug violations can help, but communities must redouble their efforts to keep kids from trying drugs in

⁶ Francine Kiefer, "Clinton's Anti-drug Plan: \$2 Billion Ad Blitz," *Christian Science Monitor*, July 9, 1998.

⁷ Italics are mine.

the first place ... Drug education programs have helped stigmatize drug use in schools” (Cong. Rec. 1996, E810).

The media campaign allowed members of Congress to take visible action. The media campaign was high profile and was evident to anyone, in any district, who watched television or accessed other forms of the media. In 1998, Senator Paul Coverdell (R-GA) criticized the Clinton Administration and its lack of attention to drug use by young people, with these words: “The silence has been deafening, just deafening. We have been in a struggle with the administration over this, asking them to step forward. We are finally just moving on our own” (Cong. Rec. 1998d, 5362). Supporting the media campaign for drug prevention presented Congress with an opportunity to take very visible action to prevent teen drug use.

The media campaign met with congressional support also because it complied with certain criteria that were laid out by a congressional committee in 1996. The report prepared by the Committee on Government Reform and Oversight said: “In specific support of demand reduction efforts, the National Drug Control Strategy should: Reaffirm the central place of drug use prevention in the overall national drug strategy [and] encourage greater private sector and media support for drug prevention efforts nationwide.” This was precisely what the media campaign did.

Interdiction and the Drug Enforcement Agency

The DEA did what the treatment and prevention communities were unable to do; the DEA was successful in garnering the funds available for the drug war. They were able to present to Congress hard numbers of arrests of traffickers and confiscations of cocaine and heroin. This focus on drug busts and seizures helped the DEA have funding increase by over 70 percent between 1992 and 2000 (DEA 2003c).

Testimony by DEA administrators before Congress was replete with details of drug seizures and arrests. One example of the testimony was that given about drug trafficking in South America and the Caribbean before the House Government Reform and Oversight Committee, Subcommittee on National Security, International Affairs, and Criminal Justice in March 1998. Among the seizures and arrests from 1997 and 1998 presented by Donnie Marshall, Acting Deputy DEA Administrator, were:

- 200 kilos of cocaine, \$36,000, and two arrests of American Airlines employees in Puerto Rico;
- 600 kilos of Cocaine, \$3 million in assets, numerous arrests of associates of trafficker Alberto Orlando-Gamboa in Puerto Rico
- 51 kilos of cocaine, \$30,000, and arrest of seven members of the Celeste Santana organization in Puerto Rico
- 2000 kilos of cocaine, seized from a boat off the coast of Haiti
- 3700 kilos of cocaine seized from a boat in Freeport, Bahamas
- 40 members of a Dominican heroin trafficking organization arrested in Hartford, Connecticut
- 652 arrests, 124 criminal cases, and \$13 million in assets documented by the DEA's Caribbean field Division (DEA 1998)

These details exemplify why the DEA was able to argue that their programs reduced the amount of drugs entering the United States and why they were able to obtain an ever-increasing share of the drug budget. DEA was able to demonstrate with hard figures that their work resulted in arrests and seizures of illegal drugs. Marshall's comments reflect that the DEA is first and foremost a law enforcement agency: "the DEA remains committed to our primary goal of targeting and arresting the most significant drug

traffickers operating in the world today ... DEA will continue to build cases against, and ultimately incarcerate, the leaders of these sophisticated criminal syndicates that continue to distribute their poison throughout the world” (DEA 1998).

The DEA and Congress

For Congress, the DEA provided an opportunity to take a tough, law enforcement approach, to support an agency presenting quantified results, and to provide federal money to an agency working with local law enforcement. It also was a vehicle for promoting interdiction. Members of Congress who were critical of the Clinton Administration drug policy often pointed to failure to promote interdiction as a reason for the ongoing drug problem. Congressman John Mica said:

They killed the interdiction program. They gutted the interdiction program. They put all the money in treatments; sort of treating the wounded in the battle and forgetting the rest of the battle (Cong. Rec. 1996f, H10655).

He also noted how Congress had used its budgetary power to bring emphasis back to interdiction, by increasing the drug enforcement budget and adding 75 new agents to work on source country programs (Cong. Rec. 1996f, H10655). By supporting the DEA, Congress was able to show its constituents hard results in the war on drugs by showing how many drugs were confiscated and how many traffickers arrested.

Military

ONDCP and the Military

Barry McCaffrey came from a military background. Having been responsible for military counter-narcotics action in Latin America, he was well aware of the role the military could play in the drug war. Through the National Narcotics Leadership Act, he had the authority to review the proposed budgets of agencies involved in counter-

narcotics and determine whether the amount requested is sufficient to carry out that organization's responsibilities. If the proposed funding was not appropriate, he could request changes. In 1997, when the Department of Defense submitted its funding proposal, McCaffrey countered the proposal. For its FY 1999 budget, the Department of Defense requested about \$809 million, approximately the same amount it had received the year before. This amount was about a third less than the budget Defense had in FY1992 (ADAW 1997, 4). This decrease is even more notable when one considers that the overall national budget for counter-narcotics had risen 50.6 percent, from \$11.91 billion in FY 1992 to \$17.94 billion in FY 2000 (ONDCP 2000a). McCaffrey requested that \$141 million be added to the budget for interdiction and counter-narcotics efforts in Mexico, the Caribbean, the Andean countries, and along the U.S. border.

The Department of Defense did not agree. In response to the request that Defense increase its proposed budget by \$141 million, Secretary of Defense William Cohen wrote a letter stating that the funding increase was "excessive," and misguided (ADAW 1997). The Department of Defense had problems with the request from McCaffrey, most notably other pressing budgetary needs and serious questions about the value of military interdictions in the existing trafficking environment of the time. Spokesman Ken Bacon said, "We're being asked to do more with less every day, and we have to prioritize our funding programs ... The additional amounts that the drug office is requesting are excessive. It hasn't sufficiently analyzed its own budget requests."⁸

The Defense Department had to finance an increasing number of peace operations and needed to purchase a new generation of weapons. With these demands on its budget,

⁸ Bradley Graham, "McCaffrey Wants Pentagon to Spend More Against Drugs," *The Washington Post*, November 7, 1997.

defense officials questioned whether more should be spent on counter-narcotics programs. This question was further complicated by the fact that trafficking routes and methods had changed. Instead of using aircraft that could be tracked by military radar, traffickers had shifted to overland routes using cars and trucks and island-hopping maritime routes to carry the contraband. Because the traffickers changed their strategies, the ability of Defense to detect traffickers using radar had declined.⁹ The other exception defense had with the ONDCP proposal had to do with the funding given to Mexico and the Andean countries. The perception of Defense was that these countries were already receiving as much aid as their governments were capable of absorbing. The challenge presented by McCaffrey to the Department of Defense was a test of the capacity of the ONDCP to assert its statutory interagency leadership.¹⁰ His actions were taken in consideration of rising congressional interest in having the military take a more active role in the drug war.¹¹

Congress, Interdiction, and the Military

McCaffrey received immediate support from lawmakers. At the time of this conflict, Senators Charles E. Grassley (R-IA), Dianne Feinstein (D-CA), Paul Coverdell (R-GA) and Bob Graham (D-FL) wrote a letter to Cohen which contained this message: “At a time when teenage drug use is increasing and when traffickers are becoming bolder and more inventive in their efforts to introduce drugs into the United States, it is not acceptable that the agency charged with protecting our national security would shirk its responsibility in the effort to win this most crucial war” (ADAW 1997)

⁹ Bradley Graham, “Drug Control Chief Won’t Let Pentagon Just say No; Tangle With defense Department Tests McCaffrey’s Power to Coordinate Federal Policy,” *The Washington Post*, November 24, 1997.

¹⁰ Ibid.

¹¹ Bradley Graham, “McCaffrey Wants Pentagon to Spend More Against Drugs.”

Although the congressional committees related to defense had not promoted an expansion of military involvement in the counter-narcotics effort, there was bipartisan support for it in other parts of Congress.¹² For example, one congressional report said, “United States Government strategy has not properly emphasized the important, increased role that can legitimately be played by the National Guard, the United States military, and United States intelligence agencies in confronting the rising drug trafficking threat” (House 1997). Some members of Congress were willing to back that intention with funding, as one of the anti-drug proposals Senate Republicans made in 1996 was:

Set more sensible budget priorities. The Department of Defense today is allowed to spend only 0.3 percent of its budget on preventing the inflow of drugs. The U.S. military cannot solve the drug problem, but it can make a profound contribution to cutting the flow of drugs through interdiction. The budget needs to reflect this national priority. (Cong.Rec. 1996g, S9023)

The role of the military in interdiction was championed by Republican lawmakers who were critical of the Clinton Administration’s shift of emphasis away from interdiction. Both Bush and Reagan had strong interdiction programs, and critics blamed the increase in drug availability and use on Clinton’s failure to promote interdiction. The military was viewed to be a key actor in any increased interdiction efforts. This quote by Senator Larry Craig (R-ID) captures the enthusiasm for countering Clinton and promoting interdiction:

We must wake up the White House, wake up our Government, and wake up this policy body to what we are about to do ... We want to ... [deal] with this issue in

¹² Bradley Graham, “Drug Control Chief Won’t Let Pentagon Just say No; Tangle With defense Department Tests McCaffrey’s Power to Coordinate Federal Policy.”

a most significant way targeting three primary areas: Attacking the supply of drugs by strengthening our ability to stop them at the border; pull the mothballed Coast Guard fleet out and put it back in the water. Bill Clinton put it there. The heck with Bill Clinton. Put the money back in. Get them out in the water, and stop by interdiction. (Cong. Rec. 1998d, S5362)

Can the Governmental Politics Model Explain Drug Policy During the Clinton

Administration?

The governmental politics model can explain the perpetuation of emphasis on supply control. The interaction of the various institutions involved in policy making is crucial, particularly because it reveals the powerful role played by Congress. Congress appears to be the most important player in the drug war. The bureaucratic agencies are unable to pursue their agendas unless Congress favors the program. Even the ONDCP is powerless to achieve its set goals unless Congress is amenable to them.

The first aspect of drug policy making revealed by this model is that the bureaucratic institutions are not the driving force shaping policy. With its large budget and fundamental responsibility of national defense, the Department of Defense is arguably the most powerful of the bureaucratic departments. Still, as this chapter illustrates, Defense Secretary Cohen had little success in setting the Department's agenda when it came to the drug war. Cohen did not want an increase in funding for counter-narcotics programs. The ONDCP insisted on the increase in the Defense budget for counter-narcotics. Congress backed that increase. Although the committees directly associated with the military might have been reluctant to increase the role of Defense in counter-narcotics, other sectors of Congress were more than willing to do so. The ONDCP had the power through the National Narcotics Leadership Act to insist that the

Department of Defense follow its guidelines. Congress then backed the position of the ONDCP. The ability of the ONDCP with congressional backing to shape the behavior of the Defense Department reveals that institutional pressure from the agencies that execute counter-narcotics policy is not responsible for the perpetuation of emphasis on supply-side programs. Cohen was seeking to decrease the role of the Department of Defense in the drug war, but the ONDCP and Congress prevented that from happening.

The DEA has steadily obtained funding increases. Even when the emphasis of the Executive on interdiction declined during the early years of the Clinton administration, Congress continued to promote interdiction. Congress increased the number of DEA agents even though there had been no such request from the Executive branch (including from the DEA). This was possible because the DEA delivered a message of success in the drug war to Congress. The DEA provided numbers that congressmen could use to show that something was happening in the counter-narcotics effort. Not only are agencies not the actors driving the perpetuation of supply-side emphasis, the increase of the DEA budget by Congress despite no request for such an increase shows that the ONDCP's position may not hold much sway in the decision-making process if Congress does not agree. The politics and funding of the treatment and prevention programs underscores this idea.

During Lee Brown's tenure as the Director of the ONDCP, he strongly supported treatment organizations and the idea of treating hard-core addicts in order to reduce drug consumption. Congress did not respond to the ONDCP or to treatment organizations, despite the evidence that treatment could reduce drug consumption. Although the ONDCP was not successful at implementing a policy of hard-core treatment, it was successful in its pursuit of a billion dollar media campaign for

prevention. The differences between the two situations lay in how Congress perceived them. Hard-core drug addicts do not usually vote and are a small constituency. Teenagers likely to experiment with drugs have parents who vote: a potentially large group of voters. Beyond constituencies, the media campaign provided an opportunity to present very public counter-narcotics activity. The media prevention campaign met the needs of members of Congress who were seeking to please their constituents and be reelected. Treatment programs would have yielded results in terms of fewer drugs being consumed, but there would have been little to show to the public for purposes of reelection. Even the ONDCP has limited influence over the balance of demand and supply-side programs unless Congress supports the change. Congress approved of the media program, but was unmoved by appeals to fund treatment of hard-core users.

What this model reveals is that although critics blame the ONDCP or DEA or other institutions for the nature of U.S. drug policy, it is Congress that is the most important actor. Drug policy has not shifted away from supply-side and toward demand reduction because of Congress' preference for supply-side programs.

This model reveals that the continued emphasis in Congress on supply-side programs during the Clinton Administration resulted from party politics, budget inertia, and the need to appear "tough on drugs" for reelection. Party politics played a role when ONDCP Director Lee Brown sought to secure treatment for hard-core addicts. Even as information emerged showing effective treatment and prevention programs, those who denigrate demand reduction pointed to its legacy of ineffectiveness. Brown conflicted with those in Congress who promoted the approach pursued by Republican Presidents Bush and Reagan. Citing their success in reducing drug use, the Republican congressmen and senators criticized the Democratic Administration for its emphasis on

treatment and prevention instead of focusing on interdiction. They impeded Democratic initiatives that would have shifted money away from the supply-side, instead repeatedly increasing funding for supply-side institutions, even when those increases were not requested. This coincides with the problem of budget inertia. The funding for the drug war, although it has increased greatly, is still distributed basically the way it was during the Reagan Administration. Money has been distributed this particular way, and it perpetuates the status quo in institutional behavior, impeding innovation. Finally, members of congress seek reelection. Appearing to be taking a strong stance against drugs became important for reelection the 1980s, and continues to be so. Both Democratic and Republican candidates for office try to present themselves as taking action against drug using and trafficking. Promoting treatment programs, particularly for hard-core users does not win votes. Supporting programs that yield hard numbers in terms of traffickers arrested, amounts seized, and hectares eradicated—supply-side programs—does win votes.

The governmental politics model reveals that the Congress is the most important actor in the making of drug policy. The continuing emphasis on supply-side control of the drug trade can largely be explained by the interaction of the various institutions and Congress' overwhelming influence. An institution has been able to increase its share of the budget only by pursuing goals congruent to those of Congress. For Congress, it is budget inertia, partisan politics, and the need to be tough on drugs for reelection that shape the policy preference for supply-side action.

Figure 9.1 Governmental Politics: Theoretical Expectation and Analytical Outcome of Organizations Interactions, 1993-2000

Organization	Expectation	Analytical Outcome
ONDCP	As the organization that directs and integrates policy and produces the National Drug Control Strategy, this actor should yield tremendous influence in the policy process.	<p>*Brown pushed for hard-core treatment programs. McCaffrey promoted prevention programs.</p> <p>*McCaffrey's plan reached a broad constituency of parents, whereas Brown's touched hard-core users.</p> <p>*McCaffrey's plan was very visible, while Brown's was not high profile.</p> <p>*Congress embraced the visible plan that reached a broad audience, even though there was no proof of effectiveness of large media campaigns, and there was good evidence that treatment programs worked and would reduce drug consumption</p> <p>*Conclusion: ONDCP proposals will become policy only if Congress' interests and goals are very similar. The broad visible program let lawmakers appear to be taking action against drugs.</p>
Congress	As the organization that makes drug law and the drug budget, this actor should yield tremendous influence in the policy process. It responds to the public, a public that wanted strong punitive action against drugs	<p>*Both democrats and republicans favored tough action against drugs, so promoted enforcement and supply control programs.</p> <p>*Congress controlled the budget and used the threat of restricting funds to force agencies to comply with their policy objectives</p> <p>*Congress' commitment to the supply side was reinforced by partisan politics, the need to be tough on drugs for re-election, and budget inertia.</p> <p>*Conclusion: Congress was the most important player in the process, requiring the compliance of bureaucratic agencies and rejecting ONDCP initiatives that did not fit congressional goals.</p>

Department of Defense	As the largest and most powerful of the Cabinet Departments, this actor should yield considerable influence in the policy process.	<p>*Defense requested a small budget increase to maintain its counter-narcotics programs. The ONDCP, with its new authority to review drug budgets, insisted the budget request be increased.</p> <p>*Defense resisted, but Congress backed the ONDCP and demanded the budget be increased. Members of Congress favored an increased role for the military.</p> <p>* Conclusion: Defense had little control over its counter-narcotics involvement. The ONDCP had statutory authority over the budget and Congress approved the budget.</p>
DEA	As the agency specifically tasked with drug control and enforcement, this actor should yield considerable influence in the policy process.	<p>*The ONDCP shifted emphasis away from interdiction in the early Clinton years</p> <p>*In response, Congress increased funding to the DEA, providing funds that had not been requested</p> <p>*DEA presented to Congress clear data on the quantities of drugs intercepted and the number of traffickers arrested.</p> <p>*The data coincided with the congressional goal of taking a tough enforcement stance against drugs.</p> <p>*Conclusion: Although the ONDCP shifted away from interdiction, Congress did not. The DEA received funding and support because it supplied strong data showing apparent results to a congress that sought strong action against drugs.</p>
Treatment and Prevention	As the actors committed to demand reduction, they had minimal influence.	<p>*Brown pushed for hard-core treatment programs.</p> <p>*Treatment organizations showed clear evidence that treatment worked.</p> <p>*Congress dismissed treatment as ineffective, eliminating the possibility of a policy shift</p> <p>*Conclusion: Even though there was evidence of efficacy and treatment had ONDCP support, there was no shift as Congress, for partisan or reelection purposes resisted a “soft” approach to drugs.</p>

CHAPTER 10

CONCLUSIONS

Despite the apparent failure of U.S. drug policy, the government has not shifted its strategy away from a supply control emphasis. After examining the policymaking process through the three frameworks of rational actor, organizational behavior, and governmental politics, a number of insights about drug policy and several reasons for this resistance to change emerged. The most important of these are the predominant role played by the Congress in the making of drug policy and the ongoing institutional weakness of the organizations providing demand reduction programs.

Rational Actor

From the perspective of the rational actor, the adherence to the current emphasis on controlling the supply of drugs is not optimal, and does not maximize progress toward the policy goals of reducing the trafficking and use of drugs. A rational actor would not have pursued interdiction or eradication during either administration, as these approaches cost billions of dollars, but fail to produce significant results. Even though the amount of drugs shipped to the United States may be reduced by 30 percent by these efforts, there are still easily enough drugs available in the United States to more than meet market demand. Law enforcement has benefits, but those benefits, when compared on a financial cost basis, are dwarfed by those of treatment and prevention. Treatment and prevention programs produce the most cost-effective progress toward policy goals.

The purpose of interdiction is to stop drugs—to seize them—before they become available on the U.S. market. During the Bush years, 20 percent of the drug budget was used to interdict about 20 percent of the cocaine bound for the United States market.

This left between 400 and 550 metric tons of cocaine available for consumption—more than enough to fulfill market demand. Under the Clinton administration, when funding to interdiction fell in both dollar terms and as a percentage of the budget, seizures did not fall. This occurred even though interdiction had become more difficult as traffickers sought new methods to transport drugs to evade detection. Cocaine seizures still topped 100,000 kilos per year. Interdiction is not a rational policy, for it costs billions, and yet yields minimal return. Despite the billions spent on interdiction, the amount of cocaine and heroin that reached the U.S. market remained abundant, allowing for prices to fall and purity to increase

Eradication efforts incur costs in the countries in which they are executed. There are political costs to the host country governments. Coca and poppies are cash crops that provide a good, stable income to rural small farmers. Elimination of the coca and poppy crops grown by these farmers leave families without livelihoods. In both Colombia and Peru, these coca farmers lie in the political balance between the state and insurgent groups. Action against them can drive more people toward the guerrilla groups, whether for jobs or to oppose the government for damaging their farms. If eradication programs are to continue, and not have further adverse political consequences, introducing stronger programs to provide viable alternative economic development is crucial. Grassroots development programs to wean the coca and poppy growers off of their illicit crops could, in turn, provide greater stability and support for democratic governments.

Environmentally, eradication programs, particularly in Colombia, have great costs. The effects of aerial spraying of the herbicides are not known, and the indiscriminate nature of aerial spraying means that in addition to coca and poppies, legal crops (cultivated by those trying not to grow coca) can be killed as well. The herbicide

also appears to reach water sources. In an area with the biodiversity of Colombia, which includes Amazon rainforest, long-term effects of aerial spraying could be devastating. If eradication is carried out in other ways, for example, by hand, the plants can be replanted or replaced when the governmental authorities leave. Eradication is not a choice that a rational actor would pursue. The political and environmental costs are great, the possibility of replanting reduces the impact of any eradication effort, and despite the eradication of tens of thousands of hectares of coca, the cocaine flow to the United States has not subsided.

The military has been involved in both interdiction and training of military counter-narcotics troops in other countries. Military led interdiction is costly, and has not led to substantially higher seizure rates. Although the military surveillance may pick up the shipments in transit, law enforcement on the ground must be able to carry through on the bust after the surveillance identifies the trafficking operation. Despite the increases in law enforcement capacities, domestic agencies have not been able to capitalize on the increased drug intelligence information. The other problem with high tech surveillance is that it works well for air and sea shipments, but when traffickers switched to ground based transit or island-hopping shipping, the military radar was ineffective in tracking shipments.

The more significant concern for the U.S. military is its involvement with training troops, particularly in Colombia. The guerrilla was waged by the FARC and ELN is the oldest insurgency in Latin America. As the FARC became more involved with the drug trade in the 1990s, the lines between counter-narcotics and counter-insurgency military activity became blurred. The political cost for the United States of military programs has grown, not only because of the potential for human rights violations by the Colombian

military, but more because of the overall cost of being drawn into an intractable guerrilla war through counter-narcotics initiatives.

Law enforcement programs are the most effective of the supply-side endeavors, but they have produced unintended consequences. While the programs have taken more traffickers and users off the streets, prisons have become overcrowded. Harsher laws, including mandatory minimum sentences and requirements that drug offenders complete over 80 percent of their sentences have contributed to this overcrowding. Over 55 percent of federal prisoners are behind bars on drug trafficking charges. In 2003, the United States had more people incarcerated than any country in the world, and many of those prisoners were convicted on drug charges. The overcrowding is leading to more costs, both for building prisons and caring for prisoners. As states face budget shortfalls, they are seeking ways to reduce the amount spent on prisons, which is leading to innovations that I will discuss below.

Treatment and prevention programs can be successful at reducing drug use. The government, however, has not increased funding despite evidence of efficacy. As evidence on the effectiveness of treatment began to emerge, especially by the mid 1990s, a rational actor would have shifted support to promote and expand treatment programs. In the area of prevention, studies also showed that certain programs brought positive results. The government, unfortunately, continued to fund well-known programs instead of programs that work. D.A.R.E has been shown to have the same impact as no program at all just one year after a child participates, but the program is still funded well and praised as emphasizing self-esteem and equipping “each participant with the skills to just say no to peer pressure when confronted with the temptation to use drugs” (Cong. Rec.

1997c, S6010). A rational drug policy would provide a greater emphasis on treatment and prevention programs that have been *proven* effective.

Organizational Behavior

Bush Administration

During the Bush Administration, the sum of the action of the institutions involved in drug policy did seem to result in a continuation of the supply-side approach to drug control. During the Clinton years, however, the organizational behavior model did not have strong explanatory power.

As George H.W. Bush came into office, one of the widely held public concerns was the level of drug trafficking and use. Both the Congress and the ONDCP responded to that concern, taking strong action against drugs. William Bennett, leading the ONDCP, took a moralistic approach to drug control, and, in the first National Drug Control Strategy, framed the drug question in terms of law enforcement and criminal behavior. He did not believe that treatment could be effective, particularly because he did not think hard-core users would choose treatment even if it were available. While many in Congress advocated the expansion of treatment programs, the stronger trend was toward being “tough” on drugs. “Toughness” translated to enforcement and interdiction—a response to the public’s desire for rapid, punitive action against drug traffickers and users.

As the Department of Defense was brought into the drug war, the emphasis on the supply-side jumped, as it was given responsibility for much of the international interdiction effort. Defense did not want to take part in the drug war, but faced with the possibility of losing funding, it fulfilled its new mission. DEA, by definition, is a law enforcement organization, and its ability to produce visible results in terms of drugs

seized and arrests made would have also led to a continued emphasis on supply control. The Department of State was to carry out a variety of programs, including those that would strengthen the judicial system and those that provided alternative economic development. Ultimately, though, most of State's counter-narcotics budget went to training and supporting enforcement and eradication efforts.

The organizations responsible for federal treatment and prevention efforts made funding grants to the states. These programs were plagued by a lack of accountability. States did not have to demonstrate that they had used the grant money in the way it had been designated. During the Bush years, there was also little scientific evidence that these programs yielded success. NIDA, the research organization was criticized for pursuing research that had little relevance to the current situation and for failing to respond to the needs of the practitioners in the field who were trying to use the research. This weakness in the institutions of demand reduction helped to perpetuate the limited emphasis on demand reduction, while the tendency of both Congress and the ONDCP to emphasize treatment was backed up by the behavior of Defense, State, and the DEA.

Clinton Administration

During the Clinton Administration, the operating procedures of the various institutions should not have yielded such a strong emphasis on the supply side. ONDCP Directors stressed treatment and prevention, but were unable to shift the balance of the budget in that direction. Two of the supply-side actors, the Department of State and Department of Defense sought to maintain their budgets or to obtain incremental increases. They did not seek large budget increases. The Department of Defense had pursued the drug war while it was the only war they had, and therefore a source of funding, but by 1998, other, more traditional, national defense priorities were much

higher on the agenda for Defense. With this pressure from the ONDCP and from two major cabinet departments, emphasis on the supply side should have decreased if the organizational behavior model held true.

The organizations that contributed to a continued supply control emphasis were Congress, the DEA, and through their weakness, treatment and prevention organizations. The DEA, with its new approach of addressing drug trafficking from the international level down to the street level, required increased funding. Congress, with its continued enthusiasm for the tough approach to drugs, embraced the DEA enforcement initiative and increased the DEA budget and the number of agents. More importantly, Congress took a more active role in drug policy formation during the Clinton years, as both Democratic and Republican lawmakers perceived that the president was not taking the lead. Although lawmakers acknowledged the importance of treatment and prevention, they placed greater emphasis on enforcement, interdiction, and international programs that allowed them, in the view of constituents, to take strong action against drugs.

Of the demand reduction organizations, only CSAT provided a reason that funding should have shifted. The new evidence of the effectiveness of drug treatment, the inclusive nature of CSAT's initiatives and its increased ability to provide information on treatment should have resulted in more funding for treatment. The weaknesses of the other institutions may have reduced that possibility. Reorganization and ineffective behavior characterized the organizations for treatment, prevention, and research. They also continued to be plagued by the other problems that existed during the Bush Administration. CSAP provided little new information to workers in the field, and its most popular material on drug abuse prevention was actually produced by NIDA. NIDA continued to be weak, pursuing research with little practical purpose to current drug

problems. It did, however, begin to address the disjuncture between its research and what the field needed. With the exception of CSAT, there was little in the behavior of the organizations related to treatment and prevention that would have inspired a policy shift toward demand reduction.

The overall weakness of the institutions of demand reduction is the most important factor in determining the balance between supply-side and demand reduction programs that emerged in this examination of organizational behavior. The inherent weaknesses of the lack of accountability, the failure to interact with practitioners, and the tendency to produce research that had little bearing on the current drug usage situation combined with the legacy of little scientific proof of treatment effectiveness meant that there would be little reason to shift emphasis toward demand reduction.

Governmental Politics

Bush Administration

The most prominent figure of the drug war during the Bush years was ONDCP Director William Bennett. He was responsible for the first National Drug Control Strategy, a strategy that set the balance of drug control efforts clearly to the supply side. He used the office as a bully pulpit, effectively keeping drugs in the national spotlight and pushing for congressional action. Although he was prominent and well covered by the media, a closer look reveals that he faced battles with the rest of the bureaucracy and with Congress—battles he did not often win. In dealing with the Justice Department, the Customs Service, and even the Budget Director, Bennett's confrontational style did not always obtain results. The Attorney General held on to his turf regarding the drug issue, not acknowledging Bennett's authority to coordinate national policy. The Customs Service simply ignored ONDCP requests to spend its budget the way it was allocated,

with certain funds committed to counter-narcotics. Budget Director Richard Darman refused to grant the ONDCP its requested increases in proposed budgets.

While the ONDCP was prominent in the news, it was Congress that was the key actor. Driven by the need to please constituents, and therefore push for tougher punitive drug policies, lawmakers adopted harsher drug laws, and largely embraced the policy presented by Bennett that focused on law enforcement and supply-side programs. Many Democratic lawmakers criticized Bennett and the ONDCP for failing to emphasize treatment programs, but when new funding was distributed, it went to the programs for supply control, not demand reduction. Treatment programs were not favored by Bennett's ONDCP, and they were not the preferred approach of Congress, despite the rhetoric. Instead, both Democrats and Republicans supported enforcement programs, which provide tangible evidence of government action against drugs.

The strength of the ONDCP in relation to Congress was illustrated by a squabble over treatment. In committee, a funding increase for treatment that was proposed by the Bush administration was cut. Democratic lawmakers had repeatedly criticized the Bush Administration for failing to support the treatment. Bennett badgered Congress in the press, pointing out the inconsistency of their behavior. Faced with the public attention to its failure to support the treatment proposal, the democratic leadership of Congress saw that the requested funds were restored. The funding was not approved because the ONDCP wanted it. It was approved because the majority party found itself in the position of voting against treatment and prevention funding, when its members had been avidly arguing for increased treatment and prevention programs.

Congress also exercised its influence over the bureaucracy, most notably over the very powerful Department of Defense. Defense had been slow to implement the drug

war programs, spending only a fraction of the money allocated to it. Sensing the reluctance, Senators D'Amato and DeConcini threatened Defense with the loss of over \$200 million in funding. Secretary of Defense Cheney quickly assured Congress that Defense was committed to the drug war. Although the visible actor was the ONDCP Director, the most influential actor in the policymaking process appeared to be the Congress, clearly holding sway over the bureaucracy.

Clinton Administration

The governmental politics model did explain why the supply-side emphasis was perpetuated through the 1990s. During the Clinton Administration, the dynamics of drug policy clarified, revealing Congress as the most powerful actor in the making of drug policy. Indeed, for any policy proposal from the ONDCP or from the bureaucracy to succeed, it had to coincide with the needs of lawmakers to respond to their constituents.

During the Bush administration, the policy advocated by the ONDCP generally was consistent with the interests of Congress, and the policy was largely implemented. Under Clinton, the ONDCP began emphasizing treatment and prevention—a different course. ONDCP Director Lee Brown was the first drug czar to propose a policy that aimed at reducing drug use among hard-core users—those who consume most of the drugs in this country and drive demand. Congress rejected his treatment plan. Lawmakers had other interests, as Clinton's failure to take an interest in drug policy allowed them to exercise greater authority in drug policymaking. Perceiving that Brown did not have strong backing from Clinton, they chose to continue pursuing supply-side approaches. Republicans even advocated a return to interdiction and a continuation of the policies of Reagan and Bush. The push toward hard-core treatment did not coincide

with the interests of Congress, as it neither helped lawmakers appear tough on drugs nor furthered the existing policy agenda that favored supply side programs.

Barry McCaffrey promoted education and prevention programs, the most visible of which was the billion dollar media campaign. Congress gave little support to treatment programs for hard-core addicts, but it embraced the very public media campaign targeted at youth. While aiding drug addicts may not win votes, a widely aired media prevention program potentially could show many voters that lawmakers were taking action against drugs. This difference in the success of ONDCP proposals reveals that the ONDCP has limited influence over the balance of demand and supply-side programs unless Congress supports the change. Congress approved of the media program, but, despite rhetoric about the importance of treatment, lawmakers were unwilling to fund treatment of hard-core users.

The governmental politics model also revealed that the bureaucratic institutions are not the driving force shaping policy. The Department of Defense is arguably the most powerful of the bureaucratic departments, but Defense Secretary Cohen did not set the Department's agenda when it came to the drug war. Although Cohen did not want an increase in funding for counter-narcotics programs, the ONDCP and Congress overruled him, increasing the Defense Department's funding for counter-narcotics. The ONDCP, with congressional backing, shaped the behavior of the Defense Department. The DEA survived the Clinton administration's shift of emphasis away from interdiction, and, without requesting it, even increased its budget and the number of agents thanks to congressional interest. The DEA provided Congress with hard evidence of seizures and arrests, which supported lawmakers' desire to show progress in the war on drugs. The Defense Department and DEA both had budget increases that they did not request. In the

case of Defense, Secretary Cohen worked against the increase, but to no avail. These two examples show that the bureaucratic institutional actors are not responsible for the perpetuation of emphasis on supply-side programs. The perception, inspired by Mort Halperin, that the policy may not have shifted because of entrenched bureaucratic interests does not have great relevance in the case of drug policy. The biggest players in the bureaucratic game asked for budget reductions or small increases, but instead received significant budget increases. Defense was actually seeking change and a shift in policy as it sought to scale back its drug war involvement during the Clinton years.

Congress, not the ONDCP, DEA, or Defense, is the most important actor in the making of drug policy. The other organizations achieve their policy objectives only if those goals are congruent with the interests of Congress. The policy has not shifted away from supply-side and toward demand reduction because of Congress' preference for supply-side programs.

Why Has There Been No Shift in Policy?

There has been no shift in policy because Congress, the most powerful institution in the making of drug policy, has no reason to change course. The current budget balance of two-thirds to the supply side has been in place since the Reagan years, acquiring a tremendous inertia. The preference Congress has for supply-side programs is perpetuated by several different factors, including the weakness of the demand reduction institutions, party politics, budget inertia, and the need to appear "tough on drugs" for reelection.

As members of Congress made decisions about how to best address the drug war, the demand reduction institutions of treatment and prevention gave them little reason to consider shifting emphasis to demand reduction. The institutions of treatment and prevention have been, as I noted in Chapter 7, in disarray. Numerous reorganizations

combined with a legacy of little scientific proof that treatment works impeded treatment organizations from being given greater emphasis. Even as information emerged showing effective treatment and prevention programs, those who denigrate demand reduction pointed to its legacy of ineffectiveness.

Party politics played a role in the policy making of both administrations. During the Bush years, Democratic lawmakers consistently argued for more treatment and prevention programs, while the administration pushed forward a plan that emphasized the supply-side. The supply-side plan went forward, because neither Democrats nor Republicans could appear to look “soft” on drugs, so both parties contributed to the perpetuation of the existing balance. During the Clinton years, when ONDCP Director Lee Brown sought to secure treatment for hard-core addicts, he conflicted with those in Congress who promoted the approach pursued by Republican Presidents Bush and Reagan. Republican congressmen and senators claimed the Reagan and Bush approach was successful, and they criticized the Clinton Administration for its emphasis on treatment and prevention instead of interdiction. They impeded Democratic initiatives that would have shifted money away from the supply-side, instead repeatedly increasing funding for supply-side institutions, even when those increases were not requested. This coincides with the problem of budget inertia. The funding for the drug war, although it has increased greatly, is still distributed basically the way it was during the Reagan Administration. Money has been distributed this particular way, perpetuating the status quo in institutional behavior and impeding innovation.

Lastly, members of congress seek reelection. Appearing to be taking a strong stance against drugs became important for reelection the 1980s, and continues to be so. Both Democratic and Republican candidates for office try to present themselves as taking

action against drug using and trafficking. Promoting treatment programs, particularly for hard-core users does not win votes. Supporting international and law enforcement programs that yield tangible results in terms of traffickers arrested, amounts seized, and hectares eradicated—supply-side programs—does win votes. The supply-side emphasis fulfills the desire of constituents for strong action against drugs and drug trafficking. This is consistent with the observation of Murray Edelman that “shaping of mass political support and opposition is the basic political phenomenon underlying and constraining the actions of elites”(Edelman 1971, 175). Presidential and congressional rhetoric shaped the public’s expectation of governmental action toward drug users and traffickers. The public expects tough action, an expectation that yields an emphasis on law enforcement, interdiction and other supply-side programs.

What Could Lead to a Policy Shift?

The current drug policy has failed to diminish the drug problem in the United States. The U.S. Congress, the primary institution responsible for drug policy, is committed to a supply-side approach emphasizing punitive action toward offenders. This results from a combination of factors that include the need to appease constituents’ desire for rapid and punitive action, the dynamics of party politics, and budget inertia. In addition, the weakness of demand reduction organizations provides little reason to lawmakers to shift emphasis away from an approach that yields hard numbers and results to one that has problems with accountability and with action that is germane to the current problem, like NIDA continuing to research morphine addiction. U.S. drug policy has failed, and it is at a standstill. This leaves the United States with the continuing drug problem and the unaddressed consequences of the current drug policy, most notably

prison overcrowding and the large number of drug offenders in prison. The states have inherited much of the problem.

Faced with a national government mired in a failed policy, the states are forced to seek solutions to the original problem of drug use and trafficking and to the additional problems, such as prison overcrowding, that the national policy has created. Cities and states are finding innovative ways to address the drug problem, as the national effort has failed to solve or reduce it. In Baltimore and San Francisco, the city governments are attempting to provide treatment on demand to addicts.¹ One state initiative has been that of Arizona, the first state to give all nonviolent drug offenders probation and treatment. The Arizona Supreme Court estimated that the state saved \$2.5 million in the first year of the program.² Following Arizona's lead, citizens of California approved a referendum in 1999 that gave first and second time drug offenders treatment and alternative sentencing instead of mandatory minimum sentences. Other states are eliminating mandatory minimum sentences for drug possession or are reducing the amount of the sentence that must be served. Changes like this are occurring under the leadership of both Democratic and Republican governors in states across the country.³ The changes are designed to reduce the problems of prison overcrowding and burgeoning corrections costs created by mandatory minimum sentences and tough drug laws.

Writing during the Great Depression, Justice Louis Brandeis dissented in the 1932 case *New State Ice Company v Liebmann*. It was a time when states were seeking ways to alleviate the economic and social troubles caused by the Great Depression, as the

¹ Alexandra Marks, "With Jails Packed, More States Try Treatment," *Christian Science Monitor*, January 5, 2000.

² Alexandra Marks, "More States Turn to treatment in Drug War," *Christian Science Monitor*, May 5, 1999.

³ Fox Butterfield, "States Easing Stringent Laws on Prison Time," *The New York Times*, September 2, 2001.

national government under Herbert Hoover was not taking action. Brandeis viewed experimentation as the way of progress. He wrote, “There must be power in the states and the nation to remould, through experimentation, our economic practices and institutions to meet changing social and economic needs.” He continued, “It is one of the happy incidents of the federal system that a single courageous state may, if its citizens choose, serve as a laboratory; and try novel social and economic experiments without risk to the rest of the country.” The states are now facing the costs of the many years of tough drug policy created. To reduce those costs, they are experimenting with different approaches much as Brandeis believed should happen. Practical considerations are forcing states to reconsider mandatory minimum sentences and are pushing them toward using treatment programs instead of punishment to address the drug problem.

Drug policy on the national level is largely in the hands of the Congress. Without several changes in the political environment, those hands are unlikely to shift their current grip on supply-side programs. The factors of change include the strength of federal demand reduction institutions, public opinion regarding treatment and prevention programs, and the success of states’ experiments with addressing the drug problem. First, the federal organizations of treatment and prevention would need to be strengthened, perhaps following the example of CSAT to establish accountability in their programs and to make their research and programs relevant to the current drug problem. Second, public opinion would have to shift, as it did in the early 1970s, toward prevention and treatment. Such a shift may be underway, as much of the current move in the states toward treatment and reduction of criminal penalty for drug possession is being led not by politicians, but rather by leaders from a variety of judicial, religious and social

organizations.⁴ Third, the experiments of the states would have to succeed, providing examples to the federal government of programs that can work and effectively reduce the drug problem the United States faces. Until the experiments of the states bring results, public opinion shifts to support treatment and less punitive action for drug offenses, and the demand reduction organizations are strengthened, Congress will remain locked into its current commitment to controlling drugs through supply-side programs.

⁴ Alexandra Marks, "In Drug War, Treatment Is Back," *Christian Science Monitor*, July 14, 2000.

Figure 10.1 Results of the Assessments of the Rational Actor, Organizational Behavior, and Governmental Politics Models for the Bush and Clinton Administrations

Model and Administration	Outcome
Bush Rational Actor	Rational choice theory cannot explain policy emphasis on supply-side programs, as interdiction, international, and eradication programs are not rational policy choices. Law enforcement and treatment programs are rational, and education programs may be rational, but the latter two would point to a rational emphasis on demand reduction.
Clinton Rational Actor	Rational choice theory cannot explain policy emphasis on supply-side programs, as interdiction and eradication programs are not rational policy choices. International programs may be rational if executed properly. Law enforcement, treatment, and education programs are clearly rational. The latter two would point to a rational emphasis on demand reduction.
Bush Organizational Behavior	The organizational behavior model may explain the policy emphasis on supply-side programs, as the behavior of the ONDCP, Congress, Defense, and the DEA led to increased funding and continued supports for supply control. Demand reduction actors were institutionally weak and did not provide clear evidence of success, giving little reason for an emphasis on demand reduction
Clinton Organizational Behavior	In the changed environment of the 1990s, the organizational behavior model cannot explain the policy emphasis on supply-side programs, as the ONDCP, State, Defense, and CSAT behaved in a way that should have reduced supply-side emphasis and shifted some focus to treatment. Congress and the DEA behaved in a way that would have perpetuated the supply-side, and NIDA and CSAP reflected institutional weakness or ineffectiveness that would not have inspired a shift toward demand reduction
Bush Governmental Politics	The governmental politics model may explain the policy emphasis on supply side programs. Congress appears to be the most influential player in the drug policy game, as it wields budgetary power over the bureaucratic agencies. The ONDCP seems to have some influence, but how much is in question, as the goals of the ONDCP and the Congress were largely parallel in terms of taking a law enforcement and supply control approach to the drug issue.
Clinton Governmental Politics	The governmental politics model explains the policy emphasis on supply side programs. Congress emerges as the most important player in the drug policy game. The bureaucratic agencies are subject to its budgetary authority and therefore yield to its power. Even the ONDCP can only achieve its goals if they are consistent with the goals of Congress. Congress is committed to the supply-side emphasis because of the re-election necessity to appear tough on drugs, budget inertia, and partisan politics.

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