

THE DRUG DILEMMA: RESPONDING TO A GROWING CRISIS

JASON STONE AND
ANDREA STONE

The Drug Dilemma

Responding to a Growing Crisis

This page intentionally left blank

The Drug Dilemma

Responding to a Growing Crisis

Edited by Jason Stone and Andrea Stone

International Debate Education Association
NEW YORK ★ AMSTERDAM ★ BRUSSELS

Published in 2003 by
The International Debate Education Association
400 West 59th Street
New York, NY 10019

© Copyright 2003 by International Debate Education Association

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, without permission of the publisher.

ISBN 0-9720541-2-X

Library of Congress Cataloging-in-Publication Data

The drug dilemma : responding to a growing crisis / edited by Jason Stone and Andrea Stone.

p. cm. — (IDEA sourcebooks in contemporary controversies)

Includes bibliographical references.

ISBN 0-9720541-2-X (alk. paper)

1. Drug abuse--Prevention. 2. Narcotics, Control of. I. Stone, Jason, 1972 Oct. 3-- II. Stone, Andrea, 1974-- III. Series.

HV5801.D726 2003

362.29'15--dc21

2003008874

Printed in the United States of America

IDEA Sourcebooks on Contemporary Controversies

The International Debate Education Association (IDEA) has dedicated itself to building open and democratic societies through teaching students how to debate. The IDEA Sourcebooks on Contemporary Controversies series is a natural outgrowth of that mission. By providing students with books that show opposing sides of hot button issues of the day as well as detailed background and source materials, the IDEA Sourcebooks on Contemporary Controversies give students the opportunity to research issues that concern our society and encourage them to debate these issues with others.

IDEA is an independent membership organization of national debate programs and associations and other organizations and individuals that support debate. IDEA provides assistance to national debate associations and organizes an annual international summer camp.

This page intentionally left blank

Table of Contents

❖ Introduction	9
❖ Section 1: The Harm Reduction and Demand Reduction Perspective	17
Social and Economic Costs of Illicit Drugs <i>by The United Nations Department of Public Information</i>	19
Harm Reduction: A Framework for Incorporating Science into Drug Policy <i>by Don C. Des Jarlais Ph.D.</i>	23
Key Role of Substitution in Drug Treatment <i>by the European Monitoring Centre for Drugs and Drug Addiction</i>	30
Dutch Practice Liberal Policies <i>by Jeremy Bransten</i>	41
The Threat to Rural Communities from Methamphetamine Production, Trafficking, and Use: Testimony <i>by Larry Counts</i>	48
Effective School Safety and Drug Prevention Efforts in Our Schools and Communities: Testimony <i>by Donald Wismer</i>	58
Are We Doing Enough? <i>by Michael R. Roona and Alexandra Eyle</i>	63
On Reinventing Drug Education, Especially for Adolescents <i>by Rodney Skager, Ph.D.</i>	72
❖ Section 2: Controlling Drugs through Law Enforcement	83
Drug Legalization, Decriminalization, and Harm Reduction: Testimony <i>by Donnie Marshall</i>	85
Drug Legalization, Decriminalization, and Harm Reduction: Testimony <i>by David Boaz</i>	99
The Issues Surrounding Medical Marijuana: Testimony <i>by Ronald E. Brooks</i>	110
Sweden's Strict Policies <i>by Jeremy Bransten</i>	120
Drug Control Strategies Must Respect Human Rights <i>by Human Rights Watch</i>	125
Punishment and Prejudice: Racial Disparities in the War on Drugs—Summary and Recommendations <i>by Human Rights Watch</i>	131

❖ Section 3: Supply Reduction: Getting Rid of Drugs at Their Sources and in Transit	143
Needed: Tangible Political Will <i>by Barry R. McCaffrey</i>	145
The International War on Drugs <i>by the Cato Institute</i>	154
America's International War on Drugs <i>by National Public Radio</i>	166
Review of the Anti-Drug Certification Process: Testimony <i>by Benjamin Gilman</i>	190
Review of the Anti-Drug Certification Process: Testimony <i>by Mathea Falco</i>	194
❖ Section 4: The European Union's Drug Policies	205
Adapting To New Realities <i>by Jeremy Bransten</i>	207
Drug Users and the Law in the EU <i>by the European Monitoring Centre for Drugs and Drug Addiction</i>	211
Czechs Catch Up With the West <i>by Jeremy Bransten</i>	219
❖ Section 5: Terrorism and Drugs	225
The Threat Posed by the Convergence Of Organized Crime, Drug Trafficking and Terrorism: Testimony <i>by Frank Cilluffo</i>	227
The Threat Posed by the Convergence Of Organized Crime, Drug Trafficking and Terrorism: Testimony <i>by Ralph Mutschke</i>	239
Afghanistan: Farmers Face Choice of Poppies or Poverty <i>by Askold Krushelnycky</i>	267

Introduction

Few contemporary issues have generated as much debate as how to deal with drug abuse. Some experts emphasize policies reducing demand; others stress reducing supply. Some argue that the only way to stop the drug problem is through strict enforcement of laws banning drug possession, use or sale. Others call for a complete abandonment of the legal approach and recommend that governments view drug abuse as a sociological or public health issue.

Through a series of articles, *The Drug Dilemma* offers an overview of these divergent perspectives. Section 1 looks at the strategy of demand reduction, curbing drug abuse by limiting the market for drugs. Nations have adopted a wide variety of demand reduction policies, ranging from life skills education and drug treatment programs to the more controversial approaches of drug substitution and harm reduction, including the state-sponsored provision of drugs or drug implements. This section opens with an article from the *U.N. Chronicle* outlining the social and economic costs of illicit drugs. Asserting that “substance abuse and addiction have changed the very nature of life for societies all over the world,” it underscores the importance of the drug abuse issue in contemporary society.

In the next article, Dr. Don Des Jarlais recommends an explicit public health perspective to substance abuse with an emphasis on harm reduction. He articulates three immediate tasks for such a program: providing treatment for drug abusers; reducing the transmission of HIV associated with illicit drug use; and giving abusers non-criminal access to some drugs under very controlled conditions. He acknowledges that many elements of harm reduction programs are controversial, but argues that drug policy should be based on science rather than cultural norms.

The bimonthly briefing by the European Monitoring Centre for Drugs and Drug Addiction next examines the specific harm reduction policy of substitution, replacing a drug with one less dangerous. The most prevalent of these programs involves substituting methadone for heroin. Addicts register and receive a methadone pill under supervised conditions rather than inject heroin. The drug's psychoactive properties mean that the "high" attained from methadone is very similar to that of heroin. However, the effects of methadone last longer, 70–80 hours, and use of the drug provides much less opportunity for overdose. Just as important, because methadone is taken orally, addicts avoid the risks of HIV and other blood-borne diseases associated with sharing needles.

Substitution has strong opposition. Critics maintain that the state provision of drugs to addicts decreases its moral authority to properly pursue anti-drug policies. Additionally, some addicts begin the substitution therapy, and when their dose of methadone is reduced, return to shooting heroin. These addicts then are hooked on both heroin and methadone.

The next article, part of a series on drugs in Europe by Radio Free Europe correspondent Jeremy Bransten, examines Dutch drug policy, which is based on demand and harm reduction. For years, the Netherlands has had some of the most liberal drug laws in Europe. Drugs are illegal, but the government has decriminalized the use of marijuana and hashish so that it can focus its efforts on pursuing drug traffickers and providing treatment for hard drug users. Like many of its neighbors, the Netherlands instituted a needle exchange program, but it has gone a step farther, encouraging heroin addicts to switch to methadone. The Dutch say their policy has been successful, reducing both the number of hard drug users and young people trying marijuana.

The last four articles in this section look at U.S. demand reduction programs. The first, by Larry Counts, examines the use of drug courts, judicial bodies that ensure that the drug users who come before the court receive appropriate sentencing and supervised treatment. The courts are a manifestation of the realization that the wholesale warehousing of first-time offenders in the penal system is a costly and inappropriate response to drug use.

Although drug treatment and harm reduction are important, all experts agree that prevention through education is the best solution to the drug problem. Controversy arises, however, on the content of education programs. D.A.R.E. (Drug Abuse Resistance Education), the most prevalent program in the United States, stresses zero tolerance. Taught by specially trained police officers in over eighty percent of the nation's school districts, the program stresses abstinence and gives children the skills to avoid drugs and violence. Several studies have showed that D.A.R.E. is ineffective, but Donald Wismer, supervisor of the D.A.R.E. program in Ft. Wayne, Indiana, defends the program. In contrast, Michael Roona and Alexandra Eyle question the efficacy of such a broad program and recommend concentrating resources on at-risk populations.

Section 1 concludes with Dr. Rodney Skager's informed critique of federal drug education programs. He states bluntly that they have failed. By embracing zero tolerance, educators have ignored adolescent development and disregarded the reality of drugs in contemporary society. Skager recommends setting more realistic and pragmatic goals for prevention education, including delaying the age of first use and reducing rather than eliminating overall drug use.

Section 2 looks at the law enforcement approach in controlling drugs, which combines supply and demand reduction strategies. Law enforcement reduces supply by intercepting drugs before they reach the streets and decreases demand by imposing severe penalties on drug use and sale. Those who favor this approach adamantly oppose harm reduction and decriminalization of even "soft" drugs such as marijuana. In the first article of the section, Donnie Marshall, deputy administrator of the U.S. Drug Enforcement Administration, contends that legalizing marijuana would dramatically increase drug use and eventually lead to the legalization of all drugs. In contrast, David Boaz, of the libertarian Cato Institute, argues for the state licensing of drug sales. Ronald Brooks, chair of the National Narcotic Officer's Association Coalition, then warns of the consequences of legalizing marijuana, even for medical use.

The fourth article, by Jeremy Bransten, looks at Sweden's drug control strategy, which like that of the United States, emphasizes law

enforcement. During the 1990s, arrests for minor drug offenses increased by 70 percent, but there was with no decline in drug use, and drug overdose death rates remain among the highest in the European Union.

The last two articles in this section, written by Human Rights Watch (HRW), analyze the impact of a law enforcement strategy on individual rights. In the first, a statement to the U.N. General Assembly, HRW contends that the strategy has led to rights abuses, including the use of the death penalty for drug offenses, excessive sentences applied for minimal drug violations, and the failure to ensure fair trials for those accused of drug crimes. While acknowledging the harmful effects of drugs, the organization calls on the U.N. to affirm that fundamental rights must not be sacrificed in the pursuit of counternarcotic goals and urges policies based on treatment and education to reduce demand.

In the last article of the section, Human Rights Watch argues that the U.S. “War on Drugs” has a disproportionate impact on African-Americans, who are more likely to be incarcerated on drug charges than whites. HRW decries this racial disparity as contradicting the principle of equal protection of the laws, but emphasizes even if justice were applied evenly, drug policies that focus on incarceration are wrong and recommends a series of reforms.

Section 3 focuses on the supply-reduction element in the U.S. anti-drug policy. Americans spend approximately \$60 billion dollars a year on drugs, making the United States the single largest marketplace for drugs in the world (Zill & Bergman, 2000). In an effort to limit drug trafficking, Washington has taken the “War on Drugs” overseas, spending billions of dollars to destroy drugs at the source or stop them from entering the United States. The United States fights this war in a variety of ways: spraying illegal crops with pesticides; encouraging crop substitution; augmenting domestic interdiction capabilities with security assistance allocations; training foreign military and advisors; and providing airborne radar command-and-control support, satellite imaging intelligence, and surveillance assistance to the governments of major supplier nations. One of its most controversial programs is certification, requiring nations that Washington

lists as major drug producers or shippers to prove that they are working to control the drug problem before receiving aid.

Proponents of the supply reduction approach believe that destroying narcotics in the field or in transit is the most efficient way to root out drugs. Users are not able to obtain drugs, and if some drugs are available, the price is so high that few can afford them. Opponents say that this theory does not work in practice. In the global drug market place, interdiction is like squeezing a balloon. When one country increases its interdiction efforts, another expands production. And because the price paid to growers is only a minor component of drug cost, crop substitution has little effect on the final street price. Opponents also maintain that exporting the “War on Drugs” diverts attention from the social problems that lead to drug use and has led to political destabilization in supply nations such as Colombia.

Section 3 opens with an article by General Barry McCaffery, director of the White House Office of National Drug Control Policy, who discusses the successes of international interdiction efforts in the late 1990s. In contrast, the second article, by the Cato Institute, views the U.S. “War on Drugs” as a failure, increasing violence and corruption, decreasing economic stability, and retarding democratic growth in foreign nations while failing to recognize drugs as a significant domestic problem. In the third article, a transcript of a discussion originally aired on National Public Radio, a team of drug policy experts discusses the successes and failures of drug control policy. Finally, the fourth and fifth articles offer opposite views on the controversial certification process.

Section 4 looks at drug policy in the European Union (EU). This powerful alliance is made up of 15 member countries that have agreed to accept many Union-wide laws and regulations, but not on drug policy. Under a series of conventions, EU members have to have a uniform policy on drug traffickers but formulate their own laws with regard to deterring drug use and dealing with drug users. As we saw in previous sections, these measures vary widely, from the strict legal enforcement strategy of Sweden to the liberal drug policies of the Netherlands. The first article in this section, another part of Bransten’s series on drugs in Europe, gives an overview of EU drug

policy. The next looks at the similarities and differences in policy between countries and concludes that, even without specific EU guidelines, countries' drug policies are converging. The last article looks at drugs and drug policy in the Czech Republic, a candidate for EU membership. When Communism fell, the former Soviet bloc nation suddenly became a favored drug transit route and drug-user destination.

The last section of the book focuses on the link between terrorism and drugs. Drugs and terror are connected in three ways (The National Youth Anti-Drug Media Campaign, 2002b). First, drug money has replaced state support of terrorism since the fall of Communism at the end of the 1980s. In fact, 12 of 28 groups the U. S. Department of State lists as terrorist organizations have also been identified as having links to drug trafficking (The National Youth Anti-Drug Media Campaign, 2002b). Second, the drug traffickers and terrorists use the same methods to accomplish their goals. They attempt to undermine democracies with intimidation and bribes. They launder money, falsify documents, and are involved with the illegal arms trade. Finally, the groups also frequently are geographically intertwined. Both thrive where legitimate governments are too weak to suppress them. The first two articles in the section examine the connection using examples from across the globe. The last piece looks at post-Taliban Afghanistan and the policies that are designed to turn a nation that once supported terrorism through the growth of poppies into a stable democracy.

Organization

Unlike a variety of other books that consider the opposing viewpoints of drug policy, this book is designed as a starting point for academic debate. Each section opens with an overview of the articles included. This is followed by resolutions that can be debated using the information contained in the articles. We present three types of resolutions in each section. Propositions of fact deal with what is true or false or what can or cannot be proven. Propositions of value deal with issues of morality or justice. Finally, resolutions for policy debate present issues of what should or should not occur and whether or not

the affirmative's plan should be enacted through fiat (Campbell, 1996). These resolutions can be used in various debate formats, including cross-examination, Lincoln-Douglas, public, and parliamentary debates. Following each article, we present questions to facilitate discussion and increase critical thinking. These questions strive to help students to dig deeper into the arguments that the author makes and to uncover themes among articles.

The goal of this book is to encourage debate and discussion about international drug policy. The ideas that germinate in the academic world inevitably trickle up to policy makers. As a part of the academic world, debaters play an important role in this dissemination of ideas. Very few academic debaters stay in the academy. Many move on to positions of authority by virtue of the skills they have learned. By studying contemporary social issues, such as drug policy, debate students not only become informed about the topic at hand, but also hone their critical thinking, researching, policy analyzing and public speaking skills to become better advocates for whatever causes they choose to champion later (Fine, 2001).

Works Consulted

- Alexandrova, A. (2002). *AIDS, Drugs, and Society*. New York: International Debate Education Association.
- Campbell, K. K. (1996). *The Rhetorical Act*. Belmont, CA: Wadsworth.
- Fine, G.A. (2001). *Gifted Tongues: High School Debate and Adolescent Culture*. Princeton, N.J.: Princeton University Press.
- Henderson, D.R. (20 May 2002). "Supporting the drug war supports terrorists." Hoover Institution Weekly Essays. Retrieved from http://www.hoover.stanford.edu/pubaffairs/we/2002/henderson_0502.html, July 7, 2002.
- International Narcotics Control Board. (2002). Retrieved from http://www.inc.org/e/ind_conv.htm, July 7, 2002.
- The National Youth Anti-Drug Media Campaign. (2002a). Drugs and terror: the important role of prevention. Retrieved from http://www.theantidrug.com/drugs_terror/factsheet.html, July 7, 2002.
- The National Youth Anti-Drug Media Campaign. (2002b). Terror groups linked to drug trafficking. Retrieved from http://www.theantidrug.com/drugs_terror/terrorgroups.html, July 7, 2002.
- Substance Abuse and Mental Health Services Administration. (2000). Summary of findings from the 2000 national household survey on drug abuse. Retrieved from <http://www.samhsa.gov/oas/NHSDA/2kNHSDA/chapter2.htm>, July 7, 2002.

- UNDCP Research Section. (1999, December 1). Cannabis as an illicit narcotic crop: a review of the global situation of cannabis consumption, trafficking and production. Retrieved from http://www.undcp.org/bulletin/bulletin_1997-01-01_1_page004.html, July 7, 2002.
- Zill, O. & Bergman, L. (2000). "Do the math: Why the illegal drug business is thriving." PBS Frontline "Drug Wars" series. Retrieved from <http://www.pbs.org/wgbh/pages/frontline/shows/drugs/special/math.html>, July 7, 2002.

Section 1

The Harm Reduction and Demand Reduction Perspective

The advocates of harm reduction and demand reduction approach the drug problem from a sociological and public health perspective. They acknowledge that some people will become drug users and recommend the use of needle exchange programs, methadone treatment, and even drug legalization to cut down on the health and crime problems associated with drug use. Those who favor demand reduction emphasize drug treatment and drug prevention education to limit the number of people dependent on drugs and to prevent drug addiction.

This section begins with an article from the *U.N. Chronicle* that gives the reader an overview of the economic, social, health, and environmental costs of illicit drug use. It is followed by testimony from David Boaz, executive vice president of the libertarian Cato Institute, who argues that the federal government should withdraw from the “War on Drugs” and let the states set their own policies. In the process of presenting his argument, Boaz also summarizes the effects drugs have had on U.S. society. The section proceeds with a series of articles dealing with harm reduction. Dr. Des Jarlais, in an article from the *American Journal of Public Health*, argues for an explicit public health approach to the problem. The next two articles give a glimpse of how — and if — harm reduction techniques work in practice. “Key Role of Substitution in Drug Treatment” looks at methadone substitution, which is prevalent in the European Union. “Dutch Practice Liberal Policies” reviews the Dutch policy of decriminalizing drugs such as marijuana.

The final articles of this section examine drug treatment and drug education. Larry Counts, a drug treatment center director, discusses

the value of drug treatment as part of an overall strategy to fight drug abuse. The next two articles look at D.A.R.E. (Drug Abuse Resistance Education), an internationally popular drug education program that is taught in 80 percent of all school districts in the United States. In testimony before the U.S. House of Representatives Subcommittee on Early Childhood, Youth and Families, a D.A.R.E. program supervisor defends the program and argues for its expanded adoption. Michael Roona and Alexandra Eyle then give an overview of the program's history and evaluate reform efforts. Section 1 concludes with Dr. Rodney Skager's critique of drug education and his recommendations for more effective drug education programs for adolescents.

Resolutions for Debate

Propositions of Fact

1. Resolved: Harm reduction policies are appropriate responses to drug use.
2. Resolved: Substitution as a form of drug treatment therapy is effective.
3. Resolved: Doctors, not police officers, will solve the drug problem.

Propositions of Value

1. Resolved: The state's reduction of the spread of HIV/AIDS is more important than the state's immoral act of furthering drug abuse.
2. Resolved: Methadone maintenance decreases the state's moral authority.

Propositions of Policy

1. Resolved: States should put all of their drug control budgets into harm reduction and/or demand reduction programs.
2. Resolved: The United Nations should demand that its member countries model their drug policies after the Dutch program.
3. Resolved: This house should relocate to the Netherlands.
4. Resolved: This house would use drug courts.

Social and Economic Costs of Illicit Drugs

This article from the United Nations Chronicle presents a synopsis of the social, economic, health, and environmental impact of illegal drugs. While it does not offer in-depth information on any particular aspect of drug abuse, it does provide a quick overview that a debater could use as an outline for further research.

Substance abuse and addiction have changed the very nature of life for societies all over the world. One of the most important social and economic consequences of drug abuse is crime. This is especially so in urban areas, where crime associated with illicit drugs infects many long-accepted ways of doing even the simple things in life. It determines how people drive and park their cars, protect their homes and families, go to work, school, shopping or worship, and even how they look at one another. All of the component parts of the criminal justice system designed to protect the public by enforcing restrictions on the availability of drugs fall into the category of social costs of drug abuse. So do the costs of limiting children's freedom to play and learn, of narrowing one's own interests and groups, of circumscribing the quality of one's life. Economic costs that directly or indirectly are attributable at least in part to drugs include: higher car and home insurance due to property crime and loss; the costs of changing modes or routes of transportation; public spending to prevent abuse and enforce drug laws. Similarly, health costs associated with drug abuse have both social and economic prices: the spread of blood-borne and sexually transmitted diseases through dirty needles or drug-related prostitution; overburdened health care systems; higher public and private health care costs for everyone. Illicit drugs also help determine

the cost of doing business. Functional impairment caused by drug use leads to: costly mistakes and accidents; higher job turnover and absenteeism rates; theft and other crimes; increased health care and disability costs, and more. Costs are passed on to consumers or, worse, can lead to lax safety and deadly accidents. Organized criminal cartels assassinate officials, infest public life with corruption and develop ties with terrorist groups.

Below are just a few facts on the social, economical, health and environmental impact of illicit drugs:

- Identifiable costs of drug abuse, including drug-related crime costs, law enforcement costs and health costs, range from 0.5 to 1.3 percent of gross domestic product in most consumer countries.
- With rapid social and economic changes over the past several decades, there has been a dramatic increase in use among women and children in both developed and developing countries. Since many female substance abusers are of child-bearing age, negative effects on fetuses are a growing concern.
- There is an increasing involvement of women in illicit production and trafficking of drugs. They are the predominant harvesters of opium in Asia and of coca leaves in South America. Nevertheless, many cultures still accept some drug and alcohol use by males, while disapproving of it by women.
- A recent trend is towards the use of multiple substances, with people moving from one substance to another or using drugs in combinations. Intoxication, poisoning and overdoses are increasing as these new combinations of substances are being used.
- While cocaine use can lead to higher rates of acquisitive crime, its consumers also carry out a wide range of non-drug crime and non-criminal activity to support their use.
- There are high rates of drug abuse among doctors, nurses, military personnel, business executives, truck drivers, pilots and workers on mass production assembly lines.
- Estimates suggest that approximately 15 million people

worldwide incur a significant risk to their health as a result of using psychoactive substances. One third of these users inject drugs, and many experts believe this figure to be underestimated.

- The proportion of injecting drug abusers in national HIV/AIDS populations ranges from countries with less than 10 percent (United Kingdom, Belgium) to a number of countries with more than 60 percent (Thailand, Italy, Myanmar and Spain). Most other countries are within this range.
- Due to increased global consumption of illicit drugs, substance abuse-related mortality has more than tripled over the last decade. Recent figures suggest drug injection is responsible for between 100,000 and 200,000 deaths per year.
- During cultivation of coca and opium poppy plants, growers use powerful herbicides, pesticides and fertilizers, often without technical knowledge of their use and potential harmful effects on the environment.
- The intensification of coca cultivation in the Huallaga flood plain and adjacent low hills in Peru, as well as vigorous expansion into highland forest environments, is responsible for the annihilation of nearly 1 million hectares of tropical forest resources.
- The destruction of the Amazonian rain forest for coca cultivation contributes to the loss of rare plant species from which future pharmaceutical drugs and other beneficial substances may be developed. One in six prescription drugs has a tropical plant source as an active chemical.
- An estimated three quarters of the world's plant-based pharmaceuticals, including aspirin, quinine, cocaine and morphine, have been derived from medicinal plants found following leads from indigenous medicine. Modern medicine has increased the potency of some of these derivatives, which have hit indigenous people through intravenous heroin and cocaine use and contributed dramatically to the escalating indigenous drug problem.

Source: "Social and Economic Costs of Illicit Drugs," United Nations Chronicle. Online Edition no. 2 (1998)
<http://www.un.org/Pubs/chronicle/1998/issue2/0298p7.html>.

QUESTIONS FOR DEBATE

1. How does drug cultivation affect biodiversity and deforestation?
2. Could an emphasis on demand reduction lessen the social and economic problems associated with drug abuse?
3. How do drugs harm indigenous peoples?

Harm Reduction: A Framework for Incorporating Science into Drug Policy

by Don C. Des Jarlais, Ph.D.*

In an article in support of harm reduction, Dr. Des Jarlais argues for a public health approach to minimize the harms of drug use. He outlines five key elements of the harm reduction perspective and lists three tasks the United States should undertake in order to implement the approach. Des Jarlais acknowledges that developing public support for a public health perspective on drug abuse will not be easy, but he lists several factors that may lead to eventual public acceptance.

The articles on addictive substances in this issue of the Journal provide additional information on both the adverse health consequences of the nonmedical use of psychoactive drugs and the ways in which such consequences might be reduced. It is now abundantly clear that the nonmedical use of psychoactive drugs is one of the major causes of health problems in the United States, as reflected in the physiological effects of the drugs (overdoses and alcohol cirrhosis), behavior while under the influence of drugs (drunken driving and domestic violence), and consequences inherent in drug administration (carcinogens in tobacco smoke, human immunodeficiency virus (HIV) and other serious infections transmitted through shared injection equipment). Additional health problems arise when criminal laws are used to suppress psychoactive drug use. The recent increases in homi-

cide among US youth¹ may be a result of the increased availability of firearms associated with the illegal distribution of crack cocaine.

That the United States has enormous health problems associated with the nonmedical use of psychoactive drugs is not surprising. Over the centuries, and particularly during the first quarter of the 20th century²⁻⁴ our laws and social customs for regulating this practice incorporated many fundamental scientific errors, such as 1) bad pharmacology — that marijuana is an addictive narcotic and that tobacco does not contain a drug; 2) bad psychology — that repetitive drug use can always be controlled through intentional behaviors; 3) bad sociology — the drugs used by foreigners and minority groups are the bad drugs, and that criminal laws can effectively reduce psychoactive drug use at a low cost to society; and 4) bad economics — that the increased “cost of business” for selling an illegal product will outweigh the increased profits to be made from selling through illegal markets.

The point is not to identify the scientific mistakes in our present system for regulating nonmedical psychoactive drug use, but to develop a new system that is consistent with present scientific knowledge and able to incorporate new scientific findings. If the United States is to reduce the adverse health consequences of such drug use, we will probably need an explicit *public health* perspective on it. Spurred by the urgency of the HIV epidemic among injection drug users, groups in Europe and Australia have been developing just such a perspective, using the terms “harm reduction” and “harm minimization” to describe it.⁽⁵⁻⁸⁾

It must be emphasized that the harm reduction perspective is still under active development, and there is as yet no consensus on its fundamentals. Nevertheless, the following may be considered a current working list of its basic components:

1. Nonmedical use of psychoactive drugs is inevitable in any society that has access to such drugs. Drug policies cannot be based on a utopian belief that nonmedical drug use will be eliminated.
2. Nonmedical drug use will inevitably produce important

- social and individual harm. Drug policies cannot be based on a utopian belief that all drug users will always use drugs safely.
3. Drug policies must be pragmatic. They must be assessed on their actual consequences, not on whether they symbolically send the right, the wrong, or mixed messages.
 4. Drug users are an integral part of the larger community. Protecting the health of the community as a whole therefore requires protecting the health of drug users, and this requires integrating the drug users within the community rather than attempting to isolate them from it.
 5. Drug use leads to individual and social harms through many different mechanisms, so a wide range of interventions is needed to address these harms. These interventions include providing health care (including drug abuse treatment) to current drug users; reducing the number of persons who are likely to begin using some drugs and, particularly, enabling users to switch to safer forms of drug use. It is not always necessary to reduce nonmedical drug use in order to reduce harms.

The harm reduction perspective thus would be particularly amenable to using research findings. *Indeed, within this perspective, failure to monitor the outcomes of nonmedical drug use and failure to use research findings would violate the core value of a realistic pragmatism.* The harm reduction perspective emphasizes the need to base policy on research rather than on stereotypes of (legal and illegal) drug users.

One of the most common criticisms of harm reduction programs (such as syringe exchanges) is that they would be a first step on the slippery slope toward legalization of currently illegal drugs. It is critical to understand the differences between a public health harm reduction perspective and a libertarian “everyone has the right to take whatever drugs he or she desires” perspective. Within the harm reduction perspective, individual rights are important and their loss is a harm to be avoided. At the same time, government and public health authorities have a definite responsibility

for formulating policies to reduce the health and social harm associated with the nonmedical use of psychoactive drugs and civil and criminal laws are seen as potent tools toward this end. A harm reduction perspective does, however, call attention to the possible adverse health and social consequences of relying on criminal laws and stigmatizing drug users as methods for reducing nonmedical drug use.

The value of harm reduction policies should be assessed against their actual effects on drug-related harms rather than on their consistency with cultural traditions. Accordingly, there are three immediate tasks for harm reduction in the United States:

1. Providing adequate treatment for persons with psychoactive drug use problems. This should include problems with both legal and illegal drugs, and short- and long-term types of treatment. A combination of public funding and private health insurance may be needed to provide an adequate treatment system.
2. Reducing the transmission of HIV associated with illicit drug use. Recent estimates indicate that drug injection-related HIV transmission has become the most common type of new HIV infection in the country.⁹ Harm reduction strategies, including treatment on demand and legal access to sterile injection equipment¹⁰ need to be implemented nationally.¹¹
3. Developing new regulatory formats for distributing drugs for some nonmedical use. New formats are needed in which adults have inconvenient and expensive but noncriminal access to some drugs. The drug preparations should be formulated to reduce the likelihood of dependency and of immediate behavioral impairment. Commercial advertising for the drugs should be severely restricted and countered by realistic countercommercials.

The goal of such new regulatory formats can be stated in economic terms: to reduce the profit potential in selling products for

nonmedical drug use. This economic goal is in sharp contrast to the present system, in which legal drugs are sold to tens of millions of persons at moderate profit margins and illegal drugs are sold to millions of persons at enormous profit margins. Tobacco/nicotine is an obvious example of nonmedical drug use where such a new regulatory approach is needed.

Success on any of these three tasks would greatly enhance the political credibility of the harm reduction perspective and provide legitimacy for trying other harm reduction programs.

On a longer term basis, it will also be important to create a health-oriented research and development program for nonmedical psychoactive drug use. If one accepts that people in the United States and elsewhere will continue using such drugs, it is obvious that current botanical, chemical, and neuroscience methods should be able to produce safer products than those currently available, both licit and illicit. Less harmful drug use could be based on new drugs, new methods of administration for current drugs (such as nicotine inhalers, which would not produce carcinogenic smoke), and new social customs to reduce drug-related harm (such as designated driver programs and injection without sharing the injection equipment).

As better drug products and new social customs are developed, it will be important that the legal and regulatory restrictions placed upon them do not prevent them from replacing the more harmful products and customs.

Developing public support for a harm reduction public health perspective on nonmedical drug use will not be easy. There are strong emotional commitments to cultural traditions that demonize selected psychoactive drugs. There are multibillion-dollar vested economic interests in the status quo arrangements for selling both legal and illegal drugs. While the health and criminal justice problems associated with the present "unrestricted marketing of legal drugs/war on illegal drugs" policies are rather obvious, many political leaders have responded by calling for the intensification of present policies rather than for the development of new policies. Herbert Kleber has called this the "needing ever more

king's horses and men to put Humpty together again" reaction (personal communication, October 1994).

But there are also optimistic signs. There is a growing recognition that at least some of the adverse consequences of nonmedical drug use (e.g., HIV transmission) can be reduced without increasing drug use. There is also a growing recognition that current legal status is not commensurate with the addiction liability and health consequences of some drugs (e.g., nicotine in tobacco).

There are also developments — the increased role of drug injection in HIV transmission,⁽⁹⁾ the recent increase in marijuana and LSD use among youth,⁽¹²⁾ the potential banning of tobacco by the Food and Drug Administration, the cost of incarcerating illicit drug users — that may force a reexamination of policies toward nonmedical drug use. Public health officials need to articulate and promote harm reduction policies that can incorporate scientific research into programs to reduce the health and social problems associated with nonmedical drug use.

References

1. Centers for Disease Control and Prevention. Homicides among 15–19 year old males — United States, 1963–1991. *MMWR*. 1994;43:725–727.
2. Musto DF. Opium, cocaine, and marijuana in American history. *Sci Am* 1991;265:40–47.
3. Musto DF. *The American Disease: Origins of Narcotic Control*, New York, NY: Oxford University Press; 1987.
4. Courtwright DT. *Dark Paradise: Opiate Addiction in America Before 1940*. Cambridge, Mass: Harvard University Press; 1982.
5. Des Jarlais DC, Friedman SR, Ward TP. Harm reduction: a public health response to the AIDS epidemic among injecting drug users. *Ann Rev Public Health* 1993;14: 413–450.
6. Brette RP. HIV and harm reduction in injection drug users. *AIDS*. 1991;5: 125–136.
7. Berridge, V. Harm reduction: an historical perspective. Presented at the Third International Conference on Reduction of Drug-Related Harm; March 1992; Melbourne, Australia.
8. Heather N, Wodak A, Nadelmann E, O'Hare P, eds. *Psychoactive Drugs and Harm Reduction: From Faith to Science*. London, England: Whurr Publishers, 1993.
9. Holmberg SD. Emerging epidemiological patterns in the USA. Presented at the Sixth Annual Meeting of the National Cooperative Vaccine

Development Group for AIDS; October 30 – November 4, 1993; Alexandria, Va.

10. Kaplan EH, Khoshnood K, Heimer R. A decline in HIV-infected needles returned to New Haven's needle exchange program: client shift or needle exchange? *Am J Public Health*. 1994;84:1991–1994.
11. National Commission on AIDS. *The Twin Epidemics of Substance Use and HIV*. Washington, DC: National Commission on AIDS; 1991.
12. Johnston, LD, O'Malley PM, Bachman JG, *Monitoring the Future: national survey results on drug use, 1975–1993. Vol. 1. Secondary School Students*. Rockville, MD: National Institute on Drug Abuse; 1994.

*Dr. Don C. Des Jarlais is with Beth Israel Medical Center in New York City.

Source: Des Jarlais, Don C., “Harm Reduction — A Framework for Incorporating Science into Drug Policy,” *American Journal of Public Health* 85, no. 1 (January 1995): 10–11.

QUESTIONS FOR DEBATE

1. How can faulty science result in faulty public policy?
2. How does Dr. Des Jarlais debunk the idea that harm reduction programs are the first step on a slippery slope to total legalization?
3. Why is it important to socially engineer appropriate programs if harm reduction is to succeed?

Key Role of Substitution in Drug Treatment

*by the European Monitoring Centre for Drugs and Drug Addiction**

The European Union (EU) established the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) to study the drug problem in Europe. This briefing from the EMCDDA evaluates drug substitution, a treatment widely used in the area. Substitution treatment utilizes alternative substances, commonly methadone, to treat heroin addicts. The treatment involves either maintenance, where the user is given enough of a substance to reduce risky or harmful behavior, or detoxification, where the amount of the drug is gradually reduced to zero. It is offered with or without counseling and other forms of support. Although substitution is widespread among EU nations, it is still controversial. Some argue that it does not actually solve the drug problem, but others say it is an important part of an overall drug treatment and control strategy.

Substitution now widespread in the EU

Substitution treatment for problem drug users is now widespread in the European Union (EU). Trials, mostly with methadone, started in the late-1960s, mainly in northern Europe. By the mid-1990s, substitution had been implemented in all EU Member States. A substantial European consensus now exists on the benefits of such treatment. However, in some countries, it remains a sensitive topic.

Scientific evidence suggests that substitution treatment can help reduce criminality, infectious diseases and drug related deaths; and improve the physical, psychological and social well-being of dependent users. However, some argue that it is not a cure but a half-hearted response that fails to provide a real solution to drug-use problems. The EMCDDA believes that the policy debate on this topic should not simply be about the pros and cons. Substitution treatment should be viewed as one element in a wide range of responses to problem drug use, which includes drug-free treatment.

It is estimated that around half-a-million drug users receive substitution treatment worldwide. More than 300,000 of these are in Europe and an estimated 110,000 in the United States.¹

Methadone is still the most common substance used, although it is not as exclusive as it once was. Buprenorphine is dominant in France. Other EU Member States have launched trials with substances such as dihydrocodeine, slow release morphine and levo-alpha-acetyl-methadol (LAAM). However, LAAM has now been suspended on the recommendation of the European Agency for the Evaluation of Medicinal Products (EMA), following life-threatening cardiac disorders among subjects in LAAM therapy. The use of heroin itself in stabilising chronic opiate users has been under trial in the Netherlands since 1997, in Germany more recently, and is under discussion in other Member States. It has been prescribed on a small-scale, selective basis in the UK for some decades.

Facts, figures and analyses are obviously a prerequisite to rational

debate on this topic. Until recently, timely data at EU level on the evaluation and quality of substitution treatment were scarce. However, at the end of 2000, the EMCDDA published, in its Insights series, *Reviewing current practice in drug substitution treatment in the European Union*¹ — a comprehensive overview of latest practice.

Definition: Substitution treatment is a form of medical care offered to opiate addicts (primarily heroin addicts) based on a similar or identical substance to the drug normally used. It is offered in two forms: Maintenance — providing the user with enough of the substance to reduce risky or harmful behaviour; or detoxification — gradually cutting the quantity of the drug to zero. Treatment comes either with or without psycho-social support.

Key policy issues at a glance

Substitution treatment is a key component of a comprehensive approach to drug treatment. It can be effective in reducing the risks of HIV infection, overdoses, use of legal and illegal drugs and drug-related crime.

There is a case for backing up substitution treatment with psycho-social care. But in practice this case is frequently lacking, with the focus more on substitution than treatment.

Substances currently used include methadone, buprenorphine, dihydrocodeine, slow-release morphine and heroin itself. In nearly all EU Member States, one substance predominates. Overall, methadone is the most common. Both the choice of substance and dosage should be matched to the individual for optimal effect.

Access to substitution treatment in the EU varies widely. Some countries and programmes limit access by strict criteria (high threshold). Others only require addiction to opiates as the entry criterion (low threshold).

In most EU countries, substitution treatment is delivered either by general practitioners (GPs) or by specialized centers. A combination would be optimal. But caution must be taken to prevent diversion of the substances to illegal use through addicts obtaining prescriptions from different sources and then dealing in the drugs.

The estimated proportion of problem opiate users in substitution treatment within the EU varies from a low of about 10% to a high of over half (See Table 1).²

Table 1: Substitution treatment among problem drug users

Country	Estimated prevalence of problem drug use ¹	Estimated number of clients in substitution treatment	Substitution coverage rate (%) ²
Belgium	20,200	7,000 (1996)	35 ³
Denmark	12,752–15,248	4,398 (4,298 methadone, 100 buprenorphine) (1 January 1999) ⁴	27–34
Germany	80,000–152,000	50,000 (2001) ⁴	33–63
Greece	n.a.	966 (1 January 2000) ⁴	n.a.
Spain	83,972–177,756	72,236 receiving methadone (1999)	41–86
France	142,000–176,000	71,260 (62,900 receiving buprenorphine and 8,360 receiving methadone) (December 1999) ⁴	40–50
Ireland	4,694–14,804	5,032 (31 December 2000) ⁴	34–100 ⁵
Italy	277,000–303,000	80,459 (1999) ⁴	27–29
Luxembourg	1,900–2,220	864 (164 in the official programme and +/- 700 prescribed Mephenon® (methadone in pill form) by GPs, 2000) ⁴	38–45
Netherlands	25,000–29,000	11,676 (1997)	40–47
Austria	15,984–18,731	4,232 (1 January 2000) ⁴	23–26
Portugal	18,450–86,800	6,040 (1 January 2000)	7–33
Finland	1,800–2,700 ⁶	240 (170 buprenorphine and 70 methadone)	9–13
Sweden	1,700–3,350 ⁶	621 (31 May 2000) ⁴	19–37
United Kingdom	88,900–341,423 ⁷	19,630	6–22
Norway	9,000–13,000	1,100 (2001)	8–12

NB: n.a. = Data not available

¹ Methods for estimating problem drug use vary widely in EU Member States. For more details on national prevalence and problem drug use, see section on problem drug use in Chapter 1 (EMCDDA 2001 *Annual report*) and online Table 1 OL at <http://annualreport.emcdda.org>. Estimates of problem drug use mainly refer to opiate users, except for Finland and Sweden where amphetamine use is significant. Here, estimates for Finland and Sweden exclude amphetamine users.

² Estimated proportion of problem drug users in substitution treatment.

³ Prevalence figure only covers injecting drug users, which may result in an overestimated substitution coverage rate.

⁴ Information collected directly from national focal point.

⁵ A substitution coverage rate of 100% seems implausible, which suggests that the prevalence estimate of 4,694 may underestimate current prevalence.

⁶ Opiate users only.

⁷ More precise data for the UK: prevalence of problem drug use (opiates) = 162,000–244,000; clients in substitution treatment = 35,000; coverage rate = 14–22%.

1. A key component of drug-treatment systems

There is considerable evidence to prove that substitution treatment can help reduce HIV transmission, drug use, risk of overdose and drug-related crime, as well as improve the general health of addicts. A comprehensive literature review³ concluded that methadone treatment dramatically reduced levels of HIV infection and AIDS. It also cut the frequency of heroin injection, the sharing of injecting equipment and sex work to buy drugs. A four-year German study⁴ of outpatient methadone treatment showed that drug consumption fell while social skills and relationships improved. Greek evaluation of methadone substitution in Athens⁵ demonstrated a large fall in parallel use of heroin.

'In many countries, substitution treatment developed — after initial opposition — in response to the HIV risk associated with injecting opiates and other drugs. It has proved its worth. Along with other harm reduction measures and increased awareness generally, it contributed to the containment of new HIV cases among injecting drug users in most EU countries in the late 1990s.'

Georges Estievenart,
EMCDDA Executive Director

2. Substitution rather than treatment?

In most EU countries, regulations for substitution treatment state that it should be backed up by psycho-social care. Research shows the positive effects of treatment rest heavily on such care. But there is very often a gap between theory and practice — the focus often lying more on substitution than treatment. The need for psycho-social care is strengthened by research showing that those in methadone treatment, like other drug-dependent people, are particularly at risk of psychiatric disorders and other health problems, as well as social deprivation.⁶ The role of psycho-social care should be examined as a possible catalyst in drug users' progression from dependence to abstinence.

The care of drug users with mental health problems depends on links between psychiatric and drug services. In some countries, good

links have been established with specialist dual-diagnosis wards. In other countries, links between services are poor.

‘The aim of drug treatment is to help people regain control of their lives. Practitioners need to assess constantly whether patients receiving substitute prescriptions are ready to become drug free through a process of detoxification. The provision of psycho-social and practical help during this process is particularly important.’

Mike Trace, Chairman
EMCDDA Management Board

3. What are the substitutes?

Nearly all EU Member States use one predominant substitution substance rather than a wide diversity.⁷ Over 90% of opiate substitution is delivered in the form of methadone, apart from in France, where buprenorphine prevails. EU-wide, the estimated number of drug users on methadone rose sixfold between 1993 and 1997.¹

Substitution substances have different features. Buprenorphine does not carry the risks of overdose; it also inhibits the effects of parallel heroin use. On the other hand, methadone is easily administered and cheap — around EUR 8 per person a week, compared with EUR 65 for buprenorphine.

Some experts prefer buprenorphine for younger drug users and methadone for older users on a long-term basis. Buprenorphine also seems better for pregnant women, causing fewer neonatal problems than methadone.

Heroin treatment trials are under way in Germany and the Netherlands and are under discussion in other EU Member States. These involve supplying extremely problematic heroin users with their original drug under medically-controlled conditions. With all substances, it is important to match the substitution dosage to the individual’s former drug-use level.

4. How accessible is it?

Despite an overall expansion in substitution treatment over the last decade, access to it remains patchy in the EU. For example,

coverage seems limited in Greece, Norway, Finland and Sweden.

Substitution care is almost exclusively an outpatient service. This has the advantage of being cheap and allowing drug users to live a normal daily life. However, those in substitution treatment range from relatively well-functioning, often employed, individuals to marginalised and extremely disadvantaged street addicts. Hence, some clients may require more care than outpatient substitution treatment can provide.

Admission criteria vary largely across the EU. Some programmes in some Member States — e.g., Greece and Sweden — have a high threshold, taking into account age, years of drug addiction, number of unsuccessful treatments, etc. Other countries, such as Denmark, Spain, Italy and the Netherlands, demand only opiate dependency and a wish for treatment as the criteria.

The high-threshold approach reaches similar people with similar needs; however, it can exclude those who need help but do not meet the entry requirements.

The low-threshold method reaches most potential clients but cannot always meet their widely-differing needs. Ideally, both should complement each other. Availability of substitution treatment within prisons also varies widely.

5. How is substitution treatment delivered?

In general, substitution treatment is delivered either by GPs or specialised centres with services tailored to addicts' needs. Each has its merit: GPs offer wide geographical coverage, while specialised centres have considerable experience and expertise. However, nearly all EU Member States have treatment concentrated in either one or the other. Combining the two — and, at the same time, establishing a system to prevent diversion of substances for illicit purposes — could be more effective. Each also has disadvantages. Services offered by GPs vary considerably and addicts may feel uneasy among regular patients. Specialised centres are not evenly spread geographically, which might lead to disadvantages for drug users in remote areas.

‘Establishing new centres for the provision of treatment can be particularly difficult. Drug services can be seen to attract undesirable elements into localities and to be associated with loitering, drunkenness, intoxication and burglaries. Most countries report some community resistance to treatment programmes. However, [such] resistance ... has been found to be most common before programmes and centres are established and, once they become operational, the neighbourhoods seem to accept them.’¹

6. Drug users in substitution treatment

Table 1 shows estimated numbers of problem drug users (mainly opiate users) in the EU and estimated percentages in substitution treatment. The latter vary remarkably between Member States. In some countries, they are as low as around 10%; in others, they exceed half.

It has to be borne in mind that estimates of problem drug use still lack precision and are not easily comparable. Low coverage implies that a large number of drug users may be at increased risk of overdose, health damage, HIV and other infectious diseases, and social exclusion.

However, it has to be remembered that substitution is only useful in countering problem opiate use. There is no similar solution for amphetamine or cocaine problems. In northern EU Member States, more problems are caused by amphetamines than by heroin; and, in the EU generally, cocaine use cannot be ignored.

Despite the expansion in substitution treatment in recent years, most Member States still report a lack of quality control, monitoring and assessment of individual programmes.

Conclusions

Substitution treatment — policy considerations

This policy briefing summarises some of the key data and evaluations available on the state of substitution treatment in the EU today, and indicates primary sources for those who wish to know more. On the basis of current findings, the following conclusions could be the foundation of future policy considerations:

Substitution should be viewed as part of a comprehensive treatment system for opiate drug addicts. It should be a key component of HIV prevention strategies in countries with a high potential of transmission through intravenous drug use.

It should be accompanied systematically by psycho-social care.

A broader and more diversified range of substances and dosages should be offered to match the profile of the person entering treatment.

There should be greater availability of, and access to, substitution treatment, with both low- and high-threshold options offered as part of a balanced approach.

Both general practitioners and specialised services should be involved in delivery.

The proportion of problem drug users covered by substitution treatment should be examined regularly by geographical region to monitor the delivery of services.

Sources

1. European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (2000), *Reviewing current practice in drug-substitution treatment in the European Union*, EMCDDA Insights series No 3, Office for Official Publications of the European Communities, Luxembourg, 2000. (Contains a comprehensive bibliography on substitution treatment.)
2. European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (2001), *2001 Annual report on the state of the drugs problem in the European Union*, Table 1: Substitution treatment among problem drug users, Office for Official Publications of the European Communities, Luxembourg, 2001, p. 28.
3. Drucker, E., Lurie, P., Wodak, A. and Alcabes, P. (1998), 'Measuring harm reduction: the effects of needle and syringe exchange programs and methadone maintenance on the ecology of HIV', *AIDS*, 12 (suppl. A), pp. 217–230.
4. Küfner, H., Vogt, M. and Weiler, D. (1999), *Medizinische Rehabilitation und Methadon-Substitution*, Schneider Verlag Hohengehren, Baltmannsweiler.

5. EDDRA database entry (2001), *Second unit of the methadone substitution programme in Athens* (<http://www.reitox.emcdda.org:8008/eddra>), EMCDDA, Lisbon.
6. Farrell, M., Howes, S., Taylor, C., Lewis, G., Jenkins, R., Bebbington, P., Jarvis, M., Brugha, T., Gill, B. and Meltzer, H. (1998), 'Substance misuse and psychiatric co-morbidity: an overview of the OPCS national psychiatric morbidity survey', *Addictive Behaviours*, 23, No 6, Elsevier Science Ltd, Oxford, pp. 909–918.
7. European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (2000), *2000 Annual report on the state of the drugs problem in the European Union*, Table 1. Substitution substances used in the EU, Office for Official Publications of the European Communities, Luxembourg, 2000, p. 29.

*The European Monitoring Centre for Drugs and Drug Addiction provides the European Union with objective, reliable and comparable information at the European level concerning drugs and drug addiction and their consequences.

Source: European Monitoring Centre for Drugs and Drug Addiction, *Drugs in Focus: Briefing*, January-February 2002.
http://www.emcdda.org/multimedia/publications/Policy_briefings/pb1_3/pb01_EN.pdf.

© European Monitoring Centre for Drugs and Drug Addiction, 2002.

QUESTIONS FOR DEBATE

1. Despite the benefits of substitution treatment, this article says, “Most member states report a lack of quality control, monitoring, and assessment of individual programmes.” What policy modifications could be made to drug substitution programs to solve these shortcomings?
2. Why would combining substitution treatment delivered by both general practitioners and drug treatment centers produce a better policy alternative than using only one or the other?
3. Is the reduction of drugs’ harmful effects sufficient to merit the state’s funding and support of drug abuse?
4. Is there a moral difference in providing a drug user heroin or methadone?
5. Is substitution the goal treatment or the “catalyst in drug users’ progression from dependence to abstinence”? Is it enough for former heroin addicts to be stable on methadone, or should the state encourage them to move to a drug free lifestyle?

Dutch Practice Liberal Policies

by Jeremy Bransten*

As part of his series on drugs in Europe, Jeremy Bransten examines the Dutch program, which centers on a liberal harm reduction policy. Dutch law divides drugs into two classes: “hard drugs,” such as heroin and cocaine, which have unacceptable health risks, and cannabis-based “soft drugs,” which pose a lesser health hazard. Both types of drugs are illegal, but the Dutch have decriminalized soft drugs and tolerate the recreational use of marijuana. Unless hard drug users commit other crimes, they are monitored and encouraged to seek treatment but not prosecuted. The Dutch defend their policy, pointing out that it has been successful in shrinking the number of addicts as well as the number of young people trying drugs.

Amsterdam, 28 November 2000 (RFE/RL) — A common misconception about drugs in the Netherlands is that they are legal. In fact, cannabis and its by-products, marijuana and hashish, have been decriminalized. This means that their sale and use in moderate amounts is not prosecuted.

When the Dutch parliament revised the country’s drug laws in 1976, it did not legalize any narcotic substances. Instead, it divided illegal drugs into two classes: those with unacceptable health risk — such as heroin and cocaine — classified as “hard drugs,” and cannabis-based “soft drugs,” which present a lesser medical risk.

The reality was that increasing numbers of people were using marijuana recreationally. Rather than clog the criminal justice system with legions of pot smokers, Dutch politicians decided to bring mari-

juana into the open and refocus police resources on other issues. As a result, what were called “coffee shops” were allowed to open. In these cafes, which sell no alcohol, people can purchase limited amounts of cannabis and smoke a marijuana joint without fear of prosecution.

The other benefit of the policy, as the Dutch see it, is that it isolates the hard drug market from the recreational user. That’s because cannabis consumers no longer regularly come into contact with street dealers and more harmful drugs. Roel Kerssemakers is deputy manager of prevention at the Jellinek Clinic in Amsterdam, which counsels drug addicts and alcoholics. He explains:

“It is possible in the Netherlands to buy cannabis in coffee shops. It’s not legal but it’s tolerated and of course, no other drugs are allowed to be sold in those coffee shops. Young people who want to try cannabis go to a coffee shop and only come into contact with cannabis and not with other drugs. And in many other places or cities you see that those drug markets are much more mixed.”

Since the policy was implemented, the authorities have concentrated on pursuing drug traffickers and dismantling domestic drug laboratories, when they find them. As for users of hard drugs, they are monitored and encouraged to turn to the public health system for treatment. But unless they commit other crimes, they are not prosecuted.

Dutch drug policy is guided by the principle of what is described as “harm reduction.” This means that drugs are seen as a public health issue. The authorities recognize that some people will want to use drugs — the overwhelming majority of them occasionally and experimentally. The goal is to minimize the harm those drugs do to individuals and to society. A good deal of money is spent on prevention and education in the Netherlands, but when that fails, the authorities take a pragmatic approach, providing users safe conditions to feed their habit.

The Dutch say their coffee-shop policy has worked. After nearly a quarter-century of cannabis decriminalization, statistics indicate that marijuana and hashish use among Dutch teenagers and young adults has not grown and is in fact lower than in many other Western coun-

tries. Tim Boekhout van Solinge, a criminologist and drug-policy expert at the University of Amsterdam, notes:

“Eighty-five percent of the Dutch population have never, in their life, tried cannabis. So it’s 15 percent (of people) who have what you call lifetime experience prevalence. It’s lower than in the UK, or the U.S., lower than Ireland, about the same level as Germany, Belgium, France. France is a bit higher, Spain is a bit higher — it’s kind of in the average, you could say.”

A peek inside the coffee shops that cluster in downtown Amsterdam usually reveals more foreigner than locals. Especially on weekends, hordes of young people from Britain, Ireland, and France descend on Amsterdam in search of a trouble-free high. At the Magic Mushroom coffee shop, waiter Scott — himself an American — says local people who come into the shop have long since learned to handle cannabis. It’s mostly the foreigners who can be a nuisance.

“A lot of people who live in Holland, or in Amsterdam specifically, really don’t party that much. They don’t smoke every day, they’re not — I mean, I would say the people who party and really give it a bad name here are the tourists because I always see people wandering around, screaming and breaking bottles. Most of the time, they’re not people who live here. Everybody who lives here knows how to just be chilled back, respect everything and be responsible for it.”

Kathy and Jennie, both university students from Ireland, agree. They themselves admit to smoking a lot of marijuana in Amsterdam, but classify it as vacation-time. If there were coffee shops back home, they say, few people would binge.

Kathy: “If we were living here, we wouldn’t be like this. Obviously, for the first while, do you know what I mean? We wouldn’t be doing this every day, know what I mean? You have to run your normal life.”

Jenny: “It’s only [be]cause you’re on your holidays. It’s just like going anywhere on your holidays.”

In response to pressure from its European Union neighbors, the Netherlands amended its coffee-shop policy in 1995, lowering the

amount of cannabis sold to a customer at one time from 30 to 5 grams. This has had little practical effect on local users, as the amount is enough to keep any moderate smoker satisfied, but the authorities wanted to lower the number of binge smokers from abroad.

What about hard drugs? The emergence of AIDS and hepatitis C in recent years put new urgency into harm reduction programs for intravenous drug users, such as heroin addicts. Because the HIV and hepatitis C virus can be transmitted through shared needles, rates of infection among drug users in many countries have risen sharply.

The Netherlands, along with many other European countries, has instituted needle exchange programs, where addicts can receive clean needles for used ones, thus eliminating the risk of infection. But here again, the Dutch have gone one step further, encouraging heroin addicts on a wide scale to switch to methadone as a substitute drug. Methadone, which is taken orally and eliminates heroin addicts' cravings for 24 to 70 hours, allows many former heroin users to lead a relatively normal life.

As a result of the methadone program, Amsterdam's heroin addict population has shrunk from 10,000 in the early 1980s to 5,500 today. What's more, the average age of heroin addicts in the city has risen from 25 to more than 40 years old. Simply put, heroin is no longer seen as "cool" by young people, who now seldom try it.

Roel Kerssemakers of Amsterdam's Jellinek Clinic says the fact that heroin addicts are often visible on city streets, and not hidden from public view, acts as a further deterrent effect on teenagers.

"We keep our drug users alive [chuckle]. Because we have such a good helping system. We help them. We have a lot of facilities for them and that's why they stay alive and, well, get old. And so a lot of young people who see those drug users in the city, they consider those heroin users as old people."

John-Peter Kools works for the Mainline organization, an outreach non-governmental organization that deals directly with addicts on Amsterdam's streets. Mainline acts as a conduit between addicts and the authorities, relaying information about treatment programs,

providing counseling and also giving a voice to the down-and-out who want to be heard by officialdom. Kools sees the benefits of the methadone policy in human terms for the addicts themselves.

"This is in fact a major success of the Dutch drug policy. On the other hand, people are still using drugs, but they are alive and they've got reasonable good health, so overall, I think, it's a big success. Although, on a personal level, for those people, when you ask them: Are you satisfied with your life? They say: 'No I'm not.' But they [also] say: 'I'm healthy, I'm alive. I can visit my parents, I can see my children, I can function.' That's something."

Drug use patterns, like fashion, can change quickly. The frequency of drug use and how much is being used depends on a range of factors, from immutable givens such as geography to economic variables such as the level of youth unemployment. One key, Dutch and international experts agree, is education. From the age of 12, Dutch students take a special subject in school called "Health Education," which takes a holistic approach. In the class, students are taught about drugs — legal and illegal — in a broader context. They are involved in problem-solving exercises that encourage them to participate and exercise judgment. The Jellinek Clinic's Kerssemakers explains:

"We pay attention in health education to nutrition, to all kinds of physical aspects of growing up, but also to all kinds of social things, like how to resolve a problem or deal with conflicts or expressing your emotions and all these kinds of things, making your own choice and not allowing yourself to be influenced by peer pressure, by advertisements etc., etc."

When drugs are discussed in school, concrete information is given about the effects of different narcotics and their relative dangers. Then, it is hoped — and statistics demonstrate — most teenagers make reasonable choices.

Education and drug-use prevention also have to evolve, to keep up with new trends. Synthetic drugs such as "Ecstasy" have become a new concern in the Netherlands as elsewhere in Europe and in the United States. The stimulants are popular with teenagers at dance

clubs on the weekends. Research continues into their potential long-term effects, but the main concern is that many pills sold as Ecstasy in dance clubs are often something entirely different and potentially more dangerous. Here, too, the Dutch are ahead, with a program that allows people to bring in their pills to their local health authority, including the Jellinek Clinic, for testing. The test is free of charge and without any stigma. Kerssemakers says:

"People can just deliver their pills and then we try to find out what's in it. Sometimes, we can recognize the pill immediately and sometimes we cannot and then we have to send it to the laboratory and the person will get, a week later, they will get the results and then he knows what's in it."

Approaching drug issues as a public health problem seems to be working in the Netherlands, ensuring that the public is informed, teenagers are kept from damaging their health, and the small population of addicts gets the help it needs. Holland is coping, and it has held out long enough to have the satisfaction of seeing many of its European neighbors come around to its way of thinking.

* Jeremy Bransten is a correspondent for Radio Free Europe/Radio Liberty

Source: Bransten, Jeremy, "Europe: Drugs — Dutch Practice Liberal Policies"
Radio Free Europe/Radio Liberty
<http://www.rferl.org/nca/features/2000/11/28112000132419.asp>

Copyright ©2002. RFE/RL, Inc. Reprinted with the permission of Radio Free Europe/Radio Liberty, 1201 Connecticut Ave., N.W., Washington DC 20036.
www.rferl.org

QUESTIONS FOR DEBATE

1. Does the Dutch policy for the testing of pills purported to be Ecstasy make the use of the drug more likely?
2. Should the American waiter named Scott be considered an expert source for the purposes of this article?
3. Does aiding heroin addicts prevent or encourage drug use?

The Threat to Rural Communities from Methamphetamine Production, Trafficking, and Use: Testimony

*by Larry Counts**

In testimony before the House Judiciary Committee, Larry Counts, executive director of Decision Point, a drug treatment center in Springdale, Arkansas, testifies on drug use trends and the effectiveness of U.S. drug policy. Counts points out that drug abuse is not simply a law enforcement problem, but a public health issue as well and urges a psychosocial approach such as that used successfully in drug treatment courts.

In September of 1955, a Senate sub-committee convened in New York State to address growing social and governmental concerns related to the growing narcotics trade in the United States calling it a “nefarious trade and pernicious racket.” Committee members were united in their mission and vowed to declare a “war on drugs.” Yet, since that declaration, numerous drug use trends have reached epidemic proportions resulting in grave social concerns to include the abuse of cannabis, hallucinogens, cocaine, and crack cocaine. Slowly gaining popularity in the mid to late 1980’s, methamphetamine has now emerged to become the most challenging epidemic to date in American society. The significance of methamphetamine is not based simply upon its unique properties as a drug. Methamphetamine introduces a broad range of problems due to its production upon demand,

extreme potency, public safety issues, long term environmental hazards, and an unrestricted market.

Methamphetamine is a powerful central nervous system stimulant that can be inhaled, smoked or injected and is associated with a rapid onset of action. Easily manufactured in clandestine labs, methamphetamine has a legal manufacturing base, it is relatively easy to make, and it produces a more pronounced affect than any other stimulant. Its popularity has soared during the 1990's particularly in the West, Southwest, and Midwest regions without regard to sociostatus. An estimated 4.7 million Americans have experimented with this substance that like all other such drugs, harms families, destroys neighborhoods, impedes educational institutions, overwhelms criminal justice systems, impairs health, and taxes social service systems.

Methamphetamine is classified as a psychostimulant similar in properties to cocaine and amphetamine. Although this class of stimulants have similar psychoactive effects, methamphetamine possesses remarkable differences in the basic mechanisms of how it works at the level of nerve cells and chemical makeup. The drug affects both the cerebral cortex and the limbic areas which are now recognized as major reward pathways for the activation of methamphetamine and most responsible for contributing to its addictive makeup. Essentially, methamphetamine results in an accumulation of the neurotransmitter dopamine and this excessive dopamine concentration produces intense feelings of euphoria by the user. Unlike other stimulants, methamphetamine is not quickly metabolized in the body. The resulting prolonged concentration allows it to maintain a much longer duration of action remaining virtually unchanged while in the body for an extended stimulant effect. The half-life of methamphetamine ranges from ten to twenty hours dependent upon the dosage and duration of use.

For many, the most dangerous consequence of this drug, however, is its ability to produce neurotoxicity affecting cardiovascular, central nervous, and pulmonary systems. Chronic abuse or binge use of methamphetamine can and often does result in episodes of violent behavior, paranoia, anxiety, confusion, and insomnia. Intoxication results in manic or mixed mood features. Delirium and psychotic

behavior are the two most remarkable. Delirium associated with methamphetamine use is most often the result of high doses or sustained use that contributes to sleep deprivation. Methamphetamine-induced psychotic disorder is similar in ways to schizophrenia. However, one distinguishable hallmark in methamphetamine psychosis is the presence of paranoia. This feature is recognized as contributing to the series of bizarre behaviors witnessed by law enforcement and other parties confronted with persons under the influence of methamphetamine.

Methamphetamine is not a new drug, but it is one that has gained popularity over time due to several factors. It was first synthesized in 1887 from the drug ephedrine, an organic substance used as a medicine in China for centuries. Its pharmacokinetic properties were found to be beneficial in the medical community in the treatment of such disorders as inflammation of nasal passages, narcolepsy, and obesity. However, along with its exposure in the medical community it began to gain recreational popularity during the 1960's and by 1970, the Controlled Substances Act was passed that included the stringent regulation of methamphetamine production. In 1980, smokable forms of methamphetamine were introduced and new epidemics began to spread from Japan and Korea to Hawaii and the Western United States. In the 1990's the substance drifted eastward at a rapid pace. One of the more significant events of this time and one that moved methamphetamine to the forefront of preferred drugs was the discovery of a recipe for "Nazi Meth." This German method, produced for field soldiers during World War II, became public knowledge and accessible to millions world-wide. Persons quickly learned this basic recipe could be reproduced with little or no scientific knowledge. So refined, many began to manufacture methamphetamine in neighborhood homes, dorm rooms, hotel rooms, and automobiles. Due to its low manufacturing cost and high profitability, manufacturers have easily acquisitioned ingredients where a \$150.00 investment could easily be turned into several thousand dollars profit. Although large-scale operators in Mexico are identified as trafficking methamphetamine across Southern borders, it is a drug that has no country of origin and is easily manufac-

tured with relative simplicity within the borders of the United States.

At issue in the manufacturing of methamphetamine are the legal chemicals ephedrine and pseudoephedrine that are found in literally dozens of sinus medications, diet supplements, and "energy boosters." Although large quantities are required for extraction to produce methamphetamine, amateur chemists are acquiring the necessary amounts through mail order or other means and combining them with such ingredients as battery acid and red phosphorus to make large quantities. One of the most common methods of synthesis is through the reduction of ephedrine into methamphetamine. This is accomplished by using hydriodic acid and red phosphorus. The methamphetamine produced by ephedrine reduction is a lipid-soluble, pure base form that is highly volatile. To disrupt the manufacturing process, the Drug Enforcement Agency in 1994 placed domestic record keeping and reporting requirements on ephedrine tablets, but manufacturers quickly changed their choice of precursors by using pseudoephedrine drug products and continue to devise means to obtain the necessary supplies.

The methamphetamine epidemic has evolved in spite of increased penalties and heightened supply reduction efforts introduced by Federal, state, and local governments across the country. Most notable in the codification of laws aimed at eradicating drug and/or drug-related crime is the Methamphetamine Anti-Proliferation Act of 1999. This bill amended the Controlled Substances Act and the Controlled Substances Import and Export Act relating to the manufacture, traffic, import, and export of amphetamine and methamphetamine, "and for other purposes." Depending upon jurisdictions and the offense, penalties for drug law violations can range from several years to life terms. The result of mandatory minimum sentencing laws will affect projected arrests for the year 2000 which some estimate to be close to 1.55 million. Although these numbers do not account specifically for drug or drug-related offenders, it does speak to the enormity of the problems faced by society in combating the war on drugs. Since the enactment of mandatory minimum sentencing for drug users, the Federal Bureau of Prisons budget has increased by 1,350 percent. Its

budget has jumped from \$220 million in 1986 to \$3.19 billion in 1997. In 1998, the U.S. imprisoned more than 1,185,000 persons for nonviolent offenses at an annual cost of more than \$24 billion. In studies conducted across the nation, it is estimated that upwards of 80 percent of these offenders have a drug problem. At our current rate of incarceration, it is projected by the year 2002, the nation will spend some \$100 million per day to incarcerate individuals with serious drug and alcohol problems.

These figures are staggering, but none more so than the estimated total economic costs to the United States from substance abuse to be approximately \$166 billion per year. The “war on drugs” theme has echoed throughout society for decades now. The widespread use of mood- and mind-altering substances, including methamphetamine, has caused such a degree of havoc in the United States that one presidential candidate in the early 1990’s referred to the problem as “domestic chemical warfare.” In spite of all efforts to date, it is estimated that some 15 to 18 percent of the nation’s population, or roughly some 36 to 42 million persons, will become addicted to at least one drug during the course of their lifetime. The history of the war on drugs has been one of moral victories, but the war itself continues to wage and has now carried over to foreign countries where crop eradication and supply reduction efforts are costing billions of dollars in attempts to stem the tide of drugs imported into the United States.

These issues are highly relevant in addressing the war on drugs where methamphetamine has become the “public enemy” and our most formidable threat to date. Governmental agencies, academic institutions, and health care have all made significant advances over the past ten to fifteen years in understanding the dynamics of substance use, abuse, and their relationship to crime. Probably no single voice underscores the importance of the need for broader public policy and strategy as accurately as the Methamphetamine Interagency Task Force. The task force, authorized with the Comprehensive Methamphetamine Control Act of 1996, concluded in its findings that the most effective means of eradication would come by combining prevention and treatment with education and enforcement. The

task force emphasized that in order for both demand and supply reduction initiatives to work, they must be supported by appropriate organizational structures to include comprehensive, coordinated, community-based strategies. Moreover, that collaboration between Federal, state, and local agencies must be timely and accurate.

Although overall crime rates in the United States have declined in recent years, there remains a disproportionate number of drug offenders among arrestees. The methamphetamine and chronic drug problems experienced in the United States cannot simply be incarcerated. The current approach, supported by statistical data, clearly demonstrates a gap in public policy as the traditional criminal justice methods of incarceration, probation, or parole have not stemmed either the tide of drug use among offenders or drug-related crimes. Sentencing guidelines have left judicial and law enforcement personnel with narrow ranges of alternatives and often frustrated over the seeming revolving door of drug use and crime. Yet, as public officials, they are bound by and responsible for maintaining public safety and upholding the law. They carry out the scales of justice with which they are charged. This approach, however, is void of any type of therapeutic or sociological jurisprudence, focusing more on the process than the outcome. In other words, the system only allows for a linear solution to the problem: arrest the offender, charge the offender, convict the offender, objective completed. One emerging result of this process has been the recognition of a high rate of recidivism. Both the increased incarceration and recidivism rates may more accurately reflect the problem as one of addiction rather than a predisposition to criminal behavior. This would account for the continued growth of incarcerated substance abusers and support the Methamphetamine Interagency Task Force's findings and recommendations for a more collaborative and equitable approach. Current research would support reexamining the approach to our nation's drug problem not only through the enactment of laws regulating production, distribution, and possession, but through the increased funding of effective alternatives.

Recommendations call for demand reduction measures that include treatment, intervention, and prevention. This remains a

highly difficult task, though, as evidenced by historically disproportionate funding streams. The proposed drug control budget for the fiscal year 2000 provides some \$19.2 billion for demand and supply reduction. However, the split has generally allocated only one-third of this funding to demand reduction, a distribution trend that has consistently remained the same over the years. It is strongly believed the adverse consequences of drug use in the United States can be effectively combated through demand and supply reduction, but neither approach is sufficient by itself.

The U.S. Justice Department, Center For Substance Abuse Treatment, the Substance Abuse and Mental Health Service Administration and other such organizations have gradually demonstrated the improved effectiveness of substance abuse treatment over the past several years. Nationally the cost of untreated addiction runs as high as \$172 billion a year, yet dollars directed toward prevention and treatment services equal less than one percent of this amount. The Center For Substance Abuse Research determined in 1998 that 55 percent of the costs of both alcohol and other drug abuse are borne by either society, governments, private insurance companies, or victims. Moreover, the findings of these research initiatives have begun to clearly demonstrate not only the improved effectiveness of drug treatment, but its efficacy as well.

This is significant given the fact that for many years most officials and social agencies alike questioned the effectiveness of treatment for drug and alcohol abuse. Treatment remains a very new field in comparison to other methodologies. For example, as late as the 1980's many states were unable to provide services to persons seeking treatment for drug abuse, as funds were only available for the treatment of alcohol abuse. In addition, up to and prior to this time, most of the responsibility for the provision of treatment services was delegated to paraprofessionals, most of whom were without academic training. Successful outcomes were limited due to the treatment providers' absence of clinical and theoretical training. Their efforts were remarkable given the circumstances, but nonetheless lacking in comprehensiveness.

Addiction is a biopsychosocial phenomenon of brain disease with

behavioral and social context aspects. The resulting conclusion is that the most effective treatment methods must deal with all of those aspects: biological, behavioral, environmental, and social. Although drug use is a voluntary behavior, addiction is not. Numerous advances have been made in this field where, for years, abstinence was considered the measure of success by drug and alcohol treatment centers and professionals alike. But along with improved knowledge came an improved understanding of the dynamics involved in the recovering process. The new generation of providers, along with paraprofessionals, now understand that it is necessary to treat not only the person, but the person in the environment. As one notable example of this, substance abuse is one of the top two problems exhibited by families in 81 percent of reported cases to state protective services. Across social lines, domestic violence, sexual abuse, illiteracy, poverty, and other such variables predictive of successful recovery are now readily recognized as critical issues in the scope of treatment, issues that must be addressed and resolved during the course of the recovering process. The provision of a full continuum of care, strong case management, and comprehensive services have all resulted in improved outcomes.

However, treatment providers and agencies alike have been limited not only by an absence of adequate funding, but time constraints as well. The limitations have come in the expectations of treating such a chronic problem with acute interventions. Under those constraints, treatment providers have been held to unrealistic standards of assessed effectiveness. Given the same time as incarceration, these agencies would have an opportunity to accomplish much more to the benefit of not only the individual involved, but society as a whole. Treatment centers are given less than one month to accomplish desired outcomes that penal institutions are afforded years to accomplish. In many cases, treatment centers can provide a year of services at one-third the cost of housing an inmate for a single year. Although both vary in the philosophical approach to the problem, each seeks the ultimate outcome of returning responsible and productive persons to their respective environments.

The benefits and merits of such an approach are probably best demonstrated using the recent success of drug treatment courts oper-

ating throughout the United States. Beginning in the 1980's, jurisdictions began to assess their approach to handling defendants charged with drug or drug-related offenses. In 1998, the concept of a drug treatment court was introduced in Dade County, Florida. Supported by both Attorney General Janet Reno and Drug Czar Barry McCaffrey, the mission of the drug court efforts was to reduce incarceration costs, drug abuse, and recidivism rates. The design of the Dade County Drug Treatment Court introduced a psychosocial approach recognizing drug possession and use as not simply a law enforcement/criminal justice problem, but a public health problem as well, with broad community implications. The key premise was based upon the belief that treatment works frequently enough to merit implementation of intervention-oriented drug courts. Furthermore, that these methods were a better alternative than conventional case processing for some types of offenders. The approach is not applicable to all substance abusing-offenders. Nor does it alleviate anyone of personal responsibility and accountability for their actions.

A reduction in criminal recidivism was a significant factor in the creation of drug courts. Virtually all drug courts are required to maintain current outcome studies, and recidivism rates among those participants involved to date, regardless of whether they completed the program, have ranged from 5 to 28 percent. Among graduates, recidivism has been approximately four percent. The cost effectiveness of such initiatives has been promising as well, but varies by jurisdiction. Since their conception in 1989, some 323 drug courts have been established and now operate in 48 states. Since 1995, eleven states have enacted legislation dealing with the funding of drug courts and one state now has implemented statewide drug court programs based upon their successful history. In 1996, voters in Arizona passed an initiative which mandated drug treatment instead of prison for non-violent drug offenders. At the end of the first year of implementation, Arizona's Supreme Court issued a report which found tax payers saved \$2.6 million in one year. In the same findings, some 77.5 percent of probationers tested negative for drug use after the program. A Rand study found for every additional dollar invested in substance abuse treatment, it saves tax payers \$7.46.

The merits of such a comprehensive approach to the nation's drug problem goes well beyond incarceration issues and strikes at the core of supply and demand reduction initiatives. It is a means to achieve desired goals through a more collective approach, maximizing resources in a manner promotive of a safe society and improved quality of life for all its members. It is an approach that has been long overdue. There are and have been judicial, law enforcement, probation and parole, treatment, mental health, school, and other camps seeking the same outcomes in regard to drug and alcohol abuse in the United States. However, the collaboration has been absent. Working by themselves, each can demonstrate efficiency. But, working by themselves, none can be totally effective. Initiatives should be introduced that promote the unified efforts of these groups by pooling resources, therefore benefitting from each other's shared knowledge and leverage. Unified in their approach, they have great influence and power.

*Larry Counts is executive director of Decision Point Incorporated, Springdale, Arkansas.

Source: House Committee on the Judiciary, Subcommittee on Crime, "The Threat to Rural Communities from Methamphetamine Production, Trafficking, and Use," statement by Larry Counts, 25 February 2000, <http://www.house.gov/judiciary/crim0225.htm>.

QUESTIONS FOR DEBATE

1. Why should treatment providers be academically educated?
2. Are drug courts an effective way of dealing with the drug problem, or do they coddle dangerous criminals?
3. The Rand Corporation found that every \$1 spent on treatment saved \$7.46 for taxpayers. Why do you think this is true?

Effective School Safety and Drug Prevention Efforts in Our Schools and Communities: Testimony

*by Sergeant Don Wismer**

D.A.R.E. (Drug Abuse Resistance Education) is a program that emphasizes total abstinence. It is designed to give children the skills needed to “Just Say No” to drugs, gangs, and violence. Implemented in nearly 80% of U.S. schools and in 51 countries, it uses police officers to teach a curriculum that helps children from kindergarten through high school avoid drugs and deal with peer pressure. In testimony before the House Subcommittee on Early Childhood, Youth and Families, Sergeant Don Wismer, who heads the program in Ft. Wayne, Indiana, discusses the benefits and effectiveness of the program.

Thank you very much for this opportunity to talk to you about D.A.R.E. It's something we believe very strongly in. I have served as the supervisor for the Fort Wayne unit for the past three years.

This program did originate in 1983 in Los Angeles, a cooperative effort between the LAPD and the school system there. There are curriculums available for kindergarten through 12th grade. They are in their ninth generation of improvement. As far as I know, they are the only prevention curriculum available for all the grade levels.

Today, D.A.R.E. benefits more than 26 million students in the U.S.

We're in more than 300,000 classrooms. It is taught by 40,000 police officers in 80 percent of the school districts. It has been adopted by 51 other countries, which benefits an additional 10 million children.

Full implementation of the entire curriculum, as part of an overall comprehensive effort, is consistent with the latest research on the best approach to reduce drugs and violence. Research has shown that substance abuse usually begins after elementary school. Thus, the D.A.R.E. core curriculum is implemented among children with whom abuse is not a major problem, in the hope that it will not become a problem.

All components of the D.A.R.E. curricula are consistent with sound prevention principles. Even critical studies have found that D.A.R.E. has resulted in improved student knowledge of drug dangers and consequences, increased student social skills, better student attitudes toward police, and stronger attitudes against drug use.

D.A.R.E. has the largest and most consistent delivery system of any drug prevention program. D.A.R.E. officers are continually rated highly for their fidelity in delivering the D.A.R.E. curriculum. Based on research, this curriculum must be uniform and delivered as written to be effective. The training received by the officers conforms to the latest research on delivery, and approaches such as small group discussion, role playing, and other interactive methods are used.

Several studies regarding the effectiveness of the D.A.R.E. program have been done. It seems that only those with less than desirable results are ever published. I have included in my written testimony several summaries of studies from across the country that indicate quite strongly that there is an effective drug prevention program. Studies from Ohio State University, Minnesota Institute of Public Health, California State University, the North Marion Oregon School District, and Colorado Springs Schools also credit D.A.R.E.'s effectiveness.

To date, there have been more than 50 independent evaluations that have shown that students learn to resist drugs and violence through the D.A.R.E. core curriculum. Fifty two percent of youth who reported resisting peer pressure to use drugs said they had learned a resistance technique in D.A.R.E.

In California in recent studies, kids reported that in addition to their parents, the D.A.R.E. officers were the greatest influence on their decision not to use illegal substances. Ninety five percent of the students believe that the D.A.R.E. program had influenced their decision not to use drugs.

Perhaps the best evidence comes from individual comments, though, that are made by students, parents, and teachers. In my position, I hear comments frequently from the parents who tell me that the D.A.R.E. program was instrumental in keeping their kids off drugs. I hear from teachers who tell me about great relationships that are built between officers and students. Officers who taught the D.A.R.E. curriculum years ago are frequently approached by students that they have had and were told that because of their efforts, it was a major reason why they had chosen to remain drug free.

Kids report to officers that they have been experimenting with some of these substances, but they have stopped after going through the program. I also hear reports from the officers in the classrooms from kids who tell them about decisions to leave gangs or decisions to get more serious about their studies because of the D.A.R.E. officer's instruction. I have been told by parents about tremendous changes in attitudes they have seen in kids.

Additional evidence of D.A.R.E.'s effectiveness might have to do with other issues than drug abuse, though. Several times in recent years, because of D.A.R.E. officers' instruction on personal safety and good-touch and bad-touch issues, we have had kids from third grade clear up into middle school that have revealed sexual abuse or other abuse, and they were able to get the help they needed to get out of those situations.

Community policing is highly promoted now. We who are in D.A.R.E. feel that it is community policing at its best. In Fort Wayne, for the 1998–1999 school year, with just eight full-time D.A.R.E. officers, they taught 19,614 students. Because of multiple contacts with these students on the different grade levels, we made 116 positive contacts between the officers and students. That won't take into account contacts with the teachers and school officials and parents.

For the past three years in Fort Wayne, we developed and imple-

mented a summer project that we called D.A.R.E. Summer Extreme Adventures. The Fort Wayne community school principals and case managers selected at-risk students from their summer clubhouse program to participate. Throughout the summer, the youth, along with the D.A.R.E. officers, took part in a variety of challenging events, things such as rock climbing, repelling, canoeing, ropes courses, spelunking, charter fishing, scuba diving, and white water rafting.

The goals of this program are that after overcoming the challenges that are presented to them through these activities, that the students' self-confidence in themselves will be so strong, that they will more easily be able to resist the pressures of using drugs and getting involved in gangs.

Other goals are to build relationships of trust between the officers and students and parents, to demonstrate for them a positive adult role model, and to show positive alternatives to drug use and gang involvement. This program was funded completely by the Time Corners and Coliseum Lions Club of Fort Wayne at no cost to the student. We have seen a lot of growth in the lives of these kids with this program. There is a copy of the New Sentinel article in the package you have about our trip to West Virginia.

I have also included a 16-page paper describing the cross-content correlation of the D.A.R.E. core curriculum and how it contributes substantially to Indiana students' entire educational requirements.

Also, a paper of a study done in 1997 by the Search Institute in Minnesota, where they identified the 40 developmental assets as building blocks to help young people grow up as healthy and responsible adults, to among other things, avoid alcohol, illicit drug use, sexual activity, and violence. I bring that up because in looking at those 40 assets, I think that D.A.R.E. really effectively addresses about 30 of those.

There are other papers included that are letters from Glen Lavont, the president of D.A.R.E. America, and General McCaffrey regarding the principal findings from the just-released National Household Survey on Drug Abuse, in that it indicates that for those aged between 12 and 17, that illicit drug use declined 13 percent, inhalant use dropped almost 50 percent.

Current users of marijuana went down 23 percent, and the same for methamphetamines. For the past two years, as I'm sure you know, it has shown a decline. I think this helps to prove that prevention efforts do work.

As for the D.A.R.E. program, I believe that communities serious about the problem should fully implement the entire curriculum at all grade levels, and that we should lay the groundwork in the elementary years, provide the core curriculum in the fifth or sixth grade, and reinforce that in the middle school and high school years. Thank you.

*Don Wismer is a sergeant in the Fort Wayne, Indiana, police department and supervisor for the D.A.R.E. program in that city.

Source: House Committee on Education and the Workforce, Subcommittee on Early Childhood, Youth and Families, "Effective School Safety and Drug Prevention Efforts in Our Schools and Communities," statement of Sergeant Don Wismer, 1 September 1999.

QUESTIONS FOR DEBATE

1. What biases might Sergeant Wismer have regarding D.A.R.E.?
2. Wismer claims his "best evidence" comes from comments people have made to him regarding their experiences with D.A.R.E. Is this really his best evidence?
3. Wismer says that "52% of the youth who reported resisting peer pressure to use drugs said they had learned the resistance technique in D.A.R.E." Does this statistic support his contention that D.A.R.E. works?

Are We Doing Enough?

by Michael R. Roona and Alexandra Eyle*

During the mid 1990s studies showed that the original D.A.R.E. program, which has been used in U.S. schools since the 1980s, was ineffective in reducing substance abuse. In response, the program created a new curriculum. But the question remains: is its emphasis on abstinence, “Just Say No,” appropriate for all children? In the article below, Michael R. Roona and Alexandra Eyle review the history of D.A.R.E. and argue that limited resources might be better spent targeting the small percentage of youth at high risk rather than trying to educate the majority of youth who are unlikely ever to develop a drug problem.

D.A.R.E. Then and Now: The original D.A.R.E. program only emphasizes dangers of drug use through lectures. The revised program will try to explore the dangers through interactive teaching methods, and will, D.A.R.E. says, also help students to:

- *Examine and understand their own beliefs related to alcohol, tobacco, inhalant and other drug use and consequences*
- *Communicate positively in social and interpersonal situations*
- *Develop and use assertiveness/refusal skills*
- *Recognize, defuse, and avoid potentially violent situations*
- *Make positive quality-of-life decisions*

When most people think of D.A.R.E., they think of the ubiquitous 17-week drug education program taught to fifth- or sixth-graders in 80% of the school districts across the United States. But D.A.R.E. is

more than this one program. D.A.R.E. is both a sequence of drug education curricula designed to be implemented in elementary, middle, and high schools and a complex set of institutional relationships that collectively constitute the most comprehensive infrastructure for the implementation of prevention programming across the United States and the world.

D.A.R.E. had rather humble beginnings. It was established in Los Angeles in 1983 by a curriculum developer named Ruth Rich who was working with the Los Angeles Unified School District and the Los Angeles Police Department. About half of Rich's Drug Abuse Resistance Education (D.A.R.E.) curriculum used materials and artwork developed by Dr. William Hansen, who had created them for his Project S.M.A.R.T. drug education program.

When the first preliminary evaluation of D.A.R.E. showed that the program had the potential to prevent substance use by kids, the D.A.R.E. system began to grow prolifically. Nancy Reagan, wife of then President Ronald Reagan, had launched her "Just Say No" campaign, providing a context for D.A.R.E.'s rapid growth. The "Just Say No" mantra, while hopelessly naïve, was consistent with the zealous, zero-tolerance attitude of Darryl Gates, Chief of the Los Angeles Police Department, which together with the Los Angeles Unified School District, spawned D.A.R.E. A frightening glimpse into Gates' mind, and the setting in which D.A.R.E. grew and prospered, can be found in Gates' 1990 testimony before the U.S. Senate that the "casual user ought to be taken out and shot, because he or she has no reason for using drugs." When asked about this outrageous testimony, Gates stressed that he was not "being facetious" and asserted that marijuana users were guilty of treason.¹

So it was in the context of Nancy Reagan's "Just Say No" crusade and Darryl Gates' extremist fantasies that the D.A.R.E. program emerged and grew. But D.A.R.E.'s ideological foundations are less relevant today, partly because this emphasis on abstinence has been reinforced by the Drug Free Schools and Communities Act, which denies financial assistance to schools for any federal program unless those schools teach that the use of illicit drugs and the unlawful possession and use of alcohol is wrong and harmful. In addition,

D.A.R.E. has become a multimillion-dollar industry with corporate officers earning six-figure salaries; D.A.R.E. now may be more interested in preserving its lucrative empire than advancing an ideological position. D.A.R.E. America, the national parent organization headquartered in Los Angeles, had assets of \$3,574,848 and income of \$11,593,663 in 1998, the last year for which data are publicly available. Revenue sources included contributions (\$4,135,476), government grants (\$2,188,187), special events (\$2,360,590), annual license royalties (\$2,682,975), and investments (\$226,435). The government grants for the most part are not competitive grants. Rather, they are special appropriations of funds (earmarked for drug education programs taught by uniformed police officers) that are not part of the normal budget debate. These earmarks, or hard marks (more commonly known as pork), are inserted into program or agency budgets by legislators who like D.A.R.E.

The balance sheet and income statement of the parent organization, however, do not capture D.A.R.E.'s full scope, because D.A.R.E. is a complex set of institutional relationships, not a single organization. Independent tax-exempt, nonprofit D.A.R.E. organizations are incorporated in many states, and these organizations have budgets ranging up to \$5,000,000. According to a recent (unpublished) study conducted by Jeff Merrill and his colleagues at the Robert Wood Johnson School of Medicine, the average amount of funding for D.A.R.E. at the state level is \$528,000 and this funding comes from a wide variety of sources. In 12 states the primary source of funding is legislated (for example, the use of asset forfeiture proceeds to fund D.A.R.E. programs). In 12 other states, the primary source of funding is federal or state grants (including the Byrne formula grants provided to states by the feds until President Bush eliminated the Byrne program shortly after taking office). In only seven states is the primary source of funding for D.A.R.E. the U.S. Education Department's Safe and Drug Free Schools program and only one of those states has a D.A.R.E. operation with a budget in excess of \$1,000,000. Hence, even if the Principles of Effectiveness for drug education programs, promulgated in 1999 by the Safe and Drug Free Schools program to prohibit federal funding of ineffective drug education programs,

directly affect D.A.R.E., the impact will be dramatic in only a few states.

Nonetheless the Principles of Effectiveness did indirectly affect D.A.R.E.; they gave new force to the findings of numerous prior evaluations of D.A.R.E.'s flagship 17-week program, which have shown it to be ineffective at reducing substance use. Furthermore, these evaluations demonstrated that it didn't matter where the program was implemented. Evaluations conducted in Illinois,² Kentucky,³ North Carolina,⁴ South Carolina,⁵ British Columbia,⁶ and elsewhere consistently demonstrated no effect on self-reported substance use by youth.⁷ But it is important to note that no moderate or high-quality evaluations of the D.A.R.E. program for higher grade levels or of the cumulative effects of D.A.R.E. on youths who receive D.A.R.E. in elementary, middle, and high school have been conducted. D.A.R.E. America, for its part, has always contended that it is naïve to expect that a one-shot program in fifth or sixth grade would be effective and, from the start it proposed a multi-year program, beginning in elementary school and running through high school.

D.A.R.E. Now Will Reach Older Students, Too

While ubiquitous at the fifth- and sixth-grade level (and quite common at lower grades), D.A.R.E. has generally been unable to penetrate junior and senior high schools. This lack of penetration at the junior and senior high school levels will soon change, however.

Today, drug education developers and researchers agree that multi-year programs are the way to go and that multiyear programs should focus on the needs of middle-school students. Some contend that one reason for the failure of D.A.R.E.'s flagship program is that it targeted kids who were too young. Most prevention researchers who adhere to an "inoculation" model of substance abuse prevention believe that kids must be inoculated closer to the age when they enter the youth drug subculture, which generally occurs in middle school.

Revamping D.A.R.E.

It is with this perspective in mind that the Institute for Health and Social Policy at the University of Akron set about designing a new

state-of-the-art drug education program, funded by a \$13.7 million grant from The Robert Wood Johnson Foundation. The result of this initiative is a ten-lesson, seventh-grade curriculum that was implemented by D.A.R.E. in the fall of 2001 in 176 middle schools in New Orleans, Houston, Los Angeles, Newark, St. Louis, and Detroit. In addition, a new ninth-grade curriculum, currently under development, will be implemented in the 80 high schools those 176 middle schools feed into two years hence, when this year's seventh-graders are in ninth grade. Youth who participate in the seventh- and ninth-grade curricula will be followed through eleventh grade, at which time self-reports of substance use will be collected to determine whether students who went through the junior/senior high school program have lower rates of substance use than comparison students who haven't gone through the program. The curriculum developer at the University of Akron responsible for the new seventh- and ninth-grade D.A.R.E. curricula, Dr. Richard Hawthorne, also is developing a new fifth-grade D.A.R.E. curriculum to replace the one currently in use in 80% of the school districts across the United States, in an effort to see if this investment can be salvaged and made more effective.

Whether these new curricula, alone or in sequence, will have an impact on the substance use or abuse behaviors of eleventh-graders remains to be seen. The curricula that have been developed are based on active learning and supportive teaching strategies, which are regarded by curriculum and instruction scholars as effective pedagogical practices. In the context of drug education programs, these strategies also are recognized as beneficial. In the narrower domain of abstinence-based programs that have the goal of eliminating use of drugs, the evidence of what works to promote abstinence from illegal drug and alcohol use is largely based on short-term evaluations; there is no long-term evidence that active learning and supportive teaching strategies offer the best approach to promoting abstinence, or that promoting abstinence is itself an effective substance abuse prevention strategy.

The Education Department's Principles of Effectiveness and the numerous studies that have shown D.A.R.E. to be ineffective have had a larger effect than the mere revamping and expansion of the

D.A.R.E. program. They also have opened the way for other, alternative programs to penetrate the drug education marketplace. The Life Skills Training program is one well-known commercially available alternative to D.A.R.E. While analyses of the Life Skills Training program and other alternative programs have shown some to be effective in the short term, most have not been evaluated in the long term. It remains to be seen if the students (who for the most part were not substance users when they participated in these programs) will report markedly lower levels of substance use or abuse when they mature into the youth drug sub-culture, or whether the strategies used to “educate” them will backfire.

What Problems Lie Ahead?

As one of the advisors to the University of Akron group that developed and evaluated the “state-of-the-art” curricula implemented this fall by D.A.R.E., I am curious to see what the evaluation will yield. We may find, for instance, that the same intervention components that delay the onset of use at a younger age increase the likelihood of abuse when the students mature. For example, teaching seventh-graders that fewer of their peers use a particular substance than they previously thought might reduce use in the short term by eliminating pressure to conform with unrealistic expectations about substance use by their peers. But reinforcing the natural tendency of adolescents to conform to the social norms of their peers may have the reverse effect in eleventh grade, when most kids are using or have used those substances; if the norm in eleventh grade is to use drugs (whereas in seventh grade the norm was to not use them) the students may now decide to conform by using. Thus, it is conceivable that teaching kids to conform with social norms in the seventh grade reduces the likelihood that a seventh grader will drink alcohol, but that once kids are taught to conform to social norms, when they get older they not only will drink alcohol, but will drink to get drunk if that is the normative behavior in eleventh grade.

It is likely that abstinence promotion intervention components work well for some kids who are predisposed to not use substances (by reinforcing their negative attitudes toward drugs). These same inter-

ventions, however, may be counterproductive with youths who use substances because those youths may be involved in a “deviant” subculture that not only rejects abstinence, but also rejects moderation. Moderation, like tolerance, is a fundamental virtue that, unfortunately, due to federal restrictions, cannot be taught in American schools dependent upon federal funding.

Still Not Reaching Those Who Truly Need Us

Finally, what the new curricula won't do is address the very real needs of the small percentage of kids who get drunk or high because they are trying to relieve psychological and emotional pain caused by serious problems. Evidence culled from the 1997 National Household Survey on Drug Abuse by the Pacific Institute for Research and Evaluation indicates that less than 3 percent of 12- to 14-year-olds and a mere 12 percent of 15- to 17-year-olds consume over 80 percent of the alcohol imbibed by youths in their age groups. Many of these kids have been sexually molested, physically abused, or otherwise victimized and their use of alcohol and other drugs is a symptom or consequence of their dysfunctional home life rather than a cause of their problems. These children need to be protected from abuse and counseled to help them positively cope with the experiences — rather than seeking solace in a high that momentarily liberates them from their pain. The drug experiences of these students are very different from those of healthy kids who get high because they want to try a new experience or because they've gotten high before and found they like it. Spending money (and valuable class time in this era of high-stakes academic testing) trying to reduce the prevalence of substance use among the majority of youth who are unlikely ever to develop a substance abuse problem at the expense of the small percentage of youth with real problems that may even be aggravated by their substance use behaviors would be misguided. Alternatives to universal classroom-based drug education programs, like student assistance programs that provide counseling to troubled youth, may be a wiser investment of limited public resources.

End Notes

- 1 For details, see page 186 of Richard Lawrence Miller's *Drug Warriors and Their Prey: From Police Power to Police State* published in 1996 by Praeger Publishers of Westport, CT.
- 2 Ennett, S.T., Rosenbaum, D.P., Flewelling, R.L., Bieler, G.S., Ringwalt, C.R., & Bailey, S.L. (1994). Long-term evaluation of Drug Abuse Resistance Education. *Addictive Behaviors*, 19 (2), 113–125.
- 3 Clayton, R., Cattarello, A., & Johnstone, B. (1996). The Effectiveness of Drug Abuse Resistance Education (Project D.A.R.E.): 5-year follow-up results. *Preventive Medicine*, 25, 307–318.
- 4 Ringwalt, C., Ennett, S., and Holt, K. (1991). An outcome evaluation of Project D.A.R.E. (Drug Abuse Resistance Education). *Health Education Research*, 6(3), 327–337.
- 5 Harmon, M.A. (1993). Reducing the risk of drug involvement among early adolescents: An evaluation of Drug Abuse Resistance Education (D.A.R.E.). *Evaluation Review*, 17 (2), 221–239.
- 6 Walker, S.G. (1990). The Victoria Police Department — Drug Abuse Resistance Education Programme (D.A.R.E.): Programme Evaluation Report #2. Victoria, Br. Columbia, Canada: Educon: Marketing & Research Systems.
- 7 Ennett, S., Tobler, N., Ringwalt, C., & Flewelling, R. (1994). How effective is drug abuse resistance education? A meta-analysis of project DARE outcome evaluations. *Journal of Public Health*, 84(9), 1394–1401.

*Michael R. Roona, executive director of the Social Capital Development Corporation, serves on several national and local substance abuse advisory boards, including the one advising the program developers who redesigned — and will evaluate the effectiveness of — the new D.A.R.E. curriculum. Alexandra Eyle is editor of *The ReconsiDer Quarterly* and serves on the board of directors of the ReconsiDer: Forum on Drug Policy, which is a nonpartisan organization seeking to promote changes in U.S. drug policy.

Source: Roona, Michael R., and Alexandra Eyle. “Poor Results Prompt D.A.R.E. to Create New Curriculum: One Drug Education Expert Wonders . . . Are We Doing Enough?” *The ReconsiDer Quarterly* 1 no. 4 (Winter, 2001–2002).
http://www.reconsider.org/quarterly/2002_Winter/pdf/ReconsiDer_Quarterly_2002_Winter.pdf

QUESTIONS FOR DEBATE

1. How do Michael Roona's background and qualifications impact the credibility of this article?
2. Is the discussion of D.A.R.E.'s financing essential to Roona and Eyle's arguments regarding D.A.R.E.'s effectiveness?
3. If Roona and Eyle's argument about the connection between victimization of children and drug use is true, will any broad-based drug education program be doomed to failure?

On Reinventing Drug Education, Especially for Adolescents

by Rodney Skager, Ph.D.*

Section 1 ends with an article by Rodney Skager, an expert on substance abuse intervention programs, who bluntly states that federal drug education programs have failed. Skager puts the blame on erroneous assumptions about youth development and socialization: that young people try drugs because they are naïve, because they want to erase negative feelings about themselves, or because of peer pressure. He urges reinventing drug education for a world in which drug use will persist. These programs would be non-judgmental and based on interaction between teacher and student, rather than on an adult-driven, lock-step curriculum.

There is no doubt about it. Federal drug education programs have failed. The government is spending between \$1 and 1.3 billion a year trying, through its D.A.R.E. program, to get kids to stop using drugs.¹ The data regularly show that students continue to use drugs despite abstinence-based, zero-tolerance drug education programs.

Last year an annual national survey, *Monitoring the Future*, reported that 54 percent of American 12th-graders had tried an illicit drug at least once in their lifetime.² Forty-nine percent had tried marijuana. The true rates of use are probably higher, however. Even on anonymous surveys, self-reported use is likely to be somewhat lower

than true rates of use, because not all respondents will be willing to report illegal behavior even under conditions of apparent anonymity.

When teens are asked to estimate the percentage of schoolmates of their own age who have tried marijuana, the numbers are much higher than the percentages obtained from self-report surveys. In the latest California survey 72 percent of 11th-graders believed that half or more of their peers had tried marijuana, while only 46 percent said they ever used it. Forty-four percent believed half or more used monthly, but only 26 percent said they used it in the previous month!³

Some researchers dismiss youth estimates of peer drug use, arguing that they exaggerate actual prevalence levels. In so doing, these researchers miss the point entirely. Estimated peer use reflects youth perception of how things really are, and it is perception that establishes what is ordinary or normal. Believing that a majority of one's peers have tried marijuana tends to legitimize use of that drug, but this does not necessarily apply to other illicit drugs or to problematic use. As a third-year university student observed, "We accept pot way more than other drugs. I mean, you watch TV and there are jokes about pot. Everybody's laughing. If they talk about shooting up heroin, nobody's really laughing...most educated people now feel that it's not really a serious drug. It's funny, it's accepted, we know most people have tried it at some point, so it's not a bad drug." (This and later comments from young people in their late teens or early 20s were collected by peer interviewers as part of an ongoing study of youth attitudes about, and experience with, drugs.)

Most teenagers know things about drugs than they were never told in prevention education. Consider what one female college student said recently about her initiation into the use of marijuana at age 15.

"In high school drugs were around and my friends and I knew where to get them. People accepted it as a part of high school life. When I was in 10th grade, my friends and I were hanging out after school. We decided that we wanted to smoke some pot, so we walked around the quad and asked the people that knew about drugs where we could get some. We went to the honor roll students who sold drugs. We didn't trust the stoners because they probably laced their

drugs. We bought... and smoked it that day. That was the first time that I tried drugs.”

The story provides a concrete example of just how easy it is for high school students in California to obtain marijuana. It also reveals that without guidance from adults even relatively young teens can learn to be intelligent consumers. In deciding to buy their drugs from the honor students, they were applying, at age 15, an important principle of harm reduction — get your dope from a safe source.

The fact is, substance use has become normalized among mainstream American adolescents. Normalization means that drugs are an accepted part of the culture in which most American adolescents live. It means that users as well as many nonusers accept experience with drugs as normal. It means that a substantial majority of older teens believe that most of their same age peers have tried marijuana and that student leaders and other social icons have tried it and that many or most currently use it. Substance use is firmly embedded in the teen social scene, part of the shared experience of both users and nonusers.

If drugs are part of the normal teen experience in a country where billions of tax dollars have been poured into preventing drug use, what happened? Where did we go wrong?

Indoctrination Does Not Work in an Open Society

By definition, education must be honest. But in embracing zero-tolerance drug prevention education, teachers must exaggerate dangers. They must present only one side of the story. They must indoctrinate, in other words.

But indoctrination “works” only when students do not have access to contradictory information. Unfortunately, on entering secondary school most teens soon learn that many older students enjoy drinking and using without suffering significant negative consequences or progressing to problematic use. As a result, many students think that their teachers, by espousing the now discredited “gateway theory” and ignoring the fact that many people enjoy moderate use of alcohol, marijuana, and ecstasy without ill effects, may also have exaggerated the dangers of using cocaine or heroin.⁴ And once young people realize that they have been conned by drug education, they often dismiss

the entire message, including the valid dangers that they were warned about.

Three False Assumptions Undermine Current Drug Education Programs

Zero-tolerance drug education programs also fail miserably because they are shaped by three erroneous assumptions about youth development and socialization: teens use drugs because they are naïve; teens use drugs because they feel bad about themselves; and peer pressure forces teens to use drugs.

Assumption #1: Young people try drugs because they are naïve. How can this be in a teen social environment replete with all kinds of information about drugs and their effects? Like the 10th-graders buying marijuana, most teens learn a great deal about drugs by mid-adolescence or even earlier.

Another aspect of this assumption is the widely prevailing view among adults that even after puberty adolescents remain in a biologically distinct stage of development. It is this belief that allows so-called experts to concoct irrelevant or even patronizing forms of prevention education that alienate and insult so many young people.

Human development specialists have long been aware that early in adolescence most youth develop the capacity to reason like adults. What Piaget labeled as “formal reasoning” empowers them to think hypothetically and thus to question the world as it is. To educators and parents, this means that what adults say is no longer taken for granted, especially when contrary information and opinions are available. This is why attempts to “inoculate” elementary school children against later experimentation with substances have flopped so resoundingly once those children become adolescents.

David Moshman concludes in his recent textbook that adolescence is best understood as the first stage of adulthood. He presents evidence that the crucial difference between adolescents and adults is in accumulated life experience rather than biological development.⁵ This is consistent with the long-known fact that by age 16 youth do as well on tests of intelligence as they ever will. Adolescent and adult populations also overlap on critical indicators of personal maturity.

Significant numbers of adolescents are better at anticipating consequences of their behavior, controlling impulses, and interpersonal skills than some adults who never achieve these hallmarks of maturity. Understanding and building on these teen capabilities is crucial to creating successful drug education programs.

Assumption #2: Adolescents use illegal drugs to erase negative feelings about themselves. All deficit hypotheses assume that most adolescents are deficient in some way and drink or use to feel better about themselves. Early programs targeted self-esteem, but research failed to support either their efficacy or the assumption itself.⁶ Life skills education, the best-known current deficit program, targets deficits in self-efficacy. Yet this approach has been found to be itself deficient in producing results.⁷ Common sense also suggests otherwise. Many high school student leaders — the most successful students in the high school social world — use alcohol and marijuana. In fact, these social leaders belong to an elite social group to which many ordinary students aspire to belong. It is especially unlikely that these popular students lack social skills or that the icons of high school athletics feel ignored and dismissed.

Stories about alcohol and other drug use by student leaders are common in the interviews. A graduating senior woman recalled, “The president, vice-president, treasurer and athletes used marijuana. Most consumption of illicit drugs was done at parties. The teachers and administrators knew the identities of the drug users, but they seemed to look the other way.”

Assumption #3: Kids use drugs because their peers pressure them to do so. Training in so-called “refusal skills” has been the antidote to this assumed fact. But research in both the U.S. and Britain supports the alternative explanation that kids simply like to imitate spontaneously what they believe their peers are doing.⁸ Given the normalization of substance use, it would be more accurate to say that students begin using drugs because they are modeling behaviors that they perceive to be normal or “cool.”

Nevertheless, the peer pressure hypothesis has particular appeal for many adults. After all, it makes adolescents themselves responsible for the problem and ignores the contributions of an adult society

that adores drugs, whether illegal, pharmaceutical, or derived from a process of fermentation. Yet, insightful observers such as Patricia Hersch in her book *A Tribe Apart* have noted an atmosphere of mutual tolerance, a do-your-own-thing ethic of personal relationships among adolescents today.⁹ As a college student who had abstained from drug use reported, “My friends offered marijuana because of courtesy...because they felt obligated since we were friends. However, they never teased me for not smoking.” Another said, “Among my friends some people choose not to use (marijuana) and others do it. And nobody thinks less of any other person.” These kinds of observations were made frequently in the interviews.

Members of all groups actively contrast themselves with members of other groups. This process of defining just how one’s group is distinctive helps fashion important facets of personal identity, especially beliefs and associated behavior. For many young people, to drink or use is to participate in a ritual that affirms group identity. It is often a way of saying, “We are different from adults. We do things that they forbid us to do.” Unfortunately, the ways in which we go about prevention play directly into this process; by forbidding use, we inadvertently encourage it.

Zero-Tolerance Deterrent Punishment Fails, Too

When our zero-tolerance prevention education programs fail, we punish drug users by suspending or expelling them from school — standard practice among schools throughout the United States. The idea is that such severe punishment will frighten others and deter them from using drugs. Yet this approach has failed, in large part because very few users are identified and caught. Teens that do drugs do not expect to be caught, and many enjoy the adventure involved in doing something that adults forbid.

But there is a more negative effect of this policy. Suspension and expulsion merely eject youthful offenders out of the classroom and onto the street. As one university student said, “Expulsion is getting rid of the problem kids and not getting rid of the problem in those kids.”

A better approach would be for schools to apply consequences for

alcohol and other drug use that allow most students to remain in school. After all, students who are caught violating the rules are not necessarily problematic users. Nor are they automatically causing harm to themselves or others. As for those who are most severely involved with drugs — they often drop out of school without having to be pushed out. Applying reasonable and humane sanctions, including on-site suspensions and exclusion from extracurricular activities, may be sufficient for teens who have not demonstrated problems in living associated with substance use.

Another problem with deterrent punishment is that it prevents concerned people from reporting students whom they suspect are using drugs. Teachers and worried peers dare not report what they see for fear of severe consequences to the student in question — or to themselves, in the form of retaliation by the student. Thus, the harsh, punitive nature of the system forces compassionate people to become “enablers,” by keeping silent. This “no-talk” rule invariably prevails when deterrent punishment rather than assistance and ordinary discipline dominates institutional policy toward those who break the rules.

Reinventing Drug Education in a World Where Drug Use Will Persist

Drug prevention can and should be reinvented. Not because a reinvented prevention would eliminate substance use in the adolescent population — drugs other than alcohol are here to stay. Accepting this fact is the first step out of the morass in which we find ourselves.

Starting with Realistic Goals

Acknowledging that illicit drug use will persist in this society relieves us from pursuit of the impossible. We are free to set more realistic and pragmatic goals for prevention education. Let me list a few:

- Delay age of first use.
- Reduce (rather than eliminate) over-all drug use.
- Help students to understand that there are bad times and places to do drugs.
- Reduce problematic use including bingeing, mixing drugs, using unknown or impure substances.

- Promote responsibility for self and others and related knowledge about (a) signs of abuse and dependency, (b) how to approach and assist people showing signs of problematic use, and (c) awareness of helping resources in schools and communities.

Drug prevention education can address these and other pragmatic goals without giving permission to use, as those who defend the status quo invariably charge. In any case, kids do not ask adults for permission to drink or use. This approach recognizes that young people are going to make choices about how to live their own lives. It gives them tools with which to make informed choices if they do decide to try drugs.

Interactive Teaching & Learning¹⁰

If prevention is to work, teaching must be honest and relationships between teachers and students authentic. This means that we must recognize and value the experience of young people. We must encourage student participation and interaction. Predetermined, adult-delivered curricula work against this principle, however. Worst of all, a lock-step curriculum ignores the significance of the teachable moment, that information or experience is best shared when it is relevant, when learners want to know.

- A lesson or program is interactive when the teacher stimulates discussion and creates activities wherein teens can ask for the information they need. Dialog is superior to top-down teaching because it encourages active participation in the learning process. Adult facilitators can take it for granted that most teens have had their own encounters with drugs, even if they have abstained from use. They deserve honest, straightforward answers to their questions.
- The facilitator must be a credible and reliable source of information. Teenagers participating in focus groups in a California study conducted by Joel Brown and his colleagues frequently expressed doubts about the expertise of their prevention teachers.¹¹ The facilitator must demonstrate at the

outset an understanding of the culture of drug use, be able to use the drug words in use among teenagers, and accept that many students associate alcohol and other drugs with positive experiences.

- The approach must be non-judgmental. The facilitator understands that participants will make their own choices about drugs. Safety rather than morality is the theme. Reducing harmful drug use and developing rational decision-making skills are legitimate goals for teens who are heavily involved with drugs but are as yet unwilling to accept abstinence as a solution.
- Ordinarily information is offered in response to questions asked by the students. Attempting to convince many teenagers that they should not use drugs is usually counter-productive. Instead, facilitators should concentrate on giving complete information on drugs including specifics such as what drugs are and their effects, keeping personal safety in mind, public policy and the legal implications of use, how to identify problem users, and the significance of personal development and social responsibility.

Helping Teens Who Are in Trouble with Alcohol or Illicit Drugs

Good teachers are likely to be approached by students seeking help for their drug problem, whether it is with alcohol, tobacco, or illicit drugs. They cannot turn away at this critical moment. They must know how to intervene effectively, and connect the child to appropriate resources or agencies in the school and community. Ideally, there should be a substance abuse counselor at the school to whom the classroom facilitator can refer problem users.

All schools should offer a Student Assistance Program for such students. This is the compassionate and socially responsible alternative to suspension and expulsion. The program may be associated with the school or with a community organization. Both should be located in a place that protects the anonymity of students who are referred.

Barriers to Implementation of Interactive Learning Programs

The barriers to the implementation of these proposals and identifying the kinds of adults who can make them work should not be underestimated. To begin with, current federal guidelines permit funding for abstinence-based programs only. Support is not available for any programs that approach substance use honestly and openly. In addition, it may be that most schools as we know them cannot provide the type of learning process proposed here. They may lack teachers who are comfortable with truly interactive learning situations, or who have internalized the knowledge that is required when predetermined, lock-step curricula are abandoned. Community agencies independent of schools may be a more appropriate venue. But the issue, at least in my view, is not whether we do these things, but when and how.

Article Endnotes

- 1 Shepard, T. (2001). The economic costs of D.A.R.E.. LeMoyne Institute of Industrial Relations. Syracuse, New York. Paper Number 22.
- 2 Johnson, L. D., O'Malley, P. M., & Bachman, J. G. (2001). Monitoring the Future. National results on adolescent drug use: Overview of key findings, 2000. University of Michigan Institute for Social Research.
- 3 Austin G. and Shager, R. (1999). Seventh Biennial Statewide Survey of Drug and Alcohol Use Among California Students in Grades 7, 9, and 11. Sacramento, CA: Office of the Attorney General, Crime Prevention Center.
- 4 Golub, A. W. (2001) & Johnson, B. D. (2001). Variation in youthful risks of progression from alcohol/tobacco to marijuana and to hard drugs across generations. *American Journal of Public Health*, 93 (2), 225–232.
- 5 Moshman, David. (1999), *Adolescent Psychological Development: Rationality, Morality, and Identity*. New Jersey: Erlbaum & Associates.
- 6 Schaps, E., Moskowitz, Malvin, J., & Schaeffer, B. (1986). Evaluation of seven school-based prevention programs: A final report on the Napaproject. *International Journal of the Addictions*, 21, 1081–1112.
- 7 Gorman, D. (1996). Etiological theories and the primary prevention of drug use. *Journal of Drug Issues*, 26(2), 505–520.
- 8 Coggans, N., & McKellar, S. (1994). *Drug Use Amongst Peers: Peer Pressure or Peer Preference? Drugs: Education, Prevention, and Policy*. 1 (1), 15–26.
- 9 Hersch, P. (1998). *A Tribe Apart: A Journey into the Heart of American Adolescence*. New York: Fawcett-Columbine.
- 10 I am indebted to my colleague, Ralph Cantor, a truly wise prevention practitioner, for his formulation of these principles.
- 11 Brown, D. H., D 'Emidio-Caston, M., and Pollard, J. (1997). Students and substances: Social power in drug education. *Educational Evaluation and Policy Analysis*, 19 (1), 65–82.

*Rodney Skager is Professor Emeritus in the Graduate School of Education and Information Studies at UCLA.

Source: Skager, Rodney. "On Reinventing Drug Education, Especially for Adolescents," *The ReconsiDer Quarterly* 1 no. 4 (Winter, 2001–2002).
http://www.reconsider.org/quarterly/2002_Winter/pdf/ReconsiDer_Quarterly_2002_Winter.pdf

QUESTIONS FOR DEBATE

1. How does the author support his contention that "substance use has become normalized among mainstream American adolescents"?
2. When is indoctrination effective? Why is it not effective for drug education?
3. If an assumption is proved wrong, what is the impact on the conclusion? If the assumptions of naivete, self esteem, and peer pressure rationales for drug use are proved false, is all drug education proved wrong?

Section 2

Controlling Drugs through Law Enforcement

Many countries attempt to control drugs by placing penalties on or criminalizing their use and sale. As we saw in Section 1, countries such as the Netherlands distinguish between hard and soft drugs based on their destructive potential. Soft drugs may be illegal, but their use is tolerated. Hard drug users are urged into treatment programs while the police concentrate on stopping drug traffickers. Other countries, such as the United States and Sweden, have zero tolerance for drug use and distribution. In these nations, law enforcement personnel arrest both users and distributors even for possession of small amounts of drugs. The law enforcement approach is based on the philosophy that removing drug distributors from society and deterring potential users can control drug use. Law enforcement also functions as a supply reduction mechanism by taking drugs out of circulation.

Like all other drug control strategies, the law enforcement approach has engendered significant debate. The first article in this section, from a member of the United States Drug Enforcement Administration, describes what he believes would occur if drugs were legalized in the United States. The next article, by an executive of the libertarian Cato Institute, argues against federal drug prohibition and recommends state licensing of the sale of drugs. The third article, by a member of the National Narcotic Officer's Association Coalition, warns of the consequences of legalizing marijuana, even for medical use. The next article looks at Sweden's fight against drugs. The last two pieces examine the unintended consequences of a

“tough on drugs” mentality. The first, a statement by Human Rights Watch, describes rights abuses that have occurred in pursuit of drug control. The second, another Human Rights Watch report, maintains that the U.S. “War on Drugs” has been waged disproportionately against African Americans.

Resolutions for Debate

Propositions of Fact

1. Resolved: Laws can effectively reduce drug use.
2. Resolved: The United States and Sweden are using the right strategies to solve the drug problems.

Propositions of Value

1. Resolved: Incarceration is an immoral response to an individual’s drug use.
2. Resolved: Drug control is more important than individual privacy.
3. Resolved: Violating the human rights of some is justified in the protection of society.
4. Resolved: Racial disparities in drug enforcement are violations of justice.

Propositions of Policy

1. Resolved: This house should model its drug policies after those of the United States and Sweden.
2. Resolved: This house should be “tough on drugs.”
3. Resolved: This house should modify the three U.N. Conventions on drugs to enable signatory nations to legalize marijuana.

Drug Legalization, Decriminalization and Harm Reduction: Testimony

*by Donnie Marshall**

In testimony before the U.S. House of Representatives Subcommittee on Criminal Justice, Drug Policy and Human Resources, Donnie Marshall asserts that drug legalization or decriminalization would increase drug use and contribute to a rise in crime. He warns that the social cost of abuse, in terms of accidents, domestic violence, illness, and lost opportunities, would be tremendous. Marshall concludes his remarks by pointing to the failure of liberal drug programs in Europe and offering statistics showing the success of the law enforcement strategy in the United States.

Mr. Chairman and Members of the Subcommittee, I appreciate the opportunity to appear before you today on the issue of drug legalization, decriminalization and harm reduction.

I am not a scientist, a doctor, a lawyer, or an economist. So I'll do my best to leave the scientific, the medical, the legal and the economic issues to others. At the Drug Enforcement Administration, our mission is not to enact laws, but to enforce them. Based on our experience in enforcing drug laws, I can provide you with information and with our best judgment about policy outcomes that may help put into context the various arguments in this debate.

I would like to discuss what I believe would happen if drugs were legalized. I realize that much of the current debate has been over the legalization of so-called medical marijuana. But I suspect that medical marijuana is merely the first tactical maneuver in an overall strategy that some hope will lead to the eventual legalization of all drugs.

Whether all drugs are eventually legalized or not, the practical outcome of legalizing even one, like marijuana, is to increase the amount of usage among all drugs. It's been said that you can't put the genie back in the bottle or the toothpaste back in the tube. I think those are apt metaphors for what will happen if America goes down the path of legalization. Once America gives into a drug culture, and all the social decay that comes with such a culture, it would be very hard to restore a decent civic culture without a cost to America's civil liberties that would be prohibitively high.

There is a huge amount of research about drugs and their effect on society, here and abroad. I'll let others better acquainted with all of the scholarly literature discuss that research. What I will do is suggest four probable outcomes of legalization and then make a case why a policy of drug enforcement works.

Legalization would boost drug use

The first outcome of legalization would be to have a lot more drugs around, and, in turn, a lot more drug abuse. I can't imagine anyone arguing that legalizing drugs would reduce the amount of drug abuse we already have. Although drug use is down from its high mark in the late 1970s, America still has entirely too many people who are on drugs.

In 1962, for example, only four million Americans had ever tried a drug in their entire lifetime. In 1997, the latest year for which we have figures, 77 million Americans had tried drugs. Roughly half of all high school seniors have tried drugs by the time they graduate.

The result of having a lot of drugs around and available is more and more consumption. To put it another way, supply to some degree drives demand. That is an outcome that has been apparent from the early days of drug enforcement.

What legalization could mean for drug consumption in the United

States can be seen in the drug liberalization experiment in Holland. In 1976, Holland decided to liberalize its laws regarding marijuana. Since then, Holland has acquired a reputation as the drug capital of Europe. For example, a majority of the synthetic drugs, such as Ecstasy (MDMA) and methamphetamine, now used in the United Kingdom are produced in Holland.

The effect of supply on demand can also be seen even in countries that take a tougher line on drug abuse. An example is the recent surge in heroin use in the United States. In the early 1990s, cocaine traffickers from Colombia discovered that there was a lot more profit with a lot less work in selling heroin. Several years ago, they began to send heroin from South America to the United States.

To make as much money as possible, they realized they needed not only to respond to a market, but also to create a market. They devised an aggressive marketing campaign which included the use of brand names and the distribution of free samples of heroin to users who bought their cocaine. In many cases, they induced distributors to move quantities of heroin to stimulate market growth. The traffickers greatly increased purity levels, allowing many potential addicts who might be squeamish about using needles to inhale the heroin rather than injecting it. The result has been a huge increase in the number of people trying heroin for the first time, five times as many in 1997 as just four years before.

I don't mean to imply that demand is not a critical factor in the equation. But any informed drug policy should take into consideration that supply has a great influence on demand. In 1997, American companies spent \$73 billion advertising their products and services. These advertisers certainly must have a well-documented reason to believe that consumers are susceptible to the power of suggestion, or they wouldn't be spending all that money. The market for drugs is no different. International drug traffickers are spending enormous amounts of money to make sure that drugs are available to every American kid in a school yard.

Dr. Herbert Kleber, a professor of psychiatry at Columbia University College of Physicians and Surgeons, and one of the nation's leading authorities on addiction, stated in a 1994 article in the *New*

England Journal of Medicine that clinical data support the premise that drug use would increase with legalization. He said:

“There are over 50 million nicotine addicts, 18 million alcoholics or problem drinkers, and fewer than 2 million cocaine addicts in the United States. Cocaine is a much more addictive drug than alcohol. If cocaine were legally available, as alcohol and nicotine are now, the number of cocaine abusers would probably rise to a point somewhere between the number of users of the other two agents, perhaps 20 to 25 million...the number of compulsive users might be nine times higher than the current number. When drugs have been widely available — as... cocaine was at the turn of the century — both use and addiction have risen.”

I can't imagine the impact on this society if that many people were abusers of cocaine. From what we know about the connection between drugs and crime, America would certainly have to devote an enormous amount of its financial resources to law enforcement.

Legalization would contribute to a rise in crime

The second outcome of legalization would be more crime, especially more violent crime. There's a close relationship between drugs and crime. This relationship is borne out by the statistics. Every year, the Justice Department compiles a survey of people arrested in a number of American cities to determine how many of them tested positive for drugs at the time of their arrest. In 1998, the survey found, for example, that 74 percent of those arrested in Atlanta for a violent crime tested positive for drugs. In Miami, 49 percent; in Oklahoma City, 60 percent.

There's a misconception that most drug-related crimes involve people who are looking for money to buy drugs. The fact is that the most drug-related crimes are committed by people under the influence of mind-altering drugs. A 1994 study by the Bureau of Justice Statistics compared Federal and state prison inmates in 1991. It found that 18 percent of the Federal inmates incarcerated for homicide had committed homicide under the influence of drugs, whereas 2.7 percent of these individuals had committed the offense to obtain

money to buy drugs. The same disparities showed up for state inmates: almost 28 percent committed homicide under the influence versus 5.3 percent to obtain the money to buy drugs.

Those who propose legalization argue that it would cut down on the number of drug-related crimes because addicts would no longer need to rob people to buy their drugs from illicit sources. But even supposing that argument is true, which I don't think that it is, the fact is that so many more people would be abusing drugs, and committing crimes under the influence of drugs, that the crime rate would surely go up rather than down.

It's clear that drugs often cause people to do things they wouldn't do if they were drug-free. Too many drug users lose the kind of self-control and common sense that keeps them in bounds. In 1998, in the small community of Albion, Illinois, two young men went on a widely reported, one-week, non-stop binge on methamphetamine. At the end of it, they started a killing rampage that left five people dead. One was a Mennonite farmer. They shot him as he was working in his fields. Another was a mother of four. They hijacked her car and killed her.

The crime resulting from drug abuse has had an intolerable effect on American society. To me, the situation is well illustrated by what has happened in Baltimore during the last 50 years. In 1950, Baltimore had just under a million residents. Yet there were only 300 heroin addicts in the entire city. That's fewer than one out of every 3,000 residents. For those 300 people and their families, heroin was a big problem. But it had little effect on the day-to-day pattern of life for the vast majority of the residents of Baltimore.

Today, Baltimore has 675,000 residents, roughly 70 percent of the population it had in 1950. But it has 130 times the number of heroin addicts. One out of every 17 people in Baltimore is a heroin addict. Almost 39,000 people. For the rest of the city's residents, it's virtually impossible to avoid being affected in some way by the misery, the crime and the violence that drug abuse has brought to Baltimore.

People who once might have sat out on their front stoops on a hot summer night are now reluctant to venture outdoors for fear of drug-related violence. Drug abuse has made it a matter of considerable risk

to walk down the block to the corner grocery store, to attend evening services at church, or to gather in the school playground.

New York City offers a dramatic example of what effective law enforcement can do to stem violent crime. City leaders increased the police department by 30 percent, adding 8,000 officers. Arrests for all crimes, including drug dealing, drug gang activity and quality of life violations which had been tolerated for many years, increased by 50 percent. The capacity of New York prisons was also increased.

The results of these actions were dramatic. In 1990, there were 2,262 homicides in New York City. By 1998, the number of homicides had dropped to 663. That's a 70 percent reduction in just eight years. Had the murder rate stayed the same in 1998 as it was in 1990, 1629 more people would have been killed in New York City. I believe it is fair to say that those 1629 human beings owe their lives to this effective response by law enforcement.

Legalization would have consequences for society

The third outcome of legalization would be a far different social environment. The social cost of drug abuse is not found solely in the amount of crime it causes. Drugs cause an enormous amount of accidents, domestic violence, illness, and lost opportunities for many who might have led happy, productive lives.

Drug abuse takes a terrible toll on the health and welfare of a lot of American families. In 1996, for example, there were almost 15,000 drug-induced deaths in the United States, and a half-million emergency room episodes related to drugs. The Centers for Disease Control and Prevention has estimated that 36 percent of new HIV cases are directly or indirectly linked to injecting drug users.

Increasing drug use has had a major impact on the workplace. According to estimates in the 1997 National Household Survey, a study conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA), 6.7 million full-time workers and 1.6 million part-time workers are current users of illegal drugs.

Employees who test positive for drug use consume almost twice the medical benefits as nonusers, are absent from work 50 percent more often, and make more than twice as many workers' compensa-

tion claims. Drug use also presents an enormous safety problem in the workplace.

This is particularly true in the transportation sector. Marijuana, for example, impairs the ability of drivers to maintain concentration and show good judgment on the road. A study released by the National Institute on Drug Abuse surveyed 6,000 teenage drivers. It studied those who drove more than six times a month after using marijuana. The study found that they were about two-and-a-half times more likely to be involved in a traffic accident than those who didn't smoke marijuana before driving.

The problem is compounded when drivers have the additional responsibility for the safety of many lives. In Illinois, for example, drug tests were administered to current and prospective school bus drivers between 1995 and 1996. Two hundred tested positive for marijuana, cocaine and other drugs. In January 1987, a Conrail engineer drove his locomotive in front of an Amtrak passenger train, killing 16 people and injuring 170. It was later determined that just 18 minutes before the crash, both he and his brakeman had been smoking marijuana.

In addition to these public safety risks and the human misery costs to drug users and their families associated with drug abuse, the Office of National Drug Control Policy has put a financial price tag on this social ill. According to the 1999 National Drug Control Strategy, illegal drugs cost society about \$110 billion every year.

Proponents of legalization point to several liberalization experiments in Europe — for example, the one in Holland that I have already mentioned. The experiment in Holland is now 23 years old, so it provides a good illustration of what liberalizing our drug laws portends.

The head of Holland's best known drug abuse rehabilitation center has described what the new drug culture has created. The strong form of marijuana that most of the young people smoke, he says, produces "a chronically passive individual... someone who is lazy, who doesn't want to take initiatives, doesn't want to be active — the kid who'd prefer to lie in bed with a joint in the morning rather than getting up and doing something."

England's experience with widely available heroin shows that use and addiction increase. In a policy far more liberal than America's, Great Britain allowed doctors to prescribe heroin to addicts. There was an explosion of heroin use. According to James Q. Wilson, in 1960, there were 68 heroin addicts registered with the British Government. Today, there are roughly 31,000.

Liberalization in Switzerland has had much the same results. This small nation became a magnet for drug users the world over. In 1987, Zurich permitted drug use and sales in a part of the city called Platzspitz, dubbed "Needle Park." By 1992, the number of regular drug users at the park had reportedly swelled from a few hundred in 1982 to 20,000 by 1992. The experiment has since been terminated.

In April, 1994, a number of European cities signed a resolution titled "European Cities Against Drugs," commonly known as the Stockholm resolution. Currently the signatories include 184 cities or municipalities in 30 different countries in Europe. As the resolution stated: "the answer does not lie in making harmful drugs more accessible, cheaper and socially acceptable. Attempts to do this have not proved successful. We believe that legalizing drugs will, in the long term, increase our problems. By making them legal, society will signal that it has resigned to the acceptance of drug abuse." I couldn't say it any better than that. After seeing the results of liberalization up close, these European cities clearly believe that liberalization is a bad idea.

You do not have to visit Amsterdam or Zurich or London to witness the effects of drug abuse. If you really want to discover what legalization might mean for society, talk to a local clergyman or an eighth grade teacher, or a high school coach, or a scout leader or a parent. How many teachers do you know who come and visit your offices and say, Congressman, the thing that our kids need more than anything else is greater availability to drugs. How many parents have you ever known to say, "I sure wish my child could find illegal drugs more easily than he can now."

Or talk to a local cop on the beat. Night after night, they deal with drug-induced domestic violence situations. They respond to a 911 call and there is a fight, and the people are high on pot or speed,

or the husband or father is a heroin addict, and you can't wake him up or he's overdosed in the family bedroom. That's where you see the real effects of drugs.

Anyone who has ever worked undercover in drug enforcement has witnessed young children, 12- and 14-year old girls, putting needles into their arms, shooting up heroin or speed. To feed their habit, the kids start stealing from their parents and their brothers and sisters, stealing and pawning the watch that's been handed down from their grandmother to buy a bag of dope. Drug addiction is a family affair. It's a tragedy for everyone involved. And it wouldn't matter a bit to these families if the drugs were legal. The human misery would be the same. There would just be more of it.

Legalization would present a law enforcement nightmare

The fourth outcome of legalization would be a law enforcement nightmare. I suspect few people would want to make drugs available to 12-year old children. That reluctance points to a major flaw in the legalization proposal. Drugs will always be denied to some sector of the population, so there will always be some form of black market and a need for drug enforcement.

Consider some of the questions that legalization raises: What drugs will be legalized? Will it be limited to marijuana? What is a safe dosage of methamphetamine or of crack cocaine? If the principle is advanced that drug abuse is a victimless crime, why limit drug use to marijuana?

I know that there are those who will make the case that drug addiction hurts no one but the user. If that becomes falsely part of the conventional wisdom, there will certainly be pressure to legalize all drug use. Only when people come to realize how profoundly all of us are affected by widespread drug abuse will there be pressure to put the genie back in the bottle. By then, it may be too late.

But deciding what drugs to legalize will only be part of the problem. Who will be able to buy drugs legally? Only those over 18 or 21? If so, you can bet that many young people who have reached the legal age will divert their supplies to younger friends. Of course, these

young pushers will be in competition with many of the same people who are now pushing drugs in school yards and neighborhood streets.

Any attempt to limit drug use to any age group at all will create a black market, with all of the attendant crime and violence, thereby defeating one of the goals purported of legalization. That's also true if legalization is limited to marijuana. Cocaine, heroin and methamphetamine will be far more profitable products for the drug lords. Legalization of marijuana alone would do little to stem illegal trafficking.

Will airline pilots be able to use drugs? Heart surgeons? People in law enforcement or the military? Teachers? Pregnant women? Truck drivers? Workers in potentially dangerous jobs like construction?

Drug use has been demonstrated to result in lower work-place productivity, and often ends in serious, life-threatening accidents. Many drug users are so debilitated by their habit that they can't hold jobs. Which raises the question, if drug users can't hold a job, where will they get the money to buy drugs? Will the right to use drugs imply a right to the access to drugs? If so, who will distribute free drugs? Government employees? The local supermarket? The college bookstore? If they can't hold a job, who will provide their food, clothing and shelter?

Virtually any form of legalization will create a patchwork quilt of drug laws and drug enforcement. The confusion would swamp our precinct houses and courtrooms. I don't think it would be possible to effectively enforce the remaining drug laws in that kind of environment.

Drug enforcement works

This is no time to undermine America's effort to stem drug abuse. America's drug policies work. From 1979 to 1994, the number of drug users in America dropped by almost half. Two things significantly contributed to that outcome. First, a strong program of public education; second, a strict program of law enforcement.

If you look over the last four decades, you can see a pattern develop. An independent researcher, R. E. Peterson, has analyzed this period, using statistics from a wide variety of sources, including the

Justice Department and the White House Office of National Drug Control Strategy. He broke these four decades down into two periods: the first, from 1960 to 1980, an era of permissive drug laws; the second, from 1980 to 1995, an era of tough drug laws.

During the permissive period, drug incarceration rates fell almost 80 percent. During the era of tough drug laws, drug incarceration rates rose almost 450 percent. Just as you might expect, these two policies regarding drug abuse had far different consequences. During the permissive period, drug use among teens climbed by more than 500 percent. During the tough era, drug use by high school students dropped by more than a third.

Is there an absolute one-to-one correlation between tougher drug enforcement and a declining rate of drug use? I wouldn't suggest that. But the contrasts of drug abuse rates between the two eras of drug enforcement are striking.

One historian of the drug movement has written about America's experience with the veterans of Vietnam. As you may recall from the early 1970s, there was a profound concern in the American government over the rates of heroin use by our military personnel in Vietnam. At the time, U.S. Army medical officers estimated that about 10–15 percent of the lower ranking enlisted men in Vietnam were heroin users.

Military authorities decided to take a tough stand on the problem. They mandated a drug test for every departing soldier. Those who failed were required to undergo drug treatment for 30 days. The theory was that many of the soldiers who were using heroin would give it up to avoid the added 30 days in Vietnam. It clearly worked. Six months after the tests began, the percentage of soldiers testing positive dropped from 10 percent to two percent.

There may be a whole host of reasons for this outcome. But it demonstrates that there is nothing inevitable about drug abuse. In fact, the history of America's experience with drugs has shown us that it was strong drug enforcement that effectively ended America's first drug epidemic, which lasted from the mid-1880s to the mid-1920s.

By 1923, about half of all prisoners at the Federal penitentiary in Leavenworth, Kansas, were violators of America's first drug legisla-

tion, the Harrison Act. If you are concerned by the high drug incarceration rates of the late 1990s, consider the parallels to the tough drug enforcement policies of the 1920s. It was those tough policies that did much to create America's virtually drug-free environment of the mid-20th Century.

Drug laws can work, if we have the national resolve to enforce them. As a father, as someone who's had a lot of involvement with the Boy Scouts and Little Leaguers, and as a 30-year civil servant in drug enforcement, I can tell you that there are a lot of young people out there looking for help. Sometimes helping them means saying "no," and having the courage to back it up.

Let me tell you a story about one of them. He was a young man who lived near Austin, Texas, in the early 1970s. He had a wife who was pregnant. To protect their identities, I'll call them John and Michelle. John was involved in drugs, and one night we arrested him and some of his friends on drug charges. He went on to serve a six-month sentence before being turned loose.

Sometime after he got out, he and his wife came to our office looking for me. They rang the doorbell out at the reception area, and my secretary came back and said they were here to see me. I had no idea what they wanted. I was kind of leery, thinking they might be looking for revenge. But I went out to the reception area anyway.

John and Michelle were standing there with a little toddler. They said they just wanted to come in so we could see their new baby. And then Michelle said there was a second reason they came by. When he got arrested, she said, that's the best thing that ever happened to them.

We had been very wholesome people, she said. John was involved in sports in high school. He was an all-American guy. Then he started smoking pot. His parents couldn't reach him. His teachers couldn't reach him. He got into other drugs. He dropped out of high school. The only thing that ever got his attention, she said, was when he got arrested.

Meanwhile, John was listening to all this and shaking his head in agreement. He said that his high school coach had tried to counsel him, but he wouldn't listen to him. He said his big mistake was drop-

ping out of sports. He thought that if he had stayed in sports he wouldn't have taken the route he did. But mainly, he said he took this route because of the easy availability of drugs and their widespread usage by his peers.

When I arrested those kids that night I had no idea of the extent to which I would ultimately help them out of their problems and influence their lives in a positive way. In 30 years of dealing with young Americans, I believe that John is more typical than not. His human frailties were magnified by the easy availability of drugs and by peer pressure; and his life was brought near ruin.

America spends millions of dollars every year on researching the issue of drugs. We have crime statistics and opinion surveys and biochemical research. And all of that is important. But what it all comes down to is whether we can help young people like John — whether we can keep them from taking that first step into the world of drugs that will ruin their careers, destroy their marriages and leave them in a cycle of dependency on chemicals.

Whether in rural areas, in the suburbs, or in the inner cities, there are a lot of kids who could use a little help. Sometimes that help can take the form of education and counseling. Often it takes a stronger approach. And there are plenty of young people, and older people as well, who could use it.

If we as a society are unwilling to have the courage to say no to drug abuse, we will find that drugs will not only destroy the society we have built up over 200 years, but ruin millions of young people like John.

Drug abuse, and the crime and personal dissolution and social decay that go with it, are not inevitable. Too many people in America seem resigned to the growing rates of drug use. But America's experience with drugs shows that strong law enforcement policies can and do work.

At DEA, our mission is to fight drug trafficking in order to make drug abuse expensive, unpleasant, risky, and disreputable. If drug users aren't worried about their health, or the health and welfare of those who depend on them, they should at least worry about the likelihood of getting caught.

Thank you, Mr. Chairman and members of the Subcommittee, for the opportunity to testify before you today. I would be happy to try and answer any questions you might have.

*At the time of this testimony, Donnie Marshall was deputy administrator of the Drug Enforcement Administration.

Source: House Committee on Government Reform, Subcommittee on Criminal Justice, Drug Policy and Human Resources, “Drug Legalization, Decriminalization, and Harm Reduction,” statement by Donnie Marshall, 16 June 1999.

<http://www.house.gov/reform/cj/hearings/99.6.16/marshall.htm>

QUESTIONS FOR DEBATE

1. Does the example of the Albion, Illinois men who killed five people after bingeing on methamphetamine strongly support Marshall's contention that drug use increases crime?
2. How could a harm reduction program impact the city of Baltimore, Maryland?
3. Marshall says:

England's experience with widely available heroin shows that use and addiction increase. In a policy far more liberal than America's, Great Britain allowed doctors to prescribe heroin to addicts. There was an explosion of heroin use, and by the mid-1980s known addiction rates were increasing by about 30 percent a year. According to James Q. Wilson, in 1960, there were 68 heroin addicts registered with the British Government. Today, there are roughly 31,000.

Does this argument support a rejection of a harm reduction perspective?

Drug Legalization, Criminalization, and Harm Reduction: Testimony

by David Boaz*

David Boaz, the executive vice president of the libertarian Cato Institute, counters Marshall's testimony, arguing against federal drug prohibition. Boaz compares the nation's drug policy to the failed attempt to prohibit alcohol consumption in the 1920s and maintains that the U.S. "War on Drugs" has created crime while failing to reduce drug use. He touches on what he terms some of the tragic consequences of prohibition: the suffering resulting from the government's refusal to legalize the medical use of marijuana and mandatory minimum sentences required for minor drug offenses. Boaz implores Congress to repeal federal drug prohibition and let states enact their own laws. He concludes by recommending that states permit licensed stores to sell drugs such as marijuana, cocaine, and heroin to adults.

Mr. Chairman, distinguished members of the subcommittee:

Thank you for inviting me to testify before you on the successes and failures of our current policy of drug prohibition, and on possible alternatives.

Ours is a federal republic. The federal government has only the powers granted to it in the Constitution. And the United States has a tradition of individual liberty, vigorous civil society, and limited government: just because a problem is identified does not mean that the government ought to undertake to solve it, and just because a problem occurs in more than one state does not mean that it is a proper subject for federal policy.

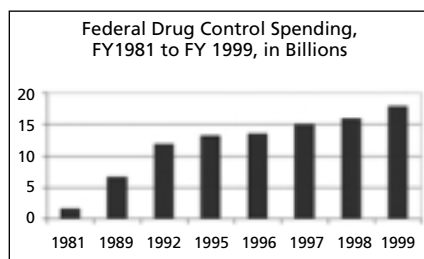
Perhaps no area more clearly demonstrates the bad consequences of not following such rules than drug prohibition. The long federal experiment in prohibition of marijuana, cocaine, heroin, and other drugs has given us unprecedented crime and corruption combined with a manifest failure to stop the use of drugs or reduce their availability to children.

In the 1920s Congress experimented with the prohibition of alcohol. On February 20, 1933, a new Congress acknowledged the failure of alcohol Prohibition and sent the Twenty-First Amendment to the states. Congress recognized that Prohibition had failed to stop drinking and had increased prison populations and violent crime. By the end of 1933, national Prohibition was history, though in accordance with our federal system many states continued to outlaw or severely restrict the sale of liquor.

Today Congress confronts a similarly failed prohibition policy. Futile efforts to enforce prohibition have been pursued even more vigorously in the 1980s and 1990s than they were in the 1920s. Total federal expenditures for the first 10 years of Prohibition amounted to \$88 million — about \$733 million in 1993 dollars. Drug enforcement cost about \$22 billion in the Reagan years and another \$45 billion in the four years of the Bush administration. The federal government spent \$16 billion on drug control programs in FY 1998 and has approved a budget of \$17.9 billion for FY 1999. (See Figure 1.) The Office of National Drug Control Policy reported in April 1999 that state and local governments spent an additional \$15.9 billion in FY 1991, an increase of 13 percent over 1990, and there is every reason to believe that state and local expenditures have risen throughout the 1990s.

Those mind-boggling amounts have had some effect. Total drug arrests are now more than 1.5 million a year. There are about 400,000

Figure 1.



1990. (Those in federal prison for violent offenses fell from 18 percent to 12.4 percent of the total, while property offenders fell from 14 percent to 8.4 percent.)

Yet as was the case during Prohibition, all the arrests and incarcerations haven't stopped the use and abuse of drugs, or the drug trade, or the crime associated with black-market transactions. Cocaine and heroin supplies are up; the more our Customs agents interdict, the more smugglers import. In a letter to the *Wall Street Journal* published on November 12, 1996, Janet Crist of the White House Office of National Drug Policy claimed some success:

Other important results of the Pentagon's anti-drug efforts include the arrest of virtually the entire Cali drug cartel leadership, the disruption of the Andean air bridge, and the hemispheric drug interdiction effort that has captured about a third of the cocaine produced in South America each year.

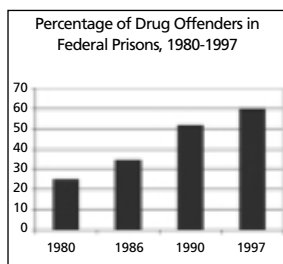
"However," she continued, "there has been no direct effect on either the price or the availability of cocaine on our streets."

That is hardly a sign of a successful policy. And of course, while crime rates have fallen in the past few years, today's crime rates look good only by the standards of the recent past; they remain much higher than the levels of the 1950s.

As for discouraging young people from using drugs, the massive federal effort has largely been a dud. Despite the soaring expenditures on antidrug efforts, about half the students in the United States in

drug offenders in jails and prison now, and over 80 percent of the increase in the federal prison population from 1985 to 1995 was due to drug convictions. Drug offenders constituted 59.6 percent of all federal prisoners in 1996, up from 52.6 percent in

Figure 2.



1995 tried an illegal drug before they graduated from high school. According to the 1997 National Household Survey on Drug Abuse, 54.1 percent of high school seniors reported some use of an illegal drug at least once during their lifetime, although it should be noted that only 6.4 percent reported use in the month before the survey was conducted. Every year from 1975 to 1995, at least 82 percent of high school seniors have said they find marijuana “fairly easy” or “very easy” to obtain. During that same period, according to federal statistics of dubious reliability, teenage marijuana use fell dramatically and then rose significantly, suggesting that cultural factors have more effect than “the war on drugs.”

The manifest failure of drug prohibition explains why more and more people — from Baltimore mayor Kurt Schmoke to Nobel laureate Milton Friedman, conservative columnist William F. Buckley Jr., and former secretary of state George Shultz — have argued that drug prohibition actually causes more crime and other harms than it prevents.

The Failures of Prohibition

Congress should recognize the failure of prohibition and end the federal government’s war on drugs. First and foremost, the federal drug laws are constitutionally dubious. As previously noted, the federal government can only exercise the powers that have been delegated to it. The Tenth Amendment reserves all other powers to the states or to the people. However misguided the alcohol prohibitionists turned out to be, they deserve credit for honoring our constitutional system by seeking a constitutional amendment that would explicitly authorize a national policy on the sale of alcohol. Congress never asked the American people for additional constitutional powers to declare a war on drug consumers.

Second, drug prohibition creates high levels of crime. Addicts are forced to commit crimes to pay for a habit that would be easily affordable if it were legal. Police sources have estimated that as much as half the property crime in some major cities is committed by drug users. More dramatically, because drugs are illegal, participants in the drug trade cannot go to court to settle disputes, whether between buyer and

seller or between rival sellers. When black-market contracts are breached, the result is often some form of violent sanction, which usually leads to retaliation and then open warfare in the streets.

Our capital city, Washington, D.C., has become known as the “murder capital” even though it is the most heavily policed city in the United States. Make no mistake about it, the annual carnage that stands behind America’s still outrageously high murder rates has nothing to do with the mind-altering effects of a marijuana cigarette or a crack pipe. It is instead one of the grim and bitter consequences of an ideological crusade whose proponents will not yet admit defeat.

Third, drug prohibition channels over \$40 billion a year into the criminal underworld. Alcohol prohibition drove reputable companies into other industries or out of business altogether, which paved the way for mobsters to make millions through the black market. If drugs were legal, organized crime would stand to lose billions of dollars, and drugs would be sold by legitimate businesses in an open marketplace.

Fourth, drug prohibition is a classic example of throwing money at a problem. The federal government spends some \$16 billion to enforce the drug laws every year — all to no avail. For years drug war bureaucrats have been tailoring their budget requests to the latest news reports. When drug use goes up, taxpayers are told the government needs more money so that it can redouble its efforts against a rising drug scourge. When drug use goes down, taxpayers are told that it would be a big mistake to curtail spending just when progress is being made. Good news or bad, spending levels must be maintained or increased.

Fifth, the drug laws are responsible for widespread social upheaval. “Law and order” advocates too often fail to recognize that some laws can actually cause societal disorder. A simple example will illustrate that phenomenon. Right now our college campuses are relatively calm and peaceful, but imagine what would happen if Congress were to institute military conscription in order to wage a war in Kosovo, Korea, or the Middle East. Campuses across the country would likely erupt in protest — even though Congress obviously did not desire that result. The drug laws happen to have different “disordering” effects. Perhaps the most obvious has been turning our cities into bat-

tlefields and upending the normal social order.

Drug prohibition has created a criminal subculture in our inner cities. The immense profits involved in a black-market business make drug dealing the most lucrative endeavor for many people, especially those who care least about getting on the wrong side of the law.

Drug dealers become the most visibly successful people in inner-city communities, the ones with money, and clothes, and cars. Social order is turned upside down when the most successful people in a community are criminals. The drug war makes peace and prosperity virtually impossible in inner cities.

Sixth, the drug laws break up families. Too many parents have been separated from their children because they were convicted of marijuana possession, small-scale sale of drugs, or some other non-violent offense. Will Foster used marijuana to control the pain and swelling associated with his crippling rheumatoid arthritis. He was arrested, convicted of marijuana cultivation, and sentenced to 93 years in prison, later reduced to 20 years. Are his three children better off with a father who uses marijuana medicinally, or a father in jail for 20 years?

And going to jail for drug offenses isn't just for men any more. In 1996, 188,880 women were arrested for violating drug laws. Most of them did not go to jail, of course, but more than two-thirds of the 146,000 women behind bars have children. One of them is Brenda Pearson, a heroin addict who managed to maintain a job at a securities firm in New York. She supplied heroin to an addict friend, and a Michigan prosecutor had her extradited, prosecuted, and sentenced to 50 to 200 years. We can only hope that her two children will remember her when she gets out.

Seventh, drug prohibition leads to civil liberties abuses. The demand to win this unwinnable war has led to wiretapping, entrapment, property seizures, and other abuses of Americans' traditional liberties. The saddest cases result in the deaths of innocent people: people like Donald Scott, whose home was raided at dawn on the pretext of cultivating marijuana, and who was shot and killed when he rushed into the living room carrying a gun; or people like the Rev. Accelyne Williams, a 75-year-old minister who died of a heart attack

when police burst into his Boston apartment looking for drugs — the wrong apartment, as it turned out; or people like Esequiel Hernandez, who was out tending his family's goats near the Rio Grande just six days after his 18th birthday when he was shot by a Marine patrol looking for drug smugglers. As we deliberate the costs and benefits of drug policy, we should keep those people in mind.

Students of American history will someday ponder the question of how today's elected officials could readily admit to the mistaken policy of alcohol prohibition in the 1920s but continue the policy of drug prohibition. Indeed, the only historical lesson that recent presidents and Congresses seem to have drawn from the period of alcohol prohibition is that government should not try to outlaw the sale of alcohol. One of the broader lessons that they should have learned is this: prohibition laws should be judged according to their real-world effects, not their promised benefits.

Intellectual history teaches us that people have a strong incentive to maintain their faith in old paradigms even as the facts become increasingly difficult to explain within that paradigm. But when a paradigm has manifestly failed, we need to think creatively and develop a new paradigm. The paradigm of prohibition has failed. I urge members of Congress and all Americans to have the courage to let go of the old paradigm, to think outside the box, and to develop a new model for dealing with the very real risks of drug and alcohol abuse. If the 106th Congress will subject the federal drug laws to that kind of new thinking, it will recognize that the drug war is not the answer to problems associated with drug use.

Respect State Initiatives

In addition to the general critique above, I would like to touch on a few more specific issues. A particularly tragic consequence of the stepped-up war on drugs is the refusal to allow sick people to use marijuana as medicine. Prohibitionists insist that marijuana is not good medicine, or at least that there are legal alternatives to marijuana that are equally good. Those who believe that individuals should make their own decisions, not have their decisions made for them by Washington bureaucracies, would simply say that that's a decision for

patients and their doctors to make. But in fact there is good medical evidence about the therapeutic value of marijuana — despite the difficulty of doing adequate research on an illegal drug. A recent National Institutes of Health panel concluded that smoking marijuana may help treat a number of conditions, including nausea and pain. It can be particularly effective in improving the appetite of AIDS and cancer patients. The drug could also assist people who fail to respond to traditional remedies.

More than 70 percent of U.S. cancer specialists in one survey said they would prescribe marijuana if it was legal; nearly half said they had urged their patients to break the law to acquire the drug. The British Medical Association reports that nearly 70 percent of its members believe marijuana should be available for therapeutic use. Even President George Bush's Office of Drug Control Policy criticized the Department of Health and Human Services for closing its special medical marijuana program.

Whatever the actual value of medical marijuana, the relevant fact for federal policymakers is that in 1996 the voters of California and Arizona authorized physicians licensed in the state to recommend the use of medical marijuana to seriously ill and terminally ill patients residing in the state without being subject to civil and criminal penalties.

In response to those referenda, however, the Clinton administration announced, without any intervening authorization from Congress, that any physician recommending or prescribing medicinal marijuana under state law would be prosecuted. In the February 11, 1997, Federal Register the office of National Drug Control Policy announced that federal policy would be as follows: (1) physicians who recommend and prescribe medicinal marijuana to patients in conformity with state law and patients who use such marijuana will be prosecuted; (2) physicians who recommend and prescribe medicinal marijuana to patients in conformity with state law will be excluded from Medicare and Medicaid; and (3) physicians who recommend and prescribe medicinal marijuana to patients in conformity with state law will have their scheduled drug DEA registrations revoked.

The announced federal policy also encourages state and local

enforcement officials to arrest and prosecute physicians suspected of prescribing or recommending medicinal marijuana and to arrest and prosecute patients who use such marijuana. And adding insult to injury, the policy also encourages the IRS to issue a revenue ruling disallowing any medical deduction for medical marijuana lawfully obtained under state law.

Clearly, this is a blatant effort by the federal government to impose a national policy on the people in the states in question, people who have already elected a contrary policy. Federal officials do not agree with the policy the people have elected; they mean to override it, local rule notwithstanding — just as the Clinton administration has tried to do in other cases, such as the California initiatives dealing with racial preferences and state benefits for immigrants.

Congress and the administration should respect the decisions of the voters in Arizona and California; and in Alaska, Nevada, Oregon, and Washington, where voters passed medical marijuana initiatives in 1998; and in other states where such initiatives may be proposed, debated, and passed. One of the benefits of a federal republic is that different policies may be tried in different states. One of the benefits of our Constitution is that it limits the power of the federal government to impose one policy on the several states.

Repeal Mandatory Minimums

The common law in England and America has always relied on judges and juries to decide cases and set punishments. Under our modern system, of course, many crimes are defined by the legislature, and appropriate penalties are defined by statute. However, mandatory minimum sentences and rigid sentencing guidelines shift too much power to legislators and regulators who are not involved in particular cases. They turn judges into clerks and prevent judges from weighing all the facts and circumstances in setting appropriate sentences. In addition, mandatory minimums for nonviolent first-time drug offenders result in sentences grotesquely disproportionate to the gravity of the offense. Absurdly, Congress has mandated minimums for drug offenses but not for murder and other violent crimes, so that a judge has more discretion in sentencing a murder than a first-time drug offender.

Rather than extend mandatory minimum sentences to further crimes, Congress should repeal mandatory minimums and let judges perform their traditional function of weighing the facts and setting appropriate sentences.

Conclusion

Drug abuse is a problem, for those involved in it and for their family and friends. But it is better dealt with as a moral and medical than as a criminal problem — “a problem for the surgeon general, not the attorney general,” as Mayor Schmoke puts it.

The United States is a federal republic, and Congress should deal with drug prohibition the way it dealt with alcohol Prohibition. The Twenty-First Amendment did not actually legalize the sale of alcohol; it simply repealed the federal prohibition and returned to the several states the authority to set alcohol policy. States took the opportunity to design diverse liquor policies that were in tune with the preferences of their citizens. After 1933, three states and hundreds of counties continued to practice prohibition. Other states chose various forms of alcohol legalization.

Congress should withdraw from the war on drugs and let the states set their own policies with regard to currently illegal drugs. The states would be well advised to treat marijuana, cocaine, and heroin the way most states now treat alcohol: It should be legal for licensed stores to sell such drugs to adults. Drug sales to children, like alcohol sales to children, should remain illegal. Driving under the influence of drugs should be illegal.

With such a policy, Congress would acknowledge that our current drug policies have failed. It would restore authority to the states, as the Founders envisioned. It would save taxpayers' money. And it would give the states the power to experiment with drug policies and perhaps devise more successful rules.

Repeal of prohibition would take the astronomical profits out of the drug business and destroy the drug kingpins that terrorize parts of our cities. It would reduce crime even more dramatically than did the repeal of alcohol prohibition. Not only would there be less crime; reform would also free police to concentrate on robbery, burglary, and violent crime.

The War on Drugs has lasted longer than Prohibition, longer than the War in Vietnam. But there is no light at the end of this tunnel. Prohibition has failed, again, and should be repealed, again.

*David Boaz is executive vice president of the Cato Institute.

Source: House Committee on Government Reform, Subcommittee on Criminal Justice, Drug Policy, and Human Resources, “Drug Legalization, Criminalization, and Harm Reduction,” statement of David Boaz, 16 June 1999. <http://www.cato.org/cgi-bin/scripts/printtech.cgi/testimony/ct-dbz061699.html>

©1999 Federal Document Clearing House, Inc.

QUESTIONS FOR DEBATE

1. Why do drug offenders account for so much of the U.S. prison population?
2. Does the analysis of the U.S. experience with alcohol prohibition in the 1920s support the conclusion that the current “War on Drugs” is unconstitutional?
3. How does the speaker support his argument that increases in drug regulation result in increases in crime rates?
4. Does the story of Will Foster and his imprisonment serve as a hasty generalization or as an illustration to prove a point?
5. In the last two sentences, Boaz compares the “War on Drugs” to the war in Vietnam. Is this an effective appeal using pathos or an unethical appeal to emotion?

The Issues Surrounding Medical Marijuana: Testimony

*by Ronald E. Brooks**

Ronald E. Brooks, chair of the Drug Policy Committee of the National Narcotic Officers' Association Coalition, uses history to project what might happen if the U.S. legalized marijuana, even for medical use. Brooks supports a comprehensive anti-drug policy that includes drug prevention education, treatment, and strong drug law enforcement.

Mr. Chairman, members of the subcommittee, I appreciate the opportunity to appear before you today to discuss the issues surrounding medical marijuana and the overall movement in this country to legalize marijuana and other drugs. I am here as a past president of the California Narcotic Officers' Association (CNOA) representing President Ed Ladd, the executive board and our 7,000 members. I am also appearing as the chair of the Drug Policy Committee of the National Narcotic Officers' Association Coalition (NNOAC) which represents 33 state narcotic officer's associations and more than 50,000 police officers from across the country. More importantly I am here as the father of two children and a concerned member of my community.

Although I am not an expert on medicine or drug policy, I am a veteran narcotic agent with more than 22 years of service in California. I have seen firsthand the results of drug use and the effects that it has had on the quality of life of California's citizens. I have been involved in fighting the move to legalize drugs and with drug prevention education for many years.

With the end of the cold war, the greatest threat to the security of our nation is drug use. Use that carries with it the misery of addiction, broken homes, horrific violence, carnage on our highways and ruined health.

Americans, when polled, continue to describe drug use, violent crime and gangs as their major concerns, and they should be. As Americans, we have a right to live in safe, drug-free communities.

The answer to our nation's drug problem is a comprehensive policy which embraces drug prevention education, treatment and strong drug law enforcement.

Since the 1960's, there has been an active political movement in California and across the nation to promote the legalization of marijuana and other drugs. In 1972, an initiative was qualified for the California ballot to decriminalize marijuana. That initiative, proposition 19, was defeated by a margin of 2-1 statewide. It lost in every county except San Francisco. This defeat taught the pro-legalization lobby that the public would not accept outright legalization. A recent poll by the National Center On Addiction and Substance Abuse at Columbia University found that California's attitude towards outright legalization of marijuana has not changed substantially during the past 25 years.

Our nation's drug problems date back to before the turn of the century. They are complex and cannot be solved overnight. Based on frustration over issues of crime and drugs, and fueled by an underlying feeling that taxes are too high and government is not entirely trustworthy, many citizens are now seeking simple solutions to this very complex problem. This feeling of public frustration is being exploited by a small but growing group of drug legalizers, who over the years have adopted a strategy of working toward complete drug legalization by first approaching the medical marijuana issue.

The tendency to underestimate the hazards of drug abuse has been made by successive generations. We, as voters, tend to have short memories, and often times forget what has been painfully demonstrated in years past. Many researchers and physicians have grossly underestimated the danger posed by various drugs. Heroin was first developed as a non-addicting analgesic to replace morphine. And

Sigmund Freud thought that cocaine was non-addictive and relatively harmless. A mistake that was repeated in the 1980s by Dr. Lester Grinspoon of Harvard when he declared cocaine to be as safe as aspirin. This statement was made on the eve of the crack cocaine epidemic in this country. Dr. Grinspoon in his book, *Marihuana, the Forbidden Medicine*, now calls for the use of marijuana for a variety of medical applications. The many claims for the benefits of smoked marijuana made in this book are based on anecdotal information and are not based on scientific study. One of the claims made by Dr. Grinspoon is that marijuana use promotes safe driving.

To understand the problems that passage of medical marijuana initiatives and other decriminalization legislation would cause, it is helpful to step back in time. At the turn of the century, unregulated syrups and other remedies were heavily laced with morphine, cocaine and heroin. These drugs were cheap, legal and readily available. Much like marijuana will become under many of the medical marijuana initiatives. Drugs were sold without medical examination or prescription. Opium dens were common in America's cities. By 1910 there were an estimated 250,000 drug addicts, many of whom became addicted using unregulated patent medicines. Rampant drug use resulted in record levels of crime and social disorder. Our nation's murder rate jumped 300% in the ten-year period between 1907 and 1917.

The leaders of our great nation strongly rejected the scourge of drugs in our communities. By popular demand the Food and Drug Act of 1906 required that all ingredients in foods and drugs be made known to consumers. This began the development of consumer protection laws which continue to safeguard us to this day. With the passage of this act along with the Harrison Act in 1914 we began our fight to rid this country of the evils of drug abuse. Through vigorous drug enforcement, a strong anti-drug message and the regulation of patent medicines and other drugs, America's addict population declined from 250,000 in 1900 to 50,000 in 1940. With the decline in drug addicts came a significant reduction in crime and public disorder.

This strategy of using medical marijuana as the first step to drug legalization is well documented. In 1979, NORML director Keith

Stroup told an Emory University audience that NORML would be using medical marijuana as a red herring to give marijuana a good name. Kevin Zeese of the Drug Policy Foundation was quoted on several occasions as having said that “medical marijuana is the first step to decriminalization,” and Eric Sterling of the Criminal Justice Foundation has said “medical use of marijuana is an integral part of the strategy to legalize.”

During California’s general election last November, a fraud was perpetrated on the voters and a cruel hoax was played on the sick. This hoax and fraud was the passage by voters of the so-called medical marijuana compassionate use act — Proposition 215. This ballot initiative exploited public compassion for the seriously ill in order to legalize the widespread use and cultivation of marijuana in California.

I believe that we should talk about compassion for a moment. True compassion would mean that the pro-drug lobby would stop using sick and dying persons as pawns in their strategy to achieve drug legalization.

Under Proposition 215, anyone who claims to have a doctor’s verbal approval can grow and smoke marijuana, even children. Although the age limit for smoking tobacco is 18 and for the consumption of alcohol it’s 21, there is no age restriction for the consumption of marijuana under Proposition 215.

The pro-Proposition 215 lobby led voters to believe that marijuana would be used by persons suffering chronic or terminal illnesses. In fact it allows marijuana to be used for minor ailments including headaches and strained muscles.

The public was also led to believe that marijuana would be available based on a doctor’s prescription. In fact all that is required is a recommendation of a physician without the requirement of an examination, written prescription or other records. A recommendation that is difficult, at best, for law enforcement officers investigating marijuana-related crimes to prove.

Marijuana is not medicine and the backers of the medical marijuana movement are not doctors. Proposition 215 was written in the fashion that it was, without medical examination or prescriptive controls, because it was never intended to be a medical marijuana initia-

tive. Proposition 215 was written to provide de facto legalization of marijuana in California. This was to be the pilot project, by the pro-drug lobby, as the first step toward the legalization of marijuana and other drugs in America.

The passage of Proposition 215 and other similar initiatives will bring us back to the days of patent medicine. By regulating medicine at the ballot box rather than by scientific study and approval we have reversed 90 years of progress. Proposition 215 has effectively eliminated all patient and consumer protection established by our pure food and drug laws.

In 1980, NORML petitioned to have marijuana moved to schedule II. In 1988 Francis Young, an administrative law judge, ruled that marijuana should be re-scheduled for limited medical purposes. On 12-21-89 Drug Enforcement Administration Administrator John Lawn refused to re-schedule marijuana based on his review of the evidence. NORML petitioned for a review. DEA Administrator Robert Bonner again refused to move marijuana to schedule II, based on an extensive review of the evidence and existing studies. In 1994 the U.S. Court of Appeals, in Washington, DC, upheld Administrator Bonner's decision. In doing so the court stated that DEA had relied on scientific study and recognized experts while NORML had relied on anecdotal information.

In 1992 the National Institutes of Health concluded that crude marijuana was not an effective medicine for use in treating nausea, AIDS wasting, glaucoma, MS or pain.

In fact there are more than 1,000 studies showing the harmful affects of marijuana, including a recently published study which indicates that marijuana use chemically alters the brain, leading to an increased propensity to use other drugs. This tends to show what many of us in treatment education and law enforcement already knew. Marijuana is a gateway drug. There are in fact no scientific studies that show smoked crude marijuana to have a medical benefit.

It is important to remember that marijuana is a dangerous and addictive drug with a high potential for abuse. In 1994 the Office of National Drug Control Policy (ONDCP) reported that more persons are being admitted to treatment for marijuana use than for heroin

addiction. ONDCP and others involved in drug treatment and enforcement believe that marijuana use is on the rise in part due to the mixed message that is sent when marijuana is touted as a safe and effective medicine.

Dr. Daryl Inaba, of the Haight Ashbury Free Clinic in San Francisco, states that marijuana is a highly addictive drug which contains more than 360 chemicals that affect the brain. With THC contents ranging from 14–24%, Dr. Inaba states that smoking one marijuana cigarette today is the equivalent of smoking fourteen marijuana joints in the 1960s. During the 1960s the Haight Ashbury clinic didn't treat anyone for marijuana addiction due to the low THC content of that era. Today they treat 100 addicts each month.

Dr. Eric Voth, MD, has stated that "marijuana is clearly addictive and is responsible for behavioral, intellectual and cognitive deficits and is responsible for severe side-effects to the pulmonary, reproductive and immune systems."

Marijuana could never pass the FDA pure drug standards. It contains 2,000 crude chemicals, some of which are carcinogens stronger than those found in cigarettes. Smoking crude marijuana is known to trigger attacks of manic depression, schizophrenia and memory loss. An increase in teen suicides has been linked to marijuana use. Researchers at the University of California at Davis have identified a strong link between smoking marijuana and throat cancer. Persons under the influence of marijuana are 10 times more likely to be involved in fatal traffic collisions than persons driving under the influence of alcohol.

Despite what we know about marijuana, Proposition 215 passed in California. It passed in spite of our efforts to stop it. Its passage was opposed by former Surgeon General C. Everett Koop, the California and American Medical Associations and every other credible medical association in California. In fact, the use of medical marijuana is opposed by all credible medical groups, nationwide. It passed despite opposition from politicians and public officials from both sides of the aisle, including President Clinton; former Presidents Ford, Bush and Carter; Senators Bob Dole and Dianne Feinstein; Congressman Vic Fazio, Governor Pete Wilson and Attorney

General Dan Lungren and many others.

Proposition 215 and Arizona's proposition 200 passed, as will other similar initiatives, because they received the financial backing of George Soros from New York and a handful of other wealthy pro-legalizers. In fact it has been estimated that Mr. Soros has spent over 15 million dollars to organizations which promote liberalized drug laws. The campaign was aided by the Drug Policy Foundation and other official-sounding groups. The two million dollars donated by Mr. Soros and his friends paid for a television advertising campaign to sell Proposition 215 to the voters. The ads, although deceptive, were well crafted and played upon the emotions of the viewers. The ads never told the viewers that Proposition 215 would legalize marijuana for any medical condition without a written prescription.

Polls taken in California and Arizona since the election indicate that voters would have rejected Proposition 215 if they had simply known the facts. In the end, the well-informed and credible opponents of Proposition 215 were simply shouted by a slick and effective advertising campaign financed primarily by persons living outside of California.

California has been left with a law that allows marijuana to be used with virtually no regulation based on the undocumented recommendation of a physician for any ailment.

The pro-drug lobby has bombarded the American public with the theory of harm reduction and the responsible use of marijuana and other drugs. We have only to look to our nation's history of drug use in the nineteenth century, or the pain, suffering and social ills caused by our two legal drugs, alcohol and tobacco, to ask ourselves how realistic it is to teach people to use drugs responsibly. With the many documented public safety and healthcare problems associated with alcohol use, why would we want to make other, more powerful and addicting drugs cheap, legal and readily available?

Serious conflict and confusion will result from the passage of 215 and other similar measures. These initiatives are in direct violation of federal law. The FDA has not approved the use of crude marijuana for any ailment or illness. The so-called marijuana initiatives are encouraging doctors and citizens to violate federal law.

There will be significant problems encountered in the enforcement of laws relating to driving under the influence. Unlike alcohol, police officers have no test available to determine if a person is driving under the influence of marijuana. And how will we regulate companies doing business that are controlled under the “drug-free workplace act.” We must also ask ourselves if we want commercial truck drivers, airline pilots, doctors and public safety workers to be under the influence of marijuana during the course of their employment.

And who will suffer from this change in drug policy? We all will. Although it is too early to determine the exact fallout from Proposition 215 we already know that illegal marijuana cultivation seizures have increased by more than 50% in California since the passage of the initiative. In the recently published “California Student Substance Survey” dramatic increases in teen marijuana use were seen. Within the past six months, marijuana use among 11th graders was 43%, up from 28% in 1989. An increase, I believe, due in part to the confusing message sent by the medical marijuana movement.

I believe that we will also see increases in traffic injuries and fatalities associated with marijuana use as well as a dramatic climb in workplace accidents, lost productivity, high school dropouts and a whole host of other social problems.

From 1979 to 1992 through education, treatment and law enforcement, we reduced drug use in America by 50%. If we reduced AIDS, teen pregnancy or cancer by that amount it would be considered a tremendous success. But for some reason we seem to labor under the belief that we have never achieved success in reducing drug abuse. This has led to frustration and a belief that our nation’s drug policies need overhauling.

In 1992 we took our eye off the ball. Funding was cut and our drug prevention message was diluted. The passage of medical marijuana legislation further weakens that message and confuses the public, especially our nation’s youth. Increased drug use will be the direct result of that confusing message.

Americans do not have a history of running away from problems and we shouldn’t be running away from the drug problem. It is time

that we strengthen our resolve to reduce the scourge of drug use in this great nation. If we don't take a stand now we will lose a generation or more of our country's most valuable commodity, its young people. Many will slip through the cracks. The window for learning will be gone. Opportunities will be lost that are impossible to regain. It will be too late to become an engineer, astronaut or physicist. These will be dreams that will always remain unfulfilled.

In closing I would urge you in the Congress to work towards the development of federal legislation that would prevent individual states from superseding the Federal Controlled Substances Act. This may be the only way to prevent the tragedy of Proposition 215 from sweeping our nation.

*Ronald E. Brooks is past president of the California Narcotic Officers' Association.

Source: House Committee on the Judiciary, Subcommittee on Crime, "The Medical Marijuana Referenda Movement in America," statement by Ronald E. Brooks, 1 October 1997

QUESTIONS FOR DEBATE

1. Does Brooks address the way marijuana is regulated in the Netherlands? How does this impact his argument against the legalization of marijuana?
2. Brooks says, “Rampant drug use resulted in record levels of crime and social disorder.” He is referring to when drugs were sold in the United States without medical examinations. How does he support this contention?
3. Brooks asserts that Proposition 215 “effectively eliminated all patient and consumer protection established by our pure food and drug laws.” What is the evidence for his argument?
4. According to Brooks, Dr. Lester Grinspoon claims that marijuana promotes safer driving. Later in his testimony, Brooks says that people “under the influence of marijuana are 10 times more likely to be involved in fatal traffic collisions than persons driving under the influence of alcohol.” How can this contradiction be explained?
5. If voters are approving medical marijuana legislation, would it be a violation of the principles of democracy to implement the federal legislation to prevent states from superseding the Federal Controlled Substances Act?

Sweden's Strict Policies

by Jeremy Bransten*

Since 1977 Sweden has sought a “drug-free society.” A law enforcement strategy, including interdiction and requiring urine or blood tests for anyone suspected of using drugs, has marked Sweden’s drug control efforts. In the 1980s, Sweden saw a decline in drug use, but in the 1990s, as Sweden’s economy turned sluggish, drug use rose dramatically, and statistics show that it is faring worse than its more liberal European neighbors in controlling drug abuse.

Prague, 30 November 2000 (RFE/RL) — On drug policies, Sweden represents the opposite end of the spectrum from the Netherlands. Since 1977, the Swedish government’s focus has been to prevent people from coming into contact with illicit drugs through police enforcement and interdiction.

This strategy is closer to the model of the U.S. federal government, which allocates most of its resources to what is termed “the war on drugs.” In Sweden, unlike most other members of the European Union, the possession and use of any amount of illicit drugs are subject to prosecution.

For much of the 1980s, Sweden’s strict policies appeared to work. Drug use, especially marijuana smoking, decreased as police enforcement efforts increased.

But in the 1990s, the statistics reversed course. Drug use, especially among young people, rose sharply to levels close to those of the 1970s, before the strict measures were introduced.

Leif Lenke teaches criminology at Stockholm University and has advised the Council of Europe on drug policy. He explains:

"In the 1990s, you can see that this very good [previous] situation in this [drug] area deteriorated. And I think the situation is back to about what was going on in the 1970s, before the very restrictive Swedish policy was introduced and enforced. So now you see in the 1990s there has been a rather strong increase in young people experimenting with drugs."

Lenke says experimental marijuana use among teenagers and young adults, who are screened when they enter military service, is now comparable to figures in European countries where prohibition is not enforced.

"We have studies with conscripts. Every year, the conscripts are interviewed about their drug habits and so on, and we can see that there has been an increase from 7 percent use in the 1980s to 16 to 17 percent now."

As drug use has gone up, politicians have continued to rely on the police, gradually increasing their powers to enforce the country's anti-drug policy. Since 1993, police have been empowered to stop anyone they suspect was using drugs and force the suspect to provide a blood or urine sample.

But a new report by the Swedish National Council for Crime Prevention — a government-funded institute — questions the effectiveness of these tactics. According to the council, in the period from 1991 to 1997 — when arrests for minor drug offenses increased by 70 percent — there was with no decline in drug use statistics.

The problem is not confined to so-called "soft drugs" like marijuana. The European Monitoring Center for Drugs and Addiction writes in its annual 2000 report that drug overdose death rates in Sweden are among the highest in the EU and more than seven times higher than in the Netherlands. The report also states that the rate of hepatitis C among intravenous drug users in Sweden is over 90 percent, the highest in Europe.

Tim Boekhout van Solinge, a criminologist and drug-policy expert at the University of Amsterdam, has recently written a book comparing the Swedish and Dutch experience with drugs. During his

research, he made repeated visits to the working-class suburbs of Stockholm, Malmoe, and Gothenberg — Sweden's three major cities. Van Solinge told RFE/RL he was shocked by what he saw. He paints a picture of unemployed, mostly immigrant youths, whiling away their time experimenting with all manner of drugs, often intravenously.

So what went wrong in Sweden? In Stockholm, Leif Lenke says economics has played a big part.

"The Swedish economy at the beginning of the [19]90s deteriorated very strongly and created a high rate of youth unemployment. And that has been so until the last two years. I think that now unemployment is down again. So that is a factor that should be taken into consideration when you try to evaluate the situation in Sweden."

Van Solinge says the economic downturn also led to cutbacks in state-funded drug-treatment facilities. At a national level, politicians reassigned funds to the police.

"It [drug treatment] costs a lot of money, and in the 1980s the Swedes had all this money. In the 1990s, the welfare state kind of collapsed. There was not so much money. What you could see is that at a local level, where they have to decide about treatment or not, the results were low, it was very expensive, so they didn't put people in treatment anymore, because it was considered too expensive. So, then, the policy became repressive."

Van Solinge also faults the Swedish approach to drug education in schools. He says the overall message conveyed in classrooms — that all drugs are extremely dangerous and therefore should not be touched — is ineffectual. Teenagers don't believe it, he says, and in addition they end up ill-informed about drugs that could pose a real danger.

"In Sweden, sometimes if you read prevention material, you think cannabis is really the most dangerous drug that exists. Maybe this worked for some time because everyone believed it, but now we're

in a completely different situation. People don't know what to believe anymore and you see kids experimenting with heroin and they don't really know what it is."

Van Solinge says supporters of Sweden's tough drug policy have underestimated social factors, focusing too much on the actual substance instead of concentrating on the reasons people use drugs. He says the fact that drug use is widespread in prisons, even Swedish ones, indicates enforcement cannot work by itself. Admitting as much, he says, would put politicians in a difficult spot. Van Solinge says:

"But of course, politicians don't like to talk about this, they always talk about the drug and not so much what kind of people [use them]. They never like talking about that. It's easier to blame the drug than the difficult social conditions these people are living in, which makes them just more vulnerable to substance use and abuse."

Ted Goldberg, who also teaches at Stockholm University and has written a book entitled *Demystifying Drugs*, says flatly that Swedish policy has failed and Swedish policy-makers have begun to confront that reality. Change at the grassroots is already occurring, he says, although slowly.

"Things are changing in Sweden, slowly. We do have examples of 'harm reduction' in Sweden even if we don't talk about them out loud. For instance, we have methadone maintenance and just about a year ago, the number of places for methadone maintenance was increased from 600 to 800. We also have needle exchange programs."

But the issue of drugs remains highly sensitive in Sweden, with little public debate on the subject. Advocates of total prohibition say that decriminalizing certain "soft" drugs — as has taken place in the Netherlands and some other EU members — could set a dangerous precedent.

Tomas Hallberg heads a Stockholm-based group (European Cities Against Drugs) backing the Swedish government's zero-tolerance measures. He puts it this way:

“If you criminalize something, you can decriminalize it, and you don’t have a problem. You can do that with any crime, if you want to, and say there is no problem whatsoever afterwards.”

In January 2001, Sweden assumes the rotating presidency of the EU. Officials in Stockholm had originally announced they would make their strategy for a drug-free society a central plank of their EU program. That idea has been shelved as Sweden — still admired abroad for its many progressive policies — finds itself out of step on this one with most of its EU partners.

* Jeremy Bransten is a correspondent for Radio Free Europe/Radio Liberty

Source: Bransten, Jeremy, “Europe: Drugs — Sweden’s Strict Policies” Radio Free Europe/Radio Liberty
<http://www.rferl.org/nca/features/2000/11/30112000154646.asp>

Copyright ©2002. RFE/RL, Inc. Reprinted with the permission of Radio Free Europe/Radio Liberty, 1201 Connecticut Ave., N.W., Washington DC 20036.
www.rferl.org

QUESTIONS FOR DEBATE

1. Does the state of the economy dictate drug use levels more than any other factor?
2. Would it be better to have drug education programs that contain lies about drugs or no drug education programs at all?
3. What could the Netherlands learn from Sweden?

Drug Control Strategies Must Respect Human Rights

*by Human Rights Watch**

In this statement to the U.N. General Assembly Special Session on the World Drug Problem, Human Rights Watch (HRW) reminds the delegates that the fight against drugs has resulted in human rights abuses. The statement condemns the use of the death penalty for drug offenses, excessive sentences applied for minimal drug violations, abusive law enforcement tactics, and the failure to ensure fair trials for those accused of drug crimes. HRW has particular criticism for the U.S. program with its mandatory minimum sentencing, racial profiling, and random drug testing. The statement concludes with the recommendation that the United Nations and its member countries adopt respect for human rights as a criterion in their drug programs.

As the member States of the United Nations gather at this Special Session of the General Assembly to consider measures to strengthen cooperation to reduce drug trafficking, Human Rights Watch urges attention to the dismaying human rights consequences of many current anti-drug strategies. The General Assembly should affirm unequivocally the international community's determination that human rights must not be sacrificed in the pursuit of counternarcotic goals. All national and international drug control strategies must be designed and implemented

within the framework of full respect for universally recognized fundamental rights.

We recognize, of course, the importance of drug control objectives to the international community. The harms associated with drug abuse have galvanized concern around the world. We also acknowledge the widespread dismay and frustration over the magnitude of drug consumption, the drug trade and associated crime. These have led to an understandable but nonetheless unacceptable temptation to ignore laws and principles that might be deemed impediments to successful drug control. As Justice Hugo Black of the United States Supreme Court cautioned prophetically years ago: “Grave evils such as the narcotics traffic can too easily cause threats to our basic liberties by making attractive the adoption of... forbidden shortcuts that might suppress and blot out more quickly the unpopular and dangerous conduct.”

Unfortunately, Human Rights Watch’s research indicates that such forbidden shortcuts have been adopted all too frequently. Drug control efforts in many countries incorporate measures counter to the rights and basic dignity of those accused of drug consumption, sales and trafficking as well as of people with no connection to the drug trade. Many anti-drug tactics trample rights of life, liberty and privacy, the right to fair trial, and the right to be free of cruel, inhuman or degrading treatment or punishment. Such human rights violations are either authorized by national law or, although unlawful, constitute a common practice committed with impunity by state agents. Examples are legion:

- Hundreds, perhaps thousands, of people are executed each year for drug offenses, often — as in China — following trials that are notoriously lacking in due process protections for the accused. Drug offenders face the death penalty in China, Indonesia, Iran, Iraq, Malaysia, Pakistan, Turkey, Saudi Arabia, Singapore, Vietnam and the United States. The quantities of drugs that trigger death sentences can be small: in Vietnam selling as little as one hundred grams of drugs can be punished with death; in Singapore the sale of a mere half an ounce of heroin or 500 grams of marijuana carries a mandatory death sentence.

- Egregious punishments short of the death penalty are also meted out. Thailand's prisons are crowded with persons serving life sentences for single low-level offenses, such as carrying a packet of drugs. In the United States, a single sale of two ounces of cocaine is punished in the state of New York with a maximum sentence of life; in the state of Michigan possession for sale of a little more than a pound of cocaine for sale is punished with life in prison with no parole.
- Abusive tactics by law enforcement agents seeking to apprehend individuals involved in the drug trade abound: in the U.S., police batter down the front doors of innocent families on the basis of tips from paid informants, beat up drug suspects, plant evidence. Bolivian antinarcotics agents burst into the homes of farmers in coca-growing areas, conducting illegal warrantless searches, intimidating and terrifying the inhabitants, stealing possessions. Thousands of Bolivians suspected of involvement with the drug trade have been arrested arbitrarily and detained without charges for periods that exceed legal mandates. In Iran, drug suspects face torture.
- Trial procedures are distorted and legal safeguards protecting the rights of defendants and suspects are jettisoned for drug cases. In Colombia, drug defendants are tried by faceless courts. In Ecuador, the right of habeas corpus is suspended for drug suspects. In Bolivia, the presumption of innocence is mocked by a blanket prohibition on pre-trial release for all drug defendants.

In some countries, most notably the United States, human rights violations pervade anti-drug law enforcement. Mandatory minimum sentencing laws deprive judges of the ability to tailor fair sentences proportionate to the conduct and culpability of drug defendants. They must send minor figures in the drug trade to prison for cruelly long periods while major traffickers negotiate their way to freedom. People who have not been convicted of any crime find their property confiscated under forfeiture laws that swell police coffers. Police cordon off entire neighborhoods and search anyone they choose; high school students are randomly tested for drugs; helicopters with heat

detection capabilities explore the interiors of people's homes; drivers are pulled over on highways and searched because they fit drug courier profiles that include racial characteristics. Indeed, racial minorities have been arrested, prosecuted, convicted and imprisoned for drug offenses at staggeringly high and disproportionate rates that devastate their families and communities. Grossly overcrowded jails and prisons house hundreds of thousands of convicted drug offenders.

The record of human rights violations committed by states in the name of drug control should be cause for grave concern to the international community. So, too, should be the failure of international entities devoted to drug control to give appropriate recognition to universally recognized human rights in their work. We question, for example, how officials of the United Nations International Drug Control Programme (UNDCP) can praise drug control efforts in countries such as China and Iran without also criticizing their notorious reliance on unfair trials, torture, prolonged pre-trial detention, forced confessions, executions and other human rights abuses as part of those efforts. We question how the International Narcotics Control Board (INCB) can call on member states to curtail expression favoring drug use without even mentioning the free speech guarantees of the International Covenant on Civil and Political Rights (ICCPR).

The international community should not permit a *de facto* drug exception to ICCPR and other global and regional human rights instruments. There can be no justification for failure to respect the rights and basic dignity of those accused of drug consumption, sales and trafficking — much less of the wider public of innocent bystanders to the drug trade who nonetheless also find themselves subject to drug control-related abuses.

Conflict between drug control and human rights is by no means inevitable. Strategies that emphasize treatment and education to reduce demand, for example, pose less risk to human rights than strategies that emphasize criminal prosecutions and prison. Human Rights Watch does not challenge any state's decision to use the criminal law in its effort to curtail drug abuse and trafficking. To an extent far greater than other drug control policies, however, the use of the

criminal law and sanctions implicates — and hence is subject to — important human rights constraints.

Moreover, we believe that full respect for the rights and dignity of each person and strict adherence to the rule of law will strengthen anti-drug efforts. It is well known that drug traffickers can corrupt the machinery of justice and undermine the rule of law. Insufficient international attention has been paid, however, to the consequences of abusive drug control efforts. Where state agents ignore the law or legislators craft laws that distort basic principles of justice in the name of drug control, they undermine the legitimacy of both the state and its objectives. Disregarding the human rights of one set of citizens — however laudable the goals ostensibly being pursued — diminishes the consolidation of public recognition of the human rights of all. In short, vitiating the rule of law in the name of drug control may inflict long-term damage to the integrity of constitutional nations.

There are many who seriously question whether prohibition-based law enforcement strategies to combat drugs have caused more harm than drugs themselves. Human Rights Watch cannot assess the social, political and health consequences of these strategies. But our mandate compels us to address their human rights consequences. A world still trying to honor in practice the rights acknowledged fifty years ago in the Universal Declaration of Human Rights must be vigilant to defend the progress it has made. The international community cannot condone abusive governmental power, repression and injustice even in the name of drug control.

In conclusion, Human Rights Watch urges the member states attending this Special Session:

- to insist that all national and international drug control strategies be developed within the parameters of full respect for human rights.
- to include in their assessment of diverse possible drug strategies a consideration of their likely impact on human rights.
- to direct the UNDCP to incorporate human rights into its work, by including an assessment in its world report of the status of respect for human rights in countries' drug control efforts;

by adopting respect for human rights as a criterion for its worldwide drug demand and supply reduction activities and programmes, and by ensuring that human rights requirements are fully incorporated into the legal assistance it provides.

*Human Rights Watch is the largest human rights organization in the United States.

Source: Human Rights Watch, “A Statement by Human Rights Watch to the U.N. General Assembly in a Special Session Devoted to the Fight Against Narcotic Drugs,” 8 June 1998. <<http://www.hrw.org/press98/june/drug-pol.htm>>

“Drug Control Strategies Must Respect Human Rights” is used with express permission of Human Rights Watch.

QUESTIONS FOR DEBATE

1. Will a law enforcement perspective always be at odds with human rights?
2. Are human rights abuses committed during anti-drug campaigns more of a threat to democratic societies than drug trafficking? Why or why not?
3. What tensions does the United Nations face in dealing with drugs and human rights?
4. Does Human Rights Watch justify its conclusion that “vitiating the rule of law in the name of drug control may inflict long-term damage to the integrity of constitutional nations”?

Punishment and Prejudice: Racial Disparities in the War on Drugs — Summary and Recommendations

*by Human Rights Watch**

In the summary section of its report on racial disparities in the U.S. anti-drug campaign, Human Rights Watch concludes that the “War on Drugs” has been waged disproportionately against African Americans and their communities. It urges policy makers to reevaluate current strategies for fighting drugs and recommends eight steps to make anti-drug campaigns more humane and equitable.

Since the mid 1980s, the United States has undertaken aggressive law enforcement strategies and criminal justice policies aimed at curtailing drug abuse. The costs and benefits of this national war on drugs are fiercely debated. What is not debatable, however, is its impact on black Americans. Ostensibly color blind, the war on drugs has been waged disproportionately against black Americans.

Our research shows that blacks comprise 62.7 percent and whites 36.7 percent of all drug offenders admitted to state prison, even though federal surveys and other data detailed in this report show clearly that this racial disparity bears scant relation to racial differences in drug offending. There are, for example, five times more white drug users than black. Relative to population, black men are admitted to state prison on drug charges at a rate that is 13.4 times greater than that of white men. In large part because of the extraordi-

nary racial disparities in incarceration for drug offenses, blacks are incarcerated for all offenses at 8.2 times the rate of whites. One in every 20 black men over the age of 18 in the United States is in state or federal prison, compared to one in 180 white men.

Shocking as such national statistics are, they mask even worse racial disparities in individual states. In seven states, for example, blacks constitute between 80 and 90 percent of all drug offenders sent to prison. In at least fifteen states, black men are admitted to prison on drug charges at rates that are from 20 to 57 times greater than those of white men. These racial disparities in drug offenders admitted to prison skew the racial balance of state prison populations. In two states, one in every 13 black men is in prison. In seven states, blacks are incarcerated at more than 13 times the rate of whites.

The imprisonment of blacks for drug offenses is part of a larger crisis of overincarceration in the United States. Although prison should be used as a last resort to protect society from violent or dangerous individuals, more people are sent to prison in the United States for nonviolent drug offenses than for crimes of violence. Throughout the 1990s, more than one hundred thousand drug offenders were sent to prison annually. More than 1.5 million prison admissions on drug charges have occurred since 1980. The rate at which drug offenders are incarcerated has increased ninefold. According to retired General Barry McCaffrey, director of the Office of National Drug Control Policy, the nation's war on drugs has propelled the creation of a vast "drug gulag." Drug control policies bear primary responsibility for the quadrupling of the national prison population since 1980 and a soaring incarceration rate, the highest among western democracies.

Human Rights Watch presents in this report original as well as previously published statistics that document the extraordinary extent to which Americans, and especially black Americans, have been burdened with imprisonment because of nonviolent drug offenses. We have conducted the first state-by-state analysis of the impact of drug offenses on the admission to prison of blacks and whites. The statistics we have compiled present a unique — and devastating — picture of the price black Americans have paid in each state for the national effort to curtail the use and sale of illicit drugs.

We have focused on the imprisonment of drug offenders at the state level because aggregate national data masks the remarkable differences among the states regarding the degree to which they put drug offenders in prison and the extent to which the use of prison as a penal sanction for drug offenders is racially disproportionate. As discussed in this report, these substantial state differences are primarily the result of public penal policies and law enforcement priorities, not different rates of drug offending.

With this report Human Rights Watch seeks to bring renewed attention to extreme racial disparities in one area of the criminal justice system — the incarceration of drug law offenders, i.e., persons whose most serious conviction offense is a nonviolent drug law violation. The high rates of incarceration for all drug offenders are cause for concern. But the grossly disparate rates at which blacks and whites are sent to prison for drug offenses raise a clear warning flag concerning the fairness and equity of drug law enforcement across the country, and underscore the need for reforms that would minimize these disparities without sacrificing legitimate drug control objectives.

Drug offenders in the United States face penal sanctions that are uniquely severe among western democracies. Drug sentences, even for those guilty of retailing or possessing small drug quantities, can compare to or exceed sentences for serious violent crimes such as armed robbery, rape, and even murder. Supporters of imprisonment for drug offenders insist it removes major traffickers and dangerous criminals from society, deters prospective offenders, and enhances community safety and well-being. Critics point to compelling data showing that few of the drug offenders who end up in prison are higher level dealers or traffickers and, indeed, that the prior criminal records of many incarcerated drug offenders are limited to drug offenses or consist of other nonviolent crimes. The massive use of imprisonment has failed to decrease the availability of drugs or raise their price, and adult drug use has not changed appreciably since the end of the 1980s. Most observers believe imprisonment has had little impact on the number of drug dealers on the streets. Even many police officials acknowledge that for every low level dealer incarcer-

ated, another emerges to take his place. Moreover, according to an authoritative independent study of mandatory minimum prison sentences for drug offenders, such sentences are “not justifiable on the basis of cost-effectiveness at reducing cocaine consumption, cocaine expenditures or drug-related crime.”

Prison is a legitimate criminal sanction — but it should be used sensibly, justly, parsimoniously, and with due consideration for the principles of proportionality and respect for human dignity required by international human rights law. The incarceration of hundreds of thousands of low-level nonviolent drug offenders betrays indifference to such considerations. Moreover, many drug offenders receive egregiously long prison sentences, particularly because of the prevalence of mandatory sentencing laws for drug offenses that do not permit judges to calibrate sentences to the conduct and level of culpability of each defendant.¹ Many factors — the transformation of crime and punishment into key issues in electoral debates, the persistence of drug abuse, the desire to “send a message” and communicate social opprobrium, ignorance about drug pharmacology, and concern about crime, among others — have encouraged politicians and public officials to champion harsh prison sentences for drug offenders and to turn a blind eye to the extraordinary human, social, and economic costs of such policies. They have also turned a blind eye to the war on drugs’ staggering racial impact.

It is difficult to assess the extent to which racial bias or sheer indifference to the fate of black communities has contributed to the development and persistence of the nation’s punitive anti-drug strategies. Certainly the emphasis on penal sanctions in the fight against drugs cannot be divorced from longstanding public association of racial minorities with crime and drugs.² Cocaine use by white Americans in all social classes increased in the late 1970s and early 1980s, but it did not engender the “orgy of media and political attention” that catalyzed the war on drugs in the mid-1980s when smokable cocaine in the form of crack spread throughout low-income minority neighborhoods that were already seen as dangerous and threatening.³ Even though far more whites used both powder cocaine and crack cocaine than blacks, the image of the drug offender that has dominat-

ed media stories is a black man slouching in an alleyway, not a white man in his home. When asked to close their eyes and envision a drug user, Americans overwhelmingly picture a black person.⁴

Poor minority urban neighborhoods have been the principal “fronts” of the war on drugs. Massive street sweeps, “buy and bust” operations, and other police activities have heavily targeted participants in street level, retail drug transactions in these neighborhoods. Not surprisingly, comparably few of the people arrested there have been white. Racial profiling — or the police practice of stopping, questioning, and searching minorities in vehicles or on the street based solely on their appearance — has also contributed to racially disproportionate drug arrests, although there are no reliable estimates of the number. More blacks have also been prosecuted federally for crack offenses than white, and thus have disproportionately felt the effects of the higher sentences for crack versus powder cocaine mandated in federal law.⁵

Many Americans would agree that punitive drug policies relying on harsh penal sanctions would have been changed long ago if whites were incarcerated on drug charges at the same rate as blacks. It is deeply troubling that in the United States the political majority has maintained criminal justice policies that so disproportionately burden a racial minority, particularly when those policies coupled with felony disenfranchisement laws further politically weaken that minority.⁶ Politicians have been able more easily to reap the electoral advantages of endorsing tough policies because the group that suffered most from those policies — black Americans — lacked the numbers to prevail in the political arena.

Human Rights Watch fully acknowledges the public’s legitimate interest in curtailing the abuse of dangerous drugs. But the importance of drug control should not be permitted to override fundamental principles of equal protection of the laws and racial equality. In an equitable criminal justice system, sanctions should be imposed equally on offending populations.

Under state and federal constitutional law, racial disparities in law enforcement are constitutional as long as they are not undertaken with discriminatory intent or purpose.⁷ International human rights

law wisely does not impose the requirement of discriminatory intent. The International Convention on the Elimination of all Forms of Racial Discrimination (CERD), to which the U.S. is a state party, defines race discrimination as conduct that has the “purpose or effect” of restricting rights on the basis of race.⁸ It proscribes race-neutral practices curtailing fundamental rights that unnecessarily create statistically significant racial disparities even in the absence of racial animus.⁹ It requires remedial action whenever there is an unjustifiable disparate impact upon a group distinguished by race, color, descent, or national or ethnic origin, even where there may be no intent to discriminate against that group.¹⁰ Under CERD, governments may not engage in “malign neglect,” that is, they may not ignore the need to secure equal treatment of all racial and ethnic groups, but rather must act affirmatively to prevent or end policies with unjustified discriminatory impacts.

Assessing whether the severe impact of drug law enforcement on blacks is justifiable requires scrutiny of the drug war’s goals and methods, and consideration of available alternatives. Human Rights Watch believes there are numerous policy alternatives to current patterns of criminal law enforcement that would reduce adverse racial disparities while continuing to respond to social concerns about public drug dealing and drug abuse. In the context of nationwide debates over the use of the criminal law to address drug abuse, doubts about the fairness and justice of enforcing those laws disproportionately against minorities take on even greater significance. It is hard to justify policies that result in the grossly disproportionate incarceration of a racial minority when there are feasible and cost-effective alternative approaches to address drug abuse and drug dealing that would not have such an effect.

Even if blacks and whites were sent to prison on drug charges at comparable rates, Human Rights Watch would still urge reconsideration of the heavy U.S. reliance on incarceration in its drug policies. In choosing strategies to address drug abuse and drug dealing, the country must consider the negative consequences of high incarceration rates, particularly in minority communities. No functioning democracy has ever governed itself with as large a percentage of its

adults incarcerated as the United States. The direct and collateral consequences of imprisonment may be acceptable when violent offenders are put behind bars, but they are much harder to justify for nonviolent drug offenders.

In the poor urban minority communities from which most black drug offenders are taken, the high percentage of men and, increasingly, women sent to prison may also undermine their communities' moral and social cohesion. By damaging the human and social capital of already disadvantaged neighborhoods, the "war on drugs" may well be counterproductive, diminishing opportunities for social and economic mobility and even contributing to an increase in crime rates.¹¹

The racially disproportionate nature of the war on drugs is not just devastating to black Americans. It contradicts faith in the principles of justice and equal protection of the laws that should be the bedrock of any constitutional democracy; it exposes and deepens the racial fault lines that continue to weaken the country and belies its promise as a land of equal opportunity; and it undermines faith among all races in the fairness and efficacy of the criminal justice system. Urgent action is needed, at both the state and federal level, to address this crisis for the American nation.

Recommendations

U.S. political leaders must acknowledge the excessive and racially disproportionate incarceration of nonviolent drug offenders and grapple forthrightly with ways to eliminate it. The first step is to reevaluate the current strategies for fighting drugs. Policy makers in each state, as well as in the federal government, should reassess existing public policy approaches to drug use and sales to identify more equitable but still effective options. In particular, they should examine the costs and benefits of relying heavily on penal sanctions to address drug use and drug trafficking and should look closely at law enforcement strategies to identify ways to make them more racially equitable.

We believe each state as well as the federal government should subject current and proposed drug policies to strict scrutiny and modify those that cause significant, unwarranted racial disparities. In

addition, we believe the state and federal governments should:

- Eliminate mandatory minimum sentencing laws that require prison sentences based on the quantity of the drug sold and the existence of a prior record. Offenders who differ in terms of conduct, danger to the community, culpability, and other ways relevant to the purposes of sentencing should not be treated identically. Judges should be able to exercise their informed judgment in crafting effective and proportionate sentences in each case.
- Increase the availability and use of alternative sanctions for nonviolent drug offenders. Drug defendants convicted of nonviolent offenses should ordinarily not be given prison sentences, even if they are repeat offenders, unless they have caused or threatened specific, serious harm — for example, when drug sales are made to children — or if they have upper level roles in drug distribution organizations.
- Increase the use of special drug courts in which addicted offenders are given the opportunity to complete court supervised substance abuse treatment instead of being sentenced to prison.
- Increase the availability of substance abuse treatment and prevention outreach in the community as well as in jails and prisons.
- Redirect law enforcement and prosecution resources to emphasize the arrest, prosecution, and incarceration of importers, manufacturers, and major distributors, e.g., drug king pins, rather than low level offenders and street level retail dealers.
- Eliminate different sentencing structures for powder cocaine and crack cocaine, drugs that are pharmacologically identical but marketed in a different form. Since more blacks are prosecuted for crack cocaine offenses and thus subjected to the higher penalties for crack offenses that exist in federal and some state laws, the crack-powder sentencing differential aggravates without adequate justification the racial disparities

in imprisonment for drug offenses.

- Eliminate racial profiling and require police to keep and make public statistics on the reason for all stops and searches and the race of the persons targeted.
- Require police to keep and make public statistics on the race of arrested drug offenders and the location of the arrests.

To facilitate more interstate criminal justice analyses, the Bureau of Justice Statistics of the U.S. Department of Justice should annually compile and publish state-by-state statistics on the racial impact of the criminal justice system as it applies to drug offenders, including statistics on arrests, convictions, sentences, admissions to prison, and prison populations.

End Notes

- 1 See Human Rights Watch, *Cruel and Usual: Disproportionate Sentences for New York Drug Offenders* (New York: Human Rights Watch, 1997). Thirty-two states have mandatory minimum sentencing laws for drug offenses. Bureau of Justice Assistance, "National Assessment of Structured Sentencing," U.S. Department of Justice (February 1996). Mandatory sentences are not responsible for all excessive drug sentences. In Oklahoma, for example, a jury in 1997 gave a sentence of 93 years to Will Forster, an employed father of three with no prior criminal record who grew marijuana plants in his basement.
- 2 Michael Tonry, *Malign Neglect: Race, Crime, and Punishment in America* (New York: Oxford University Press, 1995); David Cole, *No Equal Justice* (New York: The New Press, 1999); David Musto, *The American Disease: Origins of Narcotic Control* (New Haven, CT: Yale University Press, 1973).
- 3 See, e.g., Craig Reinerman and Harry G. Levine, "The Crack Attack, Politics and Media in the Crack Scare," in Craig Reinerman and Harry G. Levine, *Crack in America* (Berkeley: University of California Press, 1997)
- 4 Barry R. McCaffrey, "Race and Drugs: Perception and Reality, New Rules for Crack Versus Powder Cocaine," *Washington Times*, October 5, 1997 citing results of a survey published in 1995; Burston, Jones, and Robert-Saunders, "Drug Use and African Americans: Myth Versus Reality" in the *Journal of Alcohol and Drug Education*. Ninety-five percent of respondents pictured a black drug user while only 5 percent imagined other racial groups.
- 5 According to the United States Sentencing Commission, 88.3 percent of federal crack cocaine defendants were black. United States Sentencing Commission, *Special Report to the Congress: Cocaine and Federal Sentencing Policy, 1995*, Washington, D.C., 1995, p. 156. The sentencing laws of at least ten states also treat crack cocaine offenses more harshly than powder.

- 6 See Human Rights Watch and The Sentencing Project, "Losing the Vote: The Impact of Felony Disenfranchisement Law in the United States," (New York: Washington, D.C., 1998).
- 7 The requirement of proof of intent has been a formidable barrier for victims of discrimination in the criminal justice system seeking judicial relief. See, e.g., "Developments in the Law: Race and the Criminal Process," 101 *Harvard Law Review* 1520 (1988).
- 8 International Convention on the Elimination of All Forms of Racial Discrimination, Par. I, Article 1,3. In the Centre for Human Rights, *Human Rights: A Compilation of International Instruments*, Vol., ST/HR/1/REV.5 (New York: United Nations, 1994), p. 66. Also available at <http://www.un.org/Depts/Treaty/>.
- 9 See CERD, General Recommendation XIV(42) on article 1, paragraph 1, of the Convention, U.N. GAOR, 48th Sess., Supp. No. 18, at 176, U.N. Doc. A/48/18(1993). See also, Theodor Meron, "The Meaning and Reach of the International Convention on the Elimination of All Forms of Racial Discrimination," 79 *The American Journal of International Law* 283, 287–88 (1985).
- 10 Committee on the Elimination of Racial Discrimination, General Recommendation on Par. I, Article 1 of CERD.
- 11 See Todd R. Clear, "The Unintended Consequences of Incarceration," (paper presented to the NIJ Workshop on Corrections Research, February 14–15, 1996).

*Human Rights Watch is the largest human rights organization in the United States.

Source: Human Rights Watch, "Punishment and Prejudice: Racial Disparities in the War on Drugs," May 2000.
http://www.hrw.org/reports/2000/usa/Rcedrg00.htm#P54_1086

"Punishment and Prejudice: Racial Disparities in the War on Drugs" is used with express permission of Human Rights Watch.

QUESTIONS FOR DEBATE

1. Disenfranchisement, the removal of the right to vote, is a consequence of a felony conviction in the United States. Does this enhance or damage democracy in America?
2. Is the focus on black Americans warranted in the U.S. anti-drug campaign?
3. Would you call this situation a “crisis,” as Human Rights Watch does?
4. What may be the unintended consequences if Human Rights Watch’s recommendations were enacted?
5. How does Human Rights Watch support the contention that “the war on drugs has been waged disproportionately against black Americans?”

This page intentionally left blank

Section 3

Supply Reduction: Getting Rid of Drugs at Their Sources and in Transit

As part of its overall drug strategy, the United States places significant emphasis on interdiction, destroying crops at their source and preventing drug shipment to the United States. These policies are highly controversial. Supporters say it is the most efficient way of dealing with the drug problem. If there are no drugs or if drugs are too expensive, addiction and its consequences will decline. Opponents counter that this assumption is overly simplistic because of the nature of the drug economy. They also caution that the policy has led to the political destabilization of supply nations.

The first article in the section, by the former director of the U.S. Office of National Drug Control Policy, recommends global cooperation in helping supply and transit nations protect their sovereignty from drug corruption. The next, by the Cato Institute, calls Washington's drug war a failure and urges the United States to acknowledge that narcotics abuse is a domestic, not a foreign, problem. The third piece is a transcript of a National Public Radio program that presents an excellent overview of U.S. drug policy and the issues surrounding it. The final two articles in this section focus on one of the most controversial aspects of U.S. drug policy: certification. Under the current certification program, nations considered major drug suppliers must prove that they are working to control their drug problem before they can receive aid.

Resolutions for Debate

Propositions of Fact

1. Resolved: Reducing demand is the only way to decrease drug use.
2. Resolved: The U.S.-led escalation of supply-side drug control efforts, on balance, reduces violence.
3. Resolved: The problem of drug abuse is for doctors, not diplomats.

Propositions of Value

1. Resolved: The state sovereignty of drug producing and drug transit nations is more important than development assistance dollars.
2. Resolved: The immorality of drug use warrants all efforts, even if they compromise national sovereignty.

Propositions of Policy

1. Resolved: This house should abandon the certification process.
2. Resolved: This house recommends that nations support the U.S. "War on Drugs" to gain development assistance dollars.
3. Resolved: The United States should cease all interdiction efforts immediately.

Needed: Tangible Political Will

by Barry R. McCaffrey*

In an article in the U.N. Chronicle, General Barry McCaffrey, former director of the U.S. Office of National Drug Control Policy, outlines the global response he sees needed in the international war on drugs. He argues that the most important weapon in this war is the political will to look to long-term national interests rather than focus on the short-term economic gains that come from protecting drug interests. In nations where the political will is weak, corruption sets in, and drug syndicates prosper. McCaffrey urges global cooperation to help the nations that supply drugs or serve as transit points protect their sovereignty from drug corruption and asks the international community to step up its collective efforts against the financial operations of drug conglomerates.

Too many nations have made the mistake of underestimating the nature of the threat posed by illegal drug cultivation, production, trafficking and consumption. Governments that have tolerated the cultivation of coca or opium poppies have seen deforestation and distortion of the agricultural sector. Nations where drugs are produced or trafficked have seen their financial sectors and political institutions wracked by economic distortion and corruption. Consuming countries have witnessed addiction and its terrible criminal, health and social consequences. No nation is immune from this transnational threat. Nor can any nation stand up to the problem unilaterally.

Bilateral and multilateral responses to this international cancer have yielded encouraging results, particularly in the western hemisphere. The United Nations, through the activities of its International Drug Control Programme (UNDCP), the actions of its International Narcotics Control Board, and the upcoming General Assembly Special Session on the World Drug Problem, is a key component of the global response to this common threat.

For international drug control efforts, particularly in the western hemisphere, 1997 was a good year. Appreciable gains were made in crop reduction, in interdiction, and in weakening trafficking syndicates, strengthening law enforcement and targeting drug money laundering. The year's best news came from Peru, for years the world's largest coca growing country. Three-plus years of joint efforts by the American, Peruvian and Colombian forces to choke off the "air bridge" that carries Peruvian cocaine base to Colombia for processing paid off handsomely. The operation simultaneously deprived Colombian trafficking organizations of critical basic materials and drove down the price of coca leaf in Peru below the break-even point. Disillusioned Peruvian growers abandoned fields to take advantage of alternative development opportunities. As a result of the exodus, in 1997, Peruvian coca cultivation dropped 27 percent, an extraordinary decline that occurred on top of last year's 18 percent reduction. The United States estimates that Peru now cultivates 68,800 hectares of coca, just slightly more than half of the estimated 129,100 hectares identified in the peak year of 1992. Bolivia's 1997 coca crop was also the smallest in ten years — a result of its government's determination to confront the drug trade. Colombia was a different story since successful coca control operations also spurred new planting. Colombian traffickers accelerated their campaign to plant new coca outside the traditional growing areas, both to offset heavy losses from government eradication missions and replace cocaine supplies cut off by the "air bridge" denial. With 79,500 hectares under cultivation at year's end, Colombia is now the largest coca-cultivating country. Still, even taking into account the expansion in Colombia, this year's total Andean coca cultivation of 194,100 hectares was the lowest in a decade — proof that persistence pays.

The global community faces a different set of challenges in trying to limit the cultivation of opium poppy — the source of heroin. This heavily addictive drug is gradually staging a comeback among a new generation of users in the United States and elsewhere. Unlike coca, which currently grows in only three Andean countries, opium poppy grows in nearly every region of the world. Because it is an annual crop with as many as three harvests per year, it is much harder to eliminate, especially since nearly 90 per cent of the world's estimated opium gum production (3,630 out of 4,137 metric tons) is produced in Burma and Afghanistan, countries where the international community has limited influence.

Though we can take pride in our collective accomplishments, we are still a long way from permanently crippling the drug trade. As one of the pillars of international organized crime, it remains a formidable enemy. Well before transnational crime had become recognized as one of the principal threats to international stability, the drug syndicates already had in place an impressive network of supply centers, distribution networks, foreign bases and reliable entree into the governments of source and transit countries. They pioneered many of today's sophisticated money laundering techniques, hiring first-rate accountants and investing in state-of-the-art technology. And when the former Soviet Union collapsed, the drug syndicates were quick to recruit Eastern European chemists and other technical specialists left unemployed by the change in political systems. Even after suffering considerable losses, the drug trade's wealth (estimated by UNDCP at close to \$500 billion a year), power and organization exceed the resources of many governments.

Despite our collective efforts to cut drug traffic in 1997, hundreds of tons of cocaine flowed not only to the United States and Western Europe, but to markets in Latin America, Asia, Africa and the countries of the former Soviet Union. Colombian cocaine syndicates have established distribution centers on every continent, as international drug trafficking becomes more sophisticated every year. Now, Italian, Turkish, Russian and Nigerian crime syndicates, to name but a few, vie for a share of the business. The relatively straightforward flow charts of trafficking routes of a decade ago have been replaced by a

complex web of nodes and lines, linking virtually every country in the world to the main drug production and trafficking centers.

The drug trade is adept at searching out and adapting to new opportunities. It is taking advantage of shifts in enforcement initiatives, along with trafficking and consumption patterns, as the lines blur between cocaine- and heroin-consuming countries. We are observing more dual drug use, with addicts combining cocaine and heroin to offset each drug's respective stimulant and depressant effects. National tastes are also changing. Europe, once the preserve of the heroin trade, has developed an unhealthy and growing appetite for cocaine. This is especially true for Eastern Europe and Russia, where cocaine sells for up to \$300 per gram, three times the average cost in the United States. North America, in turn, has rediscovered heroin, as cocaine use has declined sharply (between 1985 and 1996, the number of cocaine users dropped 70 per cent, from 5.7 million to 1.7 million estimated users). Although heroin use has not been rising proportionately, the Colombian drug syndicates' major investment in heroin production indicates that they foresee an important market for heroin in the United States, most likely by promoting dual use of cocaine and heroin by consumers. Given the drug trade's past successes in anticipating trends, this is a disturbing development.

We have also witnessed an evolutionary process in the way drug syndicates are conducting their international operations. In the 1980s, Mexican trafficking organizations provided the Colombian trafficking syndicates with drug transportation services from Mexico to the Southwest region of the United States. Colombians paid the Mexican trafficking organizations from \$1,500 to \$2,000 for each kilogram of cocaine smuggled into the United States. During the 1990s, Colombian and Mexican trafficking organizations established a new arrangement allowing the Mexicans to receive a percentage of the cocaine in each shipment as payment for their transportation services. The "payment-in-product" agreement enabled Mexican organizations to become involved in the wholesale distribution of cocaine in the United States. Prior to this, the United States wholesale cocaine trade was controlled exclusively by the Colombians.

The drug trade, while powerful, is far from omnipotent. It is vul-

nerable on many fronts. It needs raw materials to produce drugs, complex logistic arrangements to move them to their destination, cadres of professionals to run the technical and financial aspects of its operations, and some means of making its profits legitimate. Above all, it needs the protection of a reliable core of corrupt officials in all the countries along its distribution chain. Repeated attacks on every front, even if seemingly insignificant by themselves, cumulatively are responsible for keeping the drug trade in check. Viewed out of context, the many achievements of individual countries may seem insignificant. Many never come to the attention of the press. The routine drug seizures, the jungle drug labs or airstrips destroyed every day, the arrests of corrupt officials, or the improved performance of courageous police and judicial authorities receive at best only fragmentary coverage in world media. Yet, as we have seen, cumulative effort and cooperation pay off. Ultimately it will be the sum of these small steps that will allow us to make lasting gains at the drug trade's expense.

The most powerful weapon in fighting the drug trade is an intangible political will. A first-class anti-drug force, equipped with state-of-the-art police and military hardware, cannot succeed without the full commitment of the country's political leadership. Where political leaders have had the courage to sacrifice short-term economic and political considerations in favour of the long-term national interest, we have seen the drug trade weaken. Where they have succumbed to the lure of ready cash, the drug syndicates have prospered accordingly.

Contrary to the image that the large drug syndicates cultivate, they are far from invincible. The syndicates' prosperity hinges on establishing a *modus vivendi* with a weak or complacent government. In exchange for the short-term benefits of large infusions of drug money into the economy (or into their personal or political treasuries), corrupt government officials can limit counter-narcotics operations to those sectors least likely to harm trafficking interests. For example, the government of a major drug cultivation country can focus on interdiction rather than eradication. In a major drug refining country, government forces may eradicate some crops while allowing drug syndicates to exploit corrupt enforcement and timid

judicial systems. In offshore financial centers, officials may launch anti-trafficking campaigns while promoting bank secrecy and lax incorporation laws that facilitate money laundering. In every instance, the price of these short-term gains is the long-term entrenchment of drug interests. Consequently, a basic objective of United States anti-drug policy is to prevent drug interests from becoming entrenched by strengthening political will in key source and transit countries. For where political will is weak, corruption sets in, vitiates the rule of law and puts democratic government at risk.

When we fight the drug trade we are also fighting political corruption. The drug trade feeds upon the social, economic and moral decay that corruption fuels. Drug syndicates wield a powerful instrument for subverting even relatively strong societies: a money machine. Like modern-day Midases, they transform an intrinsically cheap and available commodity (e.g., coca leaves) into an almost inconceivably remunerative product. In terms of weight and availability, there is currently no commodity more lucrative than drugs. They are relatively cheap to produce and offer enormous profit margins that allow the drug trade to generate criminal revenues on a scale without historic precedent. Assuming an average retail street price of \$100 a gram, a metric ton of pure cocaine has a retail value of \$100 million on the streets of a United States city — two or three times as much if the drug is cut with adulterants. By this measure, the 100 or so metric tons of cocaine that United States law enforcement agencies typically seize each year are theoretically worth as much as \$10 billion to the drug trade — more than the gross domestic product of many countries. Even if only a portion of these profits returns directly to the drug syndicates, we are still speaking of hundreds of millions, if not billions, of dollars. To put these sums into perspective, the overseas component of the United States Government's budget for international drug control operations is approximately \$1.5 billion. In dollar terms, that equates to approximately 15 metric tons of cocaine; the Mexican drug cartels have lost that much in a shipment or two and barely felt the loss. Such inordinate wealth gives the large trafficking organizations an almost unlimited capacity to corrupt. In many ways, they are a less obvious threat to democratic government than many insurgent move-

ments. Guerrilla armies or terrorist organizations openly seek to topple and replace governments through overt violence. The drug syndicates only want to manipulate governments to their advantage and guarantee themselves a secure operating environment. They do so by co-opting key officials. A real fear of democratic leaders should be that one day the drug trade might take *de facto* control of a country by putting a majority of elected officials, including the president, directly or indirectly on its payroll. Though it has yet to happen, there have been some disquieting near-misses. By keeping the focus on eliminating corruption, we can prevent the specter of a government manipulated by drug lords from becoming a reality.

Demand reduction must also be an integral part of the global response. The need for demand reduction is obvious, since escalating drug use and abuse continue to take a devastating toll on the health, welfare, safety, security and economic stability of all nations. In the United States, illegal drugs kill 20,000 of its citizens and cost its society almost \$70 billion every year. Changing patterns of drug abuse, supply and distribution compound the problem, at the same time as international drug syndicates and gangs are carrying out ever more ruthless, vigorous and sophisticated marketing techniques and strategies. The United States response has been a comprehensive, balanced and coordinated approach in which supply control and demand reduction reinforce each other. Our demand reduction strategy integrates a broad spectrum of initiatives. These include efforts to prevent the onset of use, intervention at “critical decision points” in the lives of vulnerable populations to prevent both first use and further use, and effective treatment programs for the afflicted and addicted. Other aspects encompass education and media campaigns to increase public awareness of the deleterious consequences of drug use/abuse and community coalition-building. Coalitions are necessary in order to mobilize public and private social institutions, the faith community, and law enforcement entities in targeted campaigns against drugs. Our national strategy also provides for evaluations of the effectiveness of these efforts and for research studies to find better ways of reducing demand.

The results suggest that we are on the right path — that of multi-

lateral cooperation. In the year ahead, we will build upon past gains by pressing the drug trade at every point — targeting drug syndicates, reducing drug cultivation, destroying labs, disrupting the flow of the necessary processing chemicals, interdicting large drug shipments and attacking drug money flows. Though we cannot neglect any stage in the process, we know that we can inflict the most lasting damage at the crop cultivation and financial operations stages. We have seen over the past year how cooperative ventures can pay off in reducing drug crop cultivation. Now we must strengthen these programs and beef up our collective efforts to obtain comparable gains against the illegal drug conglomerates' financial operations.

The international anti-drug effort has too much at stake to give up any of the precious gains we have made in the past few years. As one of the countries most affected by illegal drugs, the United States will continue to provide leadership and assistance to its partners in the global anti-drug effort. Yet ultimately the success of this effort will hinge not on any one nation, but on the collective actions, commitment and cooperation of the other major drug-affected governments. The United States will help where it can, but each government must muster the necessary political will to shield its national sovereignty from drug corruption, by enacting effective anti-drug legislation and protecting its judicial, law enforcement and banking institutions. In democracies, the drug trade flourishes only when it can divide the population and corrupt institutions. It cannot withstand a concerted, sustained attack by a coalition of nations individually committed to its annihilation. It is precisely this kind of coalition that can make a difference. The United Nations, the Organization of American States, the European Union and other multilateral organizations must continue to be a part of the global response.

*Barry R. McCaffrey was director of the White House Office of National Drug Control Policy of the United States.

Source: McCaffrey, Barry R., "Needed: Tangible Political Will," *United Nations Chronicle*. Online Edition 35 no. 2 (1998).

<<http://www.un.org/Pubs/chronicle/1998/issue2/0298p10.html>>

QUESTIONS FOR DEBATE

1. Does the fact that major drug producing nations are usually at the periphery of the international community make concerted multilateral action in reducing drug consumption ineffective?
2. Are the individual drugs seizures, destruction of labs and airstrips, arrests of corrupt officials and other “small steps” proof that interdiction efforts will eventually succeed, or do they demonstrate the futility of supply-side policies?
3. Must the United States force other countries to comply with its version of drug policy for supply reduction to be successful? Is this imperialism?

The International War on Drugs

*by the Cato Institute**

For years, the United States has attempted to fight the war on drugs by aiding foreign producer nations and raising trade barriers against countries who it judges are not cooperating in counternarcotics efforts. In the following article, the libertarian Cato Institute asserts that “Washington’s international drug war has failed by every measure.” The Institute urges the United States to acknowledge that narcotics abuse is a domestic social problem, abandon its current international drug policy, and encourage the growth of legal trade from supply nations in order to give these nations an alternative to the drug trade.

Congress should

- repeal the Anti-Drug Abuse Acts of 1986 and 1988 and all legislation requiring the United States to certify drug-source countries’ cooperation in counternarcotics efforts,
- declare an end to the international war on drugs, and
- remove U.S. trade barriers to the products of developing countries.

Washington’s international drug control campaign exhibits every flaw inherent in the worst forms of central planning. The war on drugs — a program whose budget has more than tripled over the last 10 years — has failed remarkably in all aspects of its overseas mission.

Most telling, illicit drugs continue to flow across U.S. borders, unaffected by the more than \$30 billion Washington has spent since 1981 in its supply-side campaign. The purity of cocaine and heroin, moreover, has increased, while the prices of those drugs have fallen dramatically during the same period.

The U.S. government has not only federalized the social problem of drug abuse by treating narcotics use as a criminal offense; it has intruded into the complex social settings of dozens of countries around the globe by pressuring foreign governments to adopt laws and policies of its liking. In the process, Washington has severely aggravated the political and economic problems of drug-source nations. Counternarcotics strategy thus conflicts with sound foreign policy goals, namely the encouragement of free markets and democracy in developing countries. For countless reasons, the international drug war is both undesirable and unwinnable.

Failure on Three Fronts

One component of the supply-side campaign, heavily emphasized by the Reagan and Bush administrations, has been interdiction of drug traffic coming into the United States. That approach has been ineffective at reducing the availability of cocaine and heroin because authorities seize only 5 to 15 percent of drug imports and because traffickers easily adapt to such disruptions by using new smuggling innovations and routes. In an implicit recognition of the failure of interdiction efforts, the Clinton administration began favoring strategies that focus on drug-producing countries. "It is more effective to attack drugs at the source of production where illicit production and transportation activities are more visible," former Clinton drug czar Lee Brown contended, "and thus more vulnerable."

Yet there was little reason to believe that an approach that emphasized eradication, crop-substitution, and interdiction efforts in drug-source countries would be more successful than interdiction of drugs along transit routes. Indeed, by early 1996, Gen. Barry McCaffrey, soon to become Clinton's new drug czar, conceded that the new strategy had not made "an operational difference."

A principal reason that supply reduction efforts cannot be expect-

ed to affect the use of cocaine, for example, lies in the price structure of the illicit drug industry. Smuggling costs make up only 10 percent of the final value of cocaine in the United States. Those costs, combined with all other production costs outside the United States, account for only 13 percent of cocaine's retail price. Drug traffickers thus have every incentive to continue bringing their product to market; they view eradication and interdiction as a mere cost of doing business. Moreover, even if such efforts were successful at raising the price of coca paste or cocaine in drug-source countries, their effect on the final price of cocaine in the United States would be negligible. As analyst Kevin Jack Riley has observed, "Using source country price increases to create domestic scarcities is similar to attempting to raise glass prices by pushing sand back into the sea."

The efforts of international drug warriors are also routinely frustrated by drug traffickers' dynamic responses to counternarcotics policies. Already expecting interference in their business, traffickers build redundant processing facilities in case current ones are destroyed, for example, or stockpile their product inside the United States in case of smuggling interruptions. The massive resources available to the \$300 billion global illicit drug industry also enable it to react to counternarcotics strategies with ease. At best, drug war "victories" are ephemeral as the industry accommodates itself to new conditions. That situation has reduced U.S. officials to citing drug seizure figures or expressions of political will by foreign governments as important gains in the U.S.—orchestrated war on drugs.

The evidence from the field is less compelling. According to the State Department's annual *International Narcotics Control Strategy Report*, the total area planted in coca from 1987 to 1995 grew from 176,000 hectares to 214,000 hectares, dropping subsequently to 183,000 in 1999. The area planted in opium poppy, mostly in South Asia, more than doubled from 112,585 hectares to 249,610 hectares from 1987 to 1996 and fell to 178,755 in 1999. The decreases in recent years have resulted from a combination of oversupply, intensified crackdowns on coca-growing regions in Peru and Bolivia, and a fungus that has attacked the coca plant. However, since those figures do not reveal important qualitative information, they can be mislead-

ing. For example, the destruction of less-productive older plants and the cultivation of new, more-productive plants are not captured by those data.

Indeed, the State Department's estimates of net production of illicit drug crops illustrate the futility of its overseas campaign. From 1987 to 1996, opium production increased from 2,242 metric tons to 4,285 metric tons, dropping to 3,072 metric tons in 1999. Yet as the State Department itself concedes, although "total potential worldwide opium production in 1999 was at its lowest point in a decade and a half, the approximately three thousand metric tons potentially available were more than enough to supply global heroin demand many times over." And despite increased eradication efforts — the U.S. government pressures source-country governments to eliminate drug crops by spraying pesticides, slashing illegal plants, or burning peasants' fields — coca leaf production increased from 291,100 metric tons in 1987 to 613,400 metric tons in 1999. Peasant farmers still view illegal drug cultivation as advantageous despite coercive drug control measures.

Less coercive schemes have also been tried. Crop-substitution and alternative development programs, for example, seek to encourage peasants to join the legal market in agriculture or other sectors. U.S. aid finances infrastructure projects, such as roads and bridges, and subsidizes the cultivation of legal agricultural goods, such as coffee and corn.

Here, too, serious obstacles and unintended consequences undermine the best-laid plans of Washington and the governments of drug-source countries. Coca plants, for example, grow in areas and under conditions that are thoroughly inhospitable to legal crops, making a switch to legal alternatives unrealistic. (Only 5 to 10 percent of the major coca-growing regions in Peru and Bolivia may be suitable for legal crops.)

Farmers can also earn far higher returns from illicit plants than from the alternatives. For that reason, even when they enter crop-substitution programs, peasants often continue to grow drug plants in other areas. Ironically, in such cases, the U.S. government subsidizes the production of illegal drugs.

Indeed, programs that pay peasants not to produce coca can have other effects policymakers did not anticipate, as analysts Patrick Clawson and Rensselaer Lee point out: "The voluntary programs are similar to the crop acreage reduction program that the U.S. government uses to raise the income of wheat farmers. It is not clear why Washington thinks that a crop reduction program raises the income of Midwest wheat farmers but lowers the income of Andean coca farmers. In fact, in both cases, the crop reduction program really is a price support program that can raise farmer income."

The drug industry also benefits from improved infrastructure. One World Bank report reviewed road projects, funded by the World Bank, the U.S. Agency for International Development, and the Inter-American Development Bank, in coca-growing regions in Peru. "While the roads were useful in expanding coca production, they have severely hampered the development of legal activities." It is interesting to note that the major coca-growing regions in Peru and Bolivia — the Upper Huallaga Valley and the Chapare, respectively — were sites of major U.S.-funded development projects in previous decades.

Finally, even if alternative development programs were able to raise the prices of legal crops so that they exceeded or were at least competitive with the price paid for illegal crops, that situation could not last. The cost of growing coca, for example, represents such a small fraction of the final value of cocaine — less than 1 percent — that the illicit drug industry will always be able to pay farmers more than the subsidized alternatives could command.

Coerced Cooperation

The main components of the international narcotics control campaign have produced dismal results and hold little promise of improvement. Although that reality may be well recognized by drug-source nations, U.S. law ensures that most of those countries' governments comply, however reluctantly, with U.S. demands. The Anti-Drug Abuse Acts of 1986 and 1988 condition foreign aid and access to the U.S. market on the adoption of narcotics control initiatives in foreign countries.

That legislation directs the president to determine annually whether drug-producing and drug-transit countries are fully cooperating in the U.S.-led drug war. The certification procedure employs a series of trade and aid sanctions and rewards intended to gain that cooperation. If the president decertifies a country, or if Congress rejects the president's certification, the United States imposes mandatory sanctions that include the suspension of 50 percent of U.S. aid and some trade benefits. Discretionary sanctions may include the end of preferential tariff treatment, limits on air traffic between the United States and the decertified country, and increased duties on the country's exports to the United States.

U.S. Policy Is Not Just Ineffective

Efforts to "get tough" on drug-producing nations have caused an increase in violence and corruption, distorted economies, and undermined fragile democratic governments and elements of civil society. As long as drugs remain outside the legal framework of the market and U.S. demand continues, the enormous profit potential that results not only makes eliminating the industry impossible but makes the attempts to do so thoroughly destructive.

That Washington's prohibitionist strategy — and not the narcotics trade per se — may be responsible for the problems usually associated with drug trafficking, however, is not something U.S. officials care to acknowledge. Instead, patronizing statements are more typically heard. For example, Robert Gelbard, former assistant secretary of state for international narcotics and law enforcement affairs, explained to a subcommittee of the House International Relations Committee in 1995 that, "thanks to U.S. leadership, more governments than ever are aware of the drug threat and have expressed their willingness to combat it."

In a perverse way, of course, Gelbard was right. To the extent that drug-source countries have engaged in the U.S.-led crusade against drugs, they have suffered the consequences. Colombia, the principal target of Washington's international drug control campaign, has over the years seen its judicial, legislative, and executive branches become steadily corrupted by the drug trade. Crackdowns on leading traffick-

ing organizations have produced widespread violence and even dismantled cartels, but they have not affected the country's illicit export performance.

The pervasive influence of the illegal drug industry in Colombian society, and the Colombian government's apparently insufficient efforts to escalate the war against traffickers, led to Clinton's 1996 and 1997 decertification of that country. In 1998 Colombian journalist Andres Cavelier complained that the decertifications had caused the private sector to suffer: "Because of threats of economic sanctions, legitimate sectors such as the flower industry have been obliged to hire expensive public relations firms to lobby official Washington against the imposition of sanctions."

Colombia's efforts to convince the United States that it wishes to cooperate in the fight against narcotics led Bogotá to undertake coca eradication and other counternarcotic initiatives. Those initiatives have created resentment among peasant populations, who have consequently increased their support of major guerrilla groups, and have reinforced the business relationship between drug traffickers and the rebels who protect illicit drug operations. Indeed, Colombia's various guerrilla organizations earn anywhere from \$100 million to \$150 million a year from drug-related activities.

Furthermore, the escalation of the drug war has provoked a wave of guerrilla violence that has destabilized Colombia and successfully displaced government authority in large parts of the country. "If you can single out one act that has played a decisive role," Defense Minister Juan Carlos Esguerra explained as far back as 1996, "I have no doubt that it is our frontal offensive against narco-trafficking in the southeast of the country."

The United States has responded by increasing, in 2000, aid to Colombia to \$1.3 billion, most of which will aid the military, renowned for human rights abuses and links to paramilitary groups. Washington has also sent to Colombia U.S. personnel, including 83 Special Forces trainers and some 300 advisers from the Central Intelligence Agency, the Drug Enforcement Agency, the Defense Intelligence Agency, and other U.S. agencies. Because the drug war has helped blur the line between the illicit drug industry and various

insurgent groups, U.S. anti-narcotics aid is increasingly being used to fight the long-standing guerrilla movement — a use that not only violates U.S. law but is also dragging the United States into Colombia's messy political and social setting.

The U.S.-orchestrated drug war in Colombia and elsewhere has thus weakened civilian rule, strengthened the role of the military, and generated financial and popular support for leftist rebel groups. In Peru, for example, the Maoist Shining Path guerrillas received up to \$100 million per year during the 1980s from their marriage of convenience with drug traffickers. That situation prompted Harvard economist Robert Barro to suggest that "the U.S. government could achieve pretty much the same results if it gave the aid money directly to the terrorists."

The crippling of the Shining Path came only after the Peruvian government suspended coca plant eradication programs and concentrated its efforts on anti-terrorist activities and market liberalization. Unfortunately, the administration of President Alberto Fujimori abrogated the constitution in 1992 in a move intended to fight the rebel groups and institutional corruption, problems nourished by the drug war. Peru has since reintroduced democratic rule (albeit tenuous) and initiated further market reforms. Renewed U.S. efforts to get tough on Peru (the country did not receive full certification in 1994 or 1995), however, may compromise those successes. In early 1996, for example, Peru resumed coca eradication and other traditional anti-narcotics efforts despite Fujimori's 1993 statement that the long-standing "Peruvian-American anti-drug policy has failed."

Latin American societies are not the only ones threatened by the global prohibitionist model. Illegal opium production takes place in Pakistan, Afghanistan, China, India, Thailand, Vietnam, Burma, and other countries in South and Central Asia. Many of those nations are struggling to become more market oriented and establish the foundations of civil society. U.S. supply-reduction efforts are increasingly focusing on countries that produce those drugs. Yet, if aggressive prosecution of the drug war has managed to undermine relatively well rooted democracies such as Colombia's, there is every reason to believe that U.S. drug policy in Asia may be even more reckless.

Mexico provides perhaps the most urgent warning to leaders of Washington's anti-narcotics crusade. Major Mexican drug cartels gained strength and influence as the U.S.-led interdiction campaign in the Caribbean, which began in the mid-1980s, rerouted narcotics traffic through Mexico. Unfortunately, the result has been a sort of "Colombianization" of Mexico, where drug-related violence has since increased. The 1993 killing of Cardinal Juan Jesus Posadas in Guadalajara, the assassinations of top ruling party officials, and the discovery of hundreds of millions of dollars in the overseas bank accounts of former president Carlos Salinas's brother all appear to be connected to the illicit drug business. The 1997 arrest and subsequent conviction of Mexican "drug czar" Gen. Jesus Gutierrez Rebollo for protecting drug traffickers and the later indictment of the governor of the state of Quintana Roo only confirmed that the illicit industry has managed to corrupt government officials at the highest levels.

The destabilization of Mexico is especially unfortunate because of the country's efforts at economic and political liberalization. Unlike its treatment of Colombia, however, Washington has consistently granted Mexico full certification despite evidence of narcocorruption throughout the Mexican government. The inconsistency of U.S. drug policy toward the region is plain, but the internal contradictions of U.S. foreign policy would probably become too conspicuous were Washington to threaten sanctions against a partner in the North American Free Trade Agreement. An increasingly unstable Mexico also has serious implications for the United States. If Mexico experienced the level of social violence and volatility seen in Colombia or Peru, for instance, the United States would be directly affected — a development that would almost certainly provoke Washington's increased involvement in Mexico's complex domestic affairs.

The uneven standard by which Washington certifies nations is even more obvious when one looks outside Latin America. Where Washington has little or no influence, it is not hesitant to decertify a country — as has consistently been the case for Iran, Burma, and Syria. Yet, as the Council on Foreign Relations points out: "Iran pursues a vigorous drug control effort, forcibly eradicating opium crops,

seizing large stocks of drugs, arresting users, and executing traffickers. By contrast, Russia is both a substantial opium producer as well as a transit country and money laundering center of growing importance but it is not included on the list of countries requiring annual certification." U.S. officials are fortunately, though far too slowly, recognizing that the certification process is not serving U.S. interests. For example, in 1997 Assistant Secretary of State for Inter-American Affairs Jeffrey Davidow referred to the procedure as an "unnecessarily traumatic yearly ritual." In 1998 McCaffrey said, "In five years, we will bury the certification," a sentiment he repeated in 2000 when he said, "The certification process is slowly disappearing."

Finally, Washington has not only created severe difficulties for drug-producing nations, its drug control efforts have helped disperse the narcotics industry to countries that might otherwise have avoided such penetration. Venezuela, Argentina, and Brazil, for example, have seen an upsurge in drug-related activity. Similarly, international disruptions in the various stages of illicit drug production have encouraged local traffickers to be self-sufficient in all stages of production. For example, the recent crackdown on Colombia's Cali cartel, which has temporarily depressed coca prices in Peru, has prompted the Peruvian industry to enter more advanced stages of cocaine production. More dramatic, while supply reduction initiatives have temporarily reduced coca production in Peru and Bolivia, in recent years those efforts have resulted in a nearly 150 percent increase in coca cultivation in Colombia, making it the world's largest producer of the crop.

Toward a Constructive Approach

Washington's international drug war has failed by every measure. Production of drugs in foreign countries has increased, and the flow of drugs to the United States has continued. The Council on Foreign Relations notes, "For twenty years, these programs have done little more than rearrange the map of drug production and trafficking." In fact, the impact of U.S. narcotics control policies is even worse, severely aggravating political, economic, and social problems in developing countries. Attempts to escalate the drug

war, even in a dramatic way, will do little to change those realities.

Similarly, a more multilateral approach to fighting the drug war — through the United Nations or the Organization of American States, for example — will not work. Involving more governments and bureaucracies may marginally deflect political criticism away from the United States, but that approach cannot solve the fundamental problems created by prohibition: corruption, political violence, the destruction of civil society, the distortion of economic activity, and so on. The multilateral strategy will have especially low credibility if international organizations present wildly unrealistic solutions, such as the UN's 1998 plan to eliminate global drug production in 10 years.

Washington should instead encourage the worldwide shift away from statism toward the creation of markets and civil society by ending its international crusade against drugs and opening its markets to drug-source countries' legal goods. Doing so will hardly affect U.S. drug consumption, but it would at least be a recognition that narcotics abuse is a domestic social problem that foreign policy cannot solve.

Suggested Readings

- Carpenter, Ted Galen. "Ending the International Drug War." In *How to Legalize Drugs*. Edited by Jefferson M. Fish. Northvale, N.J.: Jason Aronson, 1998.
- Clawson, Patrick L., and Rensselaer Lee III. *The Andean Cocaine Industry*. New York: St. Martin's, 1996.
- Council on Foreign Relations. *Rethinking International Drug Control: New Directions for U.S. Policy*. New York: Council on Foreign Relations, 1997.
- Riley, Kevin Jack. *Snow Job? The War against International Cocaine Trafficking*. New Brunswick, N.J.: Transaction, 1996.
- Thoumi, Francisco. *Political Economy and Illegal Drugs in Colombia*. Boulder, Colo.: Lynne Rienner, 1995.

— Prepared by Ian Vásquez

*The Cato Institute is a non-profit policy research foundation in Washington, D.C.

Source: Cato Institute. *Cato Handbook for Congress: Policy Recommendations for the 107th Congress*. Washington, D.C.: Cato, 2001, pp. 581–590.

QUESTIONS FOR DEBATE

1. Is the U.S. drug policy a form of colonialism?
2. Is Kevin Jack Riley's metaphor about glass prices an effective comparison to supply-side drug control efforts?
3. How does the Cato Institute support the contention that "the drug industry...benefits from improved infrastructure"?

AMERICA'S INTERNATIONAL WAR ON DRUGS

*by National Public Radio**

In the following transcript of Talk of the Nation, a National Public Radio program, five experts discuss the question: Has the war on drugs failed? In so doing, they present an excellent overview of U.S. drug policy, the arguments from both the supply and demand reduction schools, and an assessment of U.S. progress in combating drugs.

From Georgetown University Law Center in Washington, DC, this is TALK OF THE NATION. I'm Juan Williams.

WILLIAMS (host): The war on drugs has its roots in a real war. When thousands of Vietnam War vets came home addicted to heroin, there was pressure on the federal government to take action. President Nixon's response was to use diplomatic pressure to shut down opium production in Turkey, which was the source of the famous French Connection that brought large quantities of heroin to America. The strategy worked as heroin production in Turkey declined and an international police effort broke up the French Connection. Meanwhile, methadone clinics became widely available in America to help addicts get off of heroin.

Unfortunately, nothing in the world of illegal drugs stays the same for long. The profits are too great. Heroin production shifted to Southeast Asia, Afghanistan and Mexico. The 1980s saw cocaine, much of it produced in Colombia, become the new illegal drug of choice in America. In a new war on drugs, President Reagan tried to

seal the borders by spending millions of dollars on interdiction. President Bush ordered the 1989 invasion of Panama, partly because of General Noriega's involvement in drug trafficking. More recently, President Clinton gave Colombia \$1.3 billion to battle drug traffickers. The administration also plans to send trainers to work with the Colombian police and military to battle drug trafficking. Critics are loudly condemning this escalation by calling it another potential Vietnam, in which the US becomes slowly entangled in a war.

Since 1981, Americans have spent \$25 billion on efforts to control foreign drug traffic. In a 1995 survey, 85 percent of the American public believe that stopping the flow of illegal drugs should be our most important foreign policy goal. Yet illegal drugs are now cheaper and more plentiful than ever. So is it time to rethink our international drug policy?

We're here at Georgetown University Law School today as part of a symposium examining America's anti-drug policies. It's a collaboration between NPR News and the PBS series "Frontline." Next week, both "Frontline" and NPR will air special reports on the question we're discussing today: Has the war on drugs failed?

My guests are Raymond Kelly, commissioner of US Customs; Matthew Maher, former director of international operations of the Drug Enforcement Administration, the DEA; and Mathea Falco, president of Drug Strategies. She's former Assistant Secretary of State for international narcotic matters. Join the conversation. Our number is 1-(800)-989-8255. That's 1-(800)-989-TALK. Our e-mail address is totn@npr.org.

Mathea Falco, let me begin with you. As the president of Drug Strategies, a former Assistant Secretary of State for international narcotics matters, I wonder if you can tell me if there was ever a time when America succeeded in battling drugs?

Ms. MATHEA FALCO (President, Drug Strategies): Juan, I think we reached our best moment right after the break up of the French Connection in the middle '70s, the late '70s, but it was a very brief respite. And essentially what happened is that other sources of production and trafficking routes opened up. The market is so powerful, the demand for drugs is so strong that we have seen tragically over

the past 20 years that this kind of market will always encourage people to go heavily into production and traffic.

WILLIAMS: Well, Ms. Falco, one of the interesting things is no matter what you may think or I may think about Richard Nixon, was that his response did not require military involvement. He used diplomatic means to put pressure on Turkey, and he had help here at home for those veterans who had become addicted in the form of methadone clinics. Was Nixon's strategy really a model then for a war on drugs?

Ms. FALCO: Well, I agree with Nixon that treatment should be the top priority in trying to reduce the drug problems in this country. I think we have a long history of trying to blame foreign countries for our own drug problems. And we have proved over and over again that foreign countries cannot solve our own drug problem. I'm a demand sider — I think we should be reducing the demand for the drug — not a supply sider and focusing almost entirely on reducing foreign supplies, which has proved impossible.

WILLIAMS: Raymond Kelly, as commissioner of US Customs, when you hear Mathea Falco talk about the impossibility of controlling the supply side of the equation, do you agree?

Commissioner RAYMOND KELLY (US Customs): Well, I can tell you that it certainly is a challenge. Trade has essentially doubled in this country in the last seven years. Obviously, it's a good thing for America. But every container, every ship that comes to our shores, potentially has narcotics on it. So it's presented a lot of challenges to us. But I know I'm kind of going against the tide here in the discussion that took place this morning, but there are some positive signs. If you look back in history, if you look back 20 years ago, we had about 25 million drug users in this country. ONDCP tell us now that...

WILLIAMS: What's that?

Comm. KELLY: Oh, I'm sorry. That's General McCaffrey's — the Office of National Drug Control Policy. They're kind of the oversight of a lot of different officers and statistical analysis entities. They say that we're down below 13 million now. So that is a significant decrease. Fifty percent as far as drug users. In the last 15 years, in 1985 we had 6 million cocaine users. Now total we have 2 million cocaine users.

Now nobody is here declaring victory. Obviously, major challenges lie ahead of us. But I think that is an indication that a difference is being made. This is a marathon; it's not a sprint. There's a long way to go, and I think as Americans, we want things to happen overnight. It's been going on a long time, that's true — certainly since the early '70s. I've been in law enforcement now for a long time and it's always been a part of my professional life. But I think if you look at those numbers, that it shows some indication that we're doing some things right.

WILLIAMS: Well, in fact, I have in my hand a piece that comes from The New York Times earlier — I was going to say earlier this month, but actually it's September. I have to remind myself that the calendar's changed. And it says here that General McCaffrey says that there has been a landslide of little noted statistics showing that domestic demand for drugs has plunged. Use of cocaine, both crack and powder, has decreased by 70 percent in the last 15 years. And he adds the consumption of all drugs by youths aged 12 to 17 went down 21 percent between 1997 and 1999. So what you're saying to us is that we are making progress and the war on drugs, the current war on drugs is a success.

Comm. KELLY: Well, I wouldn't label it a success. I mean, I think we're moving in the right direction. Obviously, there's a lot of drugs out there. You know, we've just revised our estimates of the cocaine crop coming from Colombia essentially has been doubled. So there's a lot of drugs out there. We now see...

WILLIAMS: You see them increasing.

Comm. KELLY: The crop that's being...

WILLIAMS: Production.

Comm. KELLY: ...produced in Colombia.

WILLIAMS: Is increasing.

Comm. KELLY: The — yes, it's increasing in the last five years. Not only has it increased, but our estimates for what it was has also increased. And we see a robust market being built up in Europe. This cocaine is going someplace. But I think if you do look back and take a wider view, you can see some successes.

WILLIAMS: Matthew Maher, let me ask you, you were at the

Drug Enforcement Administration for 27 years so you have some historical perspective on this matter. Do you think that we are winning this war on drugs or maybe, you know, you might say to me: 'Juan, that's the wrong question.'

Mr. MATTHEW MAHER (Former Director of International Operations, Drug Enforcement Administration): Well, Juan, I don't think it's the wrong question. I think it's an appropriate question. I would like to answer your question, first of all, by going back on how you started the segment.

WILLIAMS: Sure.

Mr. MAHER: By talking about the Nixon plan. The Nixon plan, I think, was one of the preeminent successes in dealing with the supply side issue. And it had in place at that time, all of the elements that I think all on the panel would agree with me. It had a demand side equation to it — element. It had a supply side equation to it. And it had, which was not mentioned in your exposition, a law enforcement approach to it as well. Not only did the Nixon administration succeed in reducing and severely curtailing opium production in Turkey, and the methadone maintenance programs in the United States being in place to take up some of the treatment facilities, but at the same time, international law enforcement cooperated to roll up the organizations that were involved in distributing the drugs. In a combined operation involving the United States, France, Italy, Canada and countries in Latin America, the French Connection groups were dismantled. And the proof of the success of that operation is they've never re-emerged. They've never come back.

I noticed that Ms. Falco talks about having been shifting now to the demand side and I think there's absolutely a strong demand component that needs to be put into it. I think the methadone programs during the French Connection years prove that you need that in place in order to deal with the consumer side. But at the same time, we do need to recognize that as long as there are unlimited supplies of drugs available, the demand equation is going to be severely frustrated in meeting its goals and objectives.

I don't seek to blame countries in the international area where drugs originate or tend to emerge. I would rather recognize their role

in the overall equation, and try to develop not only policies to deal with them, but also some strategic approaches to the drug problem.

WILLIAMS: Well, let me get this straight. You're saying that as long as the supply side continues to double — according to what Raymond Kelly was telling us a moment ago — its production, that no matter what we do here to try to limit the demand, we're going to be in trouble. That just as long as there's a plentiful supply of drugs, people are going to use drugs in the United States.

Mr. MAHER: I believe that's true almost totally, but you can make substantial impact on the demand side with drug education and rehabilitation and treatment. But on the prevention side, if there is unlimited supplies of drugs available, I think it's going to be a very, very difficult challenge. I know a lot of people will say and has been said that we'll never arrest our way out of the drug problem. And I agree with that. We won't. But I don't think we'll also demand our way out of the — or rehabilitate our way out of the problem. I think it needs to be done on a balanced equation on both sides.

WILLIAMS: A balanced equation, but Mathea Falco, what you're hearing here is the people are saying, 'As long as we fail to pay attention to the supply side, we're going to be in trouble. You must go out and try to interdict the supply of drugs coming into the United States.'

Ms. FALCO: Juan, what reductions have come in drug abuse in this country over the last decade have taken place in the face of rapidly increasing supplies and dropping prices. Heroin is now one-quarter of the street price of 1981. Its purity has escalated tenfold, and I think all the enforcement people in the world agree to that. So...

WILLIAMS: Let me ask Ray Kelly. Do you agree with that?

Comm. KELLY: Yes, I do.

WILLIAMS: And, Matthew Maher, is that right?

Mr. MAHER: Yeah. I agree with that as well.

WILLIAMS: OK.

Ms. FALCO: So what we've seen, in fact, is a change in attitude and understanding of the kinds of destruction that crack cocaine wreaked on so many neighborhoods and families in the '80s. So peo-

ple do learn from experience. But what I am trying to suggest is that treatment, in fact, is not available for everybody who needs it. Only one in three addicts in this country can get treatment. The criminal justice system, as we know all too well, is filled with people with drug abuse problems. In fact, probably 60 to 80 percent of those behind bars have some kind of serious drug problem. Those problems need to be addressed if we're going to make any lasting impact on drug use in this country and all the problems attendant to it.

WILLIAMS: Well, you know, Ray Kelly, one thing that strikes me, though, is even if we were to do something for people who are addicted, in terms of treatment, there's always going to be new people suffering from this problem as long as there are more and more drugs pouring into the country and as long as the drugs are cheaper, because we certainly have domestic problems — we have poverty here, things that I guess will make people more likely to use the drugs. So it seems almost as if it's an impossible equation, isn't it?

Comm. KELLY: Oh, I don't know. I think we can do a lot more as far as prevention is concerned, a lot more training. I think perhaps our target groups should be younger than they are now. We have training in schools. The fifth and sixth grade is the level where anti-drug education starts. I think we should explore the possibility of moving that down dramatically, even to Head Start level training. It's that serious a problem. And I think it has to start early on, earlier than it is now.

But I can tell you that parents resist that, because we talked about doing that in New York and parents don't want their children exposed to even the notion of drugs at such an early age. They say it's going to put that thought in their minds. So it's a controversial area, but I think we can do much, much more as far as education and training is concerned.

WILLIAMS: All right. We're going to take a short break right now. You're listening to a special TALK OF THE NATION from Georgetown University Law Center in Washington, DC. I'm Juan Williams.

When we return, we'll continue talking about the success and the failure of the international war on drugs. And we'll begin taking your

calls at (800) 989–8255.

At 21 minutes past the hour, it's TALK OF THE NATION from NPR News.

(Soundbite of music)

WILLIAMS: Welcome back to TALK OF THE NATION, today from Georgetown University in Washington, DC. I'm Juan Williams.

We're talking about the drug war and how it affects our foreign policy in this segment. We've been fighting the war on drugs now for 30 years. How do you judge it here in America? Is it a success or a failure? My guests are Raymond Kelly, US Customs commissioner; Matthew Maher, the former director of international operations for the Drug Enforcement Administration, the DEA; and Mathea Falco, president of Drug Strategies, a drug policy nonprofit organization.

Join the conversation. Our number here is (800) 989–8255. That's (800) 989–TALK.

Raymond Kelly, you've certainly heard all the criticism about the US sending money and troops into Colombia. What's the administration's response to people who worry that this is the camel's nose under the tent in terms of military involvement?

Comm. KELLY: Oh, I think the president has made that quite clear that this is certainly not extensive military involvement on the part of the United States. There's a cap on the number of advisers — I believe it's 60, maybe slightly more than that. This is a plan put together by Colombia. The US did not put it together. It's a \$7.5 billion plan. Colombia is contributing \$4 billion to it at a time when it has the worst recession in seven years. Two billion dollars is coming from Europe and Japan, and \$1.3 billion from the US. I think it's sound. I don't want to diminish \$1.3 billion. It's serious money. But if you compare what we spend on a lot of other areas, it really isn't that much. What it gives the Colombians is a — yes, a military component. Flexibility to get around in the areas where drugs are being grown. They've now moved to much more remote areas. In the plan is 46 helicopters, there's training by the US of two anti-drug battalions — only training. Clear prohibition against our forces being involved in any operation.

It also has a human rights component. It has an alternative devel-

opment program as far as alternative crops are concerned. It assists the police. I think it makes sense at this time. We can't abandon Colombia. And it certainly is, in my judgment, to US self-interest to contribute and help Colombia fight this nemesis.

WILLIAMS: Matthew Maher, you're a man who was director of international operations for the DEA. Does this plan make sense to you, or do you find some sympathy with critics who worry that, in fact, the United States is sort of heading down a slippery slope?

Mr. MAHER: Well, Juan, I think that the plan makes sense. The one thing about the plan that I do have a little bit of concern about is why it took us so long to get there. You know, the drug business is like pretty much any other business. It requires infrastructure in order to work. You need to have your raw material, you need to have your processing facilities, you need to have transportation, communications, financial programs. Whatever is necessary for a decent business, you have to have that. As the programs that were in place, the US government and Latin American programs that were in place to reduce production of coca in Peru and Bolivia, begin to take hold — and we saw them taking hold — I think we should have been preparing for the situation in Colombia. I don't think any of us deluded ourselves into believing that the drug problem was going to go away. And we knew that these trafficking organizations were going to find some other place to do it.

I really think that we do need to deal with it. We can't let this fire try to burn itself out in Colombia. I don't think that will happen. I think it will just begin to escalate and the enormous amount of drugs that's available now will increase.

WILLIAMS: But you said we have to do something, but you didn't say we have to become militarily implicated in trying to stop it. Does the militarization of an anti-drug effort make sense to you?

Mr. MAHER: Unfortunately, the situation in Colombia doesn't give us an awful lot of choices, I think. The alliance between the traffickers and some of the insurgent groups right now changes the profile of the drug problem. We're not talking about some traffickers in a remote jungle laboratory with a few armed gunmen to protect their operations. We're talking about sophisticated paramilitary forces with

weaponry, equipment and sophisticated tactics and techniques in order to deal with protecting that infrastructure.

The traffickers made the decision to go with them. The paramilitary groups accepted them. Now we're going to have to deal with them in the context in which they exist and that may require strong military presence.

WILLIAMS: Mathea Falco, what we're hearing from Raymond Kelly and Matthew Maher is that we just have to respond to the situation as it is. It requires military intervention. Would you agree?

Ms. FALCO: Well, I disagree. I think there are many reasons why the United States should be deeply concerned about Colombia. They're a long ally. We have many shared interests. It's an important democracy. But this assistance package is not going to make things better in Colombia, in terms of the long-term civil war among all these fighting factions. And more important, it will not have any impact at all in terms of the availability of drugs in this country.

And just to put this in context in terms of cultivation, in order to grow enough opium to supply the entire American heroin market for a year, we really only need 30 square miles, which is about the size of northwest Washington, DC. To grow enough coca to produce enough for the cocaine market here, we need an area the size one-third of the state of Rhode Island. That area can be found in many different parts of the world, and we're already seeing a spillover effect.

We've heard about the, I would say, slight reductions in production of coca in Peru and Bolivia. There's already spillover into neighboring countries: Brazil, Venezuela. We've seen this tragically, as I've said, for 25, 30 years, where one source is finally reduced and it often doesn't even stay that way. Other sources open up. And in fact in our own country, I might just footnote, that marijuana has become a major crop. It is still very much illegal here. But not...

WILLIAMS: Here in the United States.

Ms. FALCO: Here in the United States. It is a major source of revenue in many states. And I think that's well known and acknowledged by — certainly by the DEA. They've been troubled about this for a long time, and I think many of us have.

WILLIAMS: So what would you have us do? Throw our arms up

in the air and say we should stop efforts to halt the growth of cocaine and heroin supplies in Colombia?

Ms. FALCO: Juan, I don't think it's a hopeless situation. But I think we should focus on strategies that actually might work. And I think we are deluding ourselves in this country to think that any minor reduction — which by the way, the Colombians themselves don't see as coming anytime soon. It's not going to happen. And even if it did happen, 90 percent of the price of these drugs is added on after they come to this country. So even if you — in other words, only 10 percent of the street price of drugs in this country represents the cost of cultivating and smuggling the drugs.

So that means that even if you actually were able to cut the supplies by half, which nobody has even hoped for, you would have such a marginal impact on the price, which in turn would not affect behavior. I mean, cheap drugs encourage use. I mean, there are a lot of things we can be doing in this country. We haven't talked about them very much: expanded prevention as early as Head Start; treatment for every addict who needs it; more community-based efforts; more community coalitions with local law enforcement. There's a lot going on in this country that, in fact, is very helpful, and I think has contributed to the reductions in use that you mentioned earlier in the program.

WILLIAMS: So you would abandon that billion-dollar investment.

Ms. FALCO: I would certainly not direct it towards the military predominantly to buy, by the way, helicopters. I mean, that's where most of that money is going. This is not about addressing the very complicated situation in Colombia. It's not about really long-term building of civil institutions. There are a lot of problems there. I think this kind of military assistance will only make things worse for them and for us.

WILLIAMS: All right. Ray Kelly, how would you respond to that?

Comm. KELLY: I don't know of any experienced law enforcement person that doesn't think we need more treatment, more work on the demand side. No question about it. But I don't think we do it at the expense of interdiction. I think we need a balanced approach, as

Mattie Maher said before. I don't think it's an either/or situation.

And the question, you put it, Juan, it's not this what — What do we do? I mean, as I said, we need, I think, a consistent interdiction approach and policy. And I think we need to increase, yes, our funding for treatment, for prevention training, but not at the expense of interdiction, not at the expense of what I think is a reasonable plan. Again, \$1.3 billion sounds like a lot of money. We spend \$18.5 billion a year in the effort against drugs. We spend \$275 billion a year for a military; \$63 billion we spend for agriculture, agriculture subsidies.

So, you know, you can put it out in various forms, but I still submit that we need a balanced approach. As Mr. Maher said before, if you have this kind of uncontrollable amount of drugs, it really has to impact on all work that you're trying to do on the demand side.

WILLIAMS: But that billion dollars, how does it compare to what we spend in terms of drug treatment? Is it comparable?

Comm. KELLY: No. Well, on the demand side, it's about \$6 billion that's spent, but it's all across the lot. I think as Mathea said before, we're not reaching enough people. There's only 5 percent of prisoners who are in the federal system who are receiving treatment. This is a captive audience. Clearly, they should be getting more treatment. We saw drug use studies in New York — consistently, we have 80 to 90 percent of the people that are being arrested have drugs in their system. So your addicts, your users are in jail now. I think 5 percent of the prison population being treated is entirely too small. That's an area we can work on.

WILLIAMS: Does anybody on the panel know how it would compare in terms of our spending on interdiction vs. our spending on treatment?

Ms. FALCO: Well, the spending on treatment, according to General McCaffrey earlier today, is 3.8 billion in the budget coming forward, so the 1.3 is about a third. The 1.3 for Colombia is about a third of what we're spending just for treatment.

WILLIAMS: All right. Let's go to a question from the audience.

Mr. SANHO TREE (Institute for Policy Studies): Yes. My name is Sanho Tree from the Institute for Policy Studies. My question is this.

The drug trade evolves under Darwinian principles; that is to say the selection of the fittest. A response of prohibition and law enforcement ensure that the clumsy and inefficient are weeded out. How can we win the drug war if our own policies ensure that only the most effective traffickers survive? Are we, in effect, breeding super-traffickers?

WILLIAMS: Matthew Maher, why don't you respond to this as someone who has experience in trying to stop international drug trafficking?

Mr. MAHER: I don't know if I'd necessarily agree with the questioner's premise that we weed out the weak links and leave all the strong links behind. I think in examining the history of drug law enforcement, you'll find that substantial impact has been made at lots of levels. The kingpin program in Latin America served to impact very, very severely upon the major cartel operators in the '80s and into the early '90s. There are other experiences where you have large trafficking organizations who are able to keep operating because they're in political environments and in other countries where we don't necessarily have either a foreign policy in place to deal with it or the resources to root them out. But I think it's an ongoing process. We need to continually chip at the chain of drug traffickers. If we allow them to entrench themselves, then we allow them to become stronger.

And I think the cocaine epidemic and the cocaine problem that we face today is probably a good example of that. In the late '70s and in the early '80s, I don't know that the American government was properly focused on cocaine at that time. I think our emphasis was on heroin. These organizations began to grow, put down roots, became very, very strong. And we are now paying the price of trying to root them out today. As we attack the major organizations, they do begin to morph, they do begin to change, like any other business. If you find something impacting upon your business, you'll find another way to do it. That's why I said before they need certain infrastructure and they will go where that infrastructure is, or they will go to an area where they can create the infrastructure. So I don't necessarily agree that we're weeding out the weak links and letting the other ones get

stronger. I think that we are attacking them, but it's constantly changing, and new organizations are emerging.

WILLIAMS: All right. You're listening to TALK OF THE NATION from NPR News.

Let's go to Richard in Miami Beach, Florida. Richard, you're on TALK OF THE NATION.

RICHARD (Caller): Hi, Juan, how are you?

WILLIAMS: Fine, thanks. Richard, how are you doing today?

RICHARD: OK. And I'd like to greet you as a fellow graduate of Oakwood School, class of '59.

WILLIAMS: Well, I'm not that old, Richard, but thanks.

(Soundbite of laughter)

RICHARD: But I am. I saw you get your award there at the 40th reunion in '99. Congratulations.

WILLIAMS: Thanks, Richard.

RICHARD: I'm calling because one of my kids was one of those, quote, "weaklings" that was just talked about. She was involved with some friends. They got caught up in drug smuggling. They were what is commonly referred to as mules.

WILLIAMS: Looks like we're losing Richard's voice. I don't know what's going on there. Let me s...

RICHARD: OK. Can you hear me now?

WILLIAMS: Yes, there, you're back, Richard. Thank you.

RICHARD: OK. One of my kids was caught up in drug smuggling. She and her friends were what's known as mules. And what happens is that these kids are offered thousands of dollars to take what they consider to be a few days' luxurious vacation, and they end up in prison. My kid got out in less than a year, but one of her friends was caught in a foreign country for more than three years. None of the people that were locked up for drugs in this prison were major traffickers of any kind. They were all, quote, "weaklings, underlings," people who...

WILLIAMS: So you think — Richard, you think this drug war then is picking on weak links, and you think that the drug war is essentially then a farce?

RICHARD: Yeah. It is a farce because the people at the top levels,

the people who supply the wholesalers, who, in turn, supply the low-level couriers never seem to end up in prison. And, Juan...

WILLIAMS: All right. Let's see what the panel has to say about that. Thanks for your call, Richard.

Ray Kelly, is that true that the big guys never go to prison? It's always somebody's kid who was offered a free vacation or somebody who's poor and trying to make a fast buck?

Comm. KELLY: Well, it's difficult to go up the chain, no question about it. Clearly, there's insulation involved here where the major traffickers are putting lots of people between themselves and drugs hitting the street. But Richard's daughter was a victim. There are lots of victims in the — as a result of the drug problem we have in this country. I don't know what else law enforcement can do in this regard. If someone's bringing drugs into the country, knowingly bringing it in, it seems to me that they should be arrested and there should be a penalty assessed with that. But, yeah, you know, doing sophisticated investigations are a real challenge and get more difficult every day.

WILLIAMS: But you hear lots of complaints from people who say, 'Gosh, they're picking on the little guys, they're picking on poor people, minorities who are selling drugs on some street corner, but the big guys — you know, the white-collar guys who are capitalizing this venture, they never get tagged.'

Comm. KELLY: Well, they do. I mean, we've had some successful cases, Casablanca for one. We just had a big case with the DEA, Operation Journey, that involved 12 countries, a very sophisticated operation. It's not for a lack of trying, but there are lots of victims, and some of those victims are people who are just selling these drugs on the street. They're seller users. We've seen that since the beginning of the drug problem in this country.

WILLIAMS: Matthew, you wanted to jump in.

Mr. MAHER: Yes, Juan. You know, I don't think we can just sit back and say that these people are just victims. In some way, fashion or form, they're part and parcel of the overall problem because we can't sit by and tolerate or accept that we're going to allow people to, as the commissioner said, just bring drugs into the United States. At the...

WILLIAMS: But, Matthew, let me say something. What if you have mandatory sentencing, though, that is putting people in jail for small amounts while, as the caller suggests, the big guys never, ever are called to account? Doesn't that seem — I'm going to have to bring you back to answer that question. I apologize for that, but that seems to me a real quandary.

We're going to take a short break right now. When we return, we'll continue talking about the successes and failures of the 30-year war on drugs, and we'll take more of your calls at (800) 989-8255.

(Soundbite of music)

WILLIAMS: At 40 minutes past the hour, it's TALK OF THE NATION from NPR News.

(Soundbite of music)

WILLIAMS: Welcome back to TALK OF THE NATION, today broadcast from Georgetown University Law Center in Washington, DC. I'm Juan Williams.

Tune in at this time tomorrow for a look at designer babies. How will society respond as new technologies make it possible to choose traits in our children?

Today we're talking about how sometimes our trade policy is at odds with our war against drugs. What needs to be done? My guests are Raymond Kelly, US Customs commissioner; Matthew Maher, former director of international operations for the Drug Enforcement Administration; and Mathea Falco, former Assistant Secretary of State for international narcotics matters.

Join the conversation. Our number here is (800) 989-8255. That's (800) 989-TALK.

Matthew Maher, before the break, I was saying to you, it just seems unfair that the small fish — using that analogy — get caught up. But there's a question here — a caller who I think is going to put it in — it's his own language. Chris in Philadelphia, you're on TALK OF THE NATION. Chris?

CHRIS (Caller): Yeah. I wanted to comment that, you know, the people you have on your panel today can ring the alarm all they want. But the fact of the matter is that the horses are already out of the barn, and the war on drugs, as it's experienced by people in the

United States, is basically a war on poor people. Also, Americans...

WILLIAMS: Well, Chris, hang on.

(Soundbite of applause)

WILLIAMS: I think that's an important point, Chris, so let's get a response. Matthew, here is it, put in that way by Chris in Philadelphia, that it's a war on poor people.

Mr. MAHER: Well, unfortunately I think a lot of people are caught up — who are poor people are caught up in this problem. And the fact that people who are in the consumption end and in the retail distribution end of drugs seem to be getting caught up in greater and greater numbers is something that's just a reality of trying to deal with the problem. I don't think that Chris or anyone else would advocate the wholesale retail distribution of drugs on the streets of America, or the ability to leave a foreign country and import it, without some sort of penalty, to the United States.

Unfortunately, these lower-level dealers do get caught up, and they get caught up in aggressive law enforcement programs. And before we went to the break, you had talked about the mandatory minimums. And it's a very, very disturbing set of circumstances. Mandatory minimums, of course, were developed as a result of lots of political pressure put upon politicians and members of Congress and legislatures to deal with the drug problem, especially during the crack epidemic and the horrors that that brought forward.

Now the people who are out there and getting caught up in the system — they are basically victims of the system, but they're also victims of being involved in the drug traffic themselves. And they need to realize that there's certain levels of responsibility and certain things that they have to take to themselves. If the mandatory minimums are a problem, then I would suggest that the public that call for the strong drug laws and the political reactions that brought them about go back to their congressmen and go back to their senators and see what they can do about doing something to reconcile those.

WILLIAMS: You know, it just — on a human level, though, Matthew, aren't you taken aback when you read stories about, for instance, girlfriends of some drug dealer, and she helped him at one point but she's not a drug — and suddenly she's in jail for 25 years.

Doesn't it seem like a tragic waste of human life?

Mr. MAHER: It does. It does, indeed, Juan. And I was stationed in Southeast Asia, in Thailand, during the '70s, and at that time there was a great escalation of Southeast Asian heroin moving into the United States. And it was a very, very active market for American buyers. And couriers were being arrested all the time in Thailand and being put in jail. And if anyone knows about the jail system in Thailand, it's a very, very harsh system. Not that any jail is a good system, but it happens to be a very harsh system. And invariably the story was one in the same: 'I didn't know. I came here. I thought I was on vacation.' But when you looked at the whole sum and total of the evidence that these people were involved in, you found out that they really knew what they were doing, or they really had a good suspicion of what they were doing.

WILLIAMS: All right.

Mr. MAHER: They're looking for sympathy afterwards.

WILLIAMS: Let me go to another question from the audience.

Mr. MATTHEW FAY (Audience Member): Yes, my name is Matthew Fay. I've had four years of counternarcotics experience, and I'm currently a student here at the Law Center. If the number of US drug users has decreased dramatically, but the coca crop has been doubling in recent years, where is the excess cocaine going? I know the Coast Guard, over the last three years, has had record cocaine seizures, but that doesn't seem to have helped, as the panel was saying.

Comm. KELLY: We see an emerging market in Europe. And this case that I mentioned, Operation Journey, really underscored that. Drugs were going to 12 countries. The locus of this particular case was in Greece, but there were other European countries as well — Spain, France. And now, interestingly enough, the governments in Europe, who just, up until a few years ago, said, 'Well, that's your problem, US,' are now very much involved. And that's the reason that we got a lot of cooperation in this case, because they now see it on their doorstep. So part of the answer is this divergence of a significant part of the coca crop towards Europe.

WILLIAMS: So the lenient attitude that was once common in Europe towards drugs is now changing.

Comm. KELLY: It is changing, yes, absolutely.

WILLIAMS: Is that right, Mathea?

Ms. FALCO: Well, I think they now have the kind of problem that they saw we had a decade ago. I must say, I'm not quite as sanguine as some of your interlocutors here about the huge declines in American drug abuse problem. I think it's important to remember that the number of what we would call hard-core addicts has really remained very high. I think the official estimate that we've just heard from General McCaffrey is 5 million. I think it's probably closer to 6 or 7. Those are people whose consumption has not gone down, who are in serious trouble all of their lives about drugs and who can't, for the most part, get treatment unless they happen to be lucky enough to get to be one of the 5 percent who get treatment if they're unlucky enough to get picked up and locked up.

Two million people behind bars in this country. The numbers of people incarcerated are being driven by the drug problem. Incarceration is the least cost-effective way we have to deal with drug abuse.

WILLIAMS: Well, now help me, and I think help the listener, understand this. You're saying that there are about 6 million heroin addicts in the United States?

Ms. FALCO: Heroin and cocaine.

WILLIAMS: Heroin and cocaine?

Ms. FALCO: I mean — right.

WILLIAMS: OK. So both heroin and cocaine addicts. And their age is — it must be older, because what we've heard in terms of the statistics is that there's a declining use of drugs among teen-agers in the country.

Ms. FALCO: A very slight decline, and only in the last two years, Juan. And, in fact, the last survey showed that among 18- to 25-year-olds, drug use is going up. So we can always play with the numbers. And I don't mean to sound an alarm. What I am suggesting is that our current policies do not build on what we have learned quite painfully over the last 20 years, including mandatory minimum sentences, really don't work.

WILLIAMS: OK. Before we get back to the mandatory minimums, though, the addicts are then about what age? Are they people

in their 30s, their 40s, their 50s? Do these people — dying off?

Ms. FALCO: No, they tend to be younger, actually. By the time they get into their late-30s, they either have died or they've gotten worn out from the hustle. I mean, that's the prevailing wisdom. Would you say, Ray?

Comm. KELLY: Yeah.

Ms. FALCO: Yeah.

Comm. KELLY: But I think, you know, the numbers are a little fluid here. I think 6 million addicts is a pretty high number. I've seen a much lower number; hard-core heroin addicts under a million. And, as you say, cocaine users about 2 million. But we can...

WILLIAMS: But these are hard-core people. So what I'm hearing then is that the majority of drug use is casual drug use.

Comm. KELLY: That's true.

WILLIAMS: And who is engaged in this casual drug use? How would you describe this demographic?

Comm. KELLY: Well, for instance, ecstasy — we can talk about ecstasy, which is a new phenomena that's...

WILLIAMS: No, tell me about heroin and cocaine, 'cause that's what we're trying to stop.

Comm. KELLY: Well, there is an aging out, no question about it. People, you know, get out of that use. But it's not replaced, in my judgment, by as many people as are leaving. That's why, I think, the population is going down.

WILLIAMS: Now that's a key point of difference with you and Ms. Falco.

Comm. KELLY: Yes.

WILLIAMS: OK. And the problem as you see it is people are not being replaced, and so the demand side is decreasing. And, Mathea, you were saying you feel the demand side is still very strong.

Ms. FALCO: Absolutely. But I think the sort of deeper point here is these changes, whether they're decreasing rapidly or not so rapidly among casual users and/or hard-core users, the real point is that the supplies of illegal drugs in this country are higher now than they've ever been in our history, and they're much, much cheaper and more powerful.

WILLIAMS: All right.

Ms. FALCO: So whatever declines are occurring, are occurring in the face of, in fact, rapidly increasing supplies worldwide. So what does that tell us about looking to supply-side strategies to change behavior? In fact, I think the changes that have come in this country have been a result of education, prevention, changes in attitudes, learning from the tragic experiences of the crack cocaine epidemic. But I don't see the drug problem as solved in this country by any means. If everything were going so well, why are we spending \$20 billion next year to fight this war?

WILLIAMS: Well, I guess the argument would be...

(Soundbite of applause)

WILLIAMS: ...and I guess Ray Kelly or Matthew Maher could make it, that you want to decrease the supply.

Ms. FALCO: Well, I am a demand sider, Juan, and I hope that there are more and more people who understand that reducing demand is the only lasting way to address this problem.

WILLIAMS: All right. Let's go to another question from the audience.

Mr. ROBERT RYAN (Audience Member): My name is Robert Ryan from Maryland. I have to make a real quick comment on Mr. Kelly's pushing education down to the first-grade level and kindergarten. I, as a parent of four, would strongly oppose that. My comment...

WILLIAMS: Wait, wait. Why?

Mr. RYAN: I don't want them exposed to this.

(Soundbite of laughter)

WILLIAMS: But I think...

Mr. RYAN: The government's been a failure in this whole scenario. I mean, I'll teach my kids. I don't want the government teaching my kids.

(Soundbite of applause)

WILLIAMS: OK.

Mr. RYAN: If I remember my history correctly, J. Edgar Hoover, you know, had many minuses and pluses. But one of the things that he would not let the FBI enforce, if I recall correctly, is the drug laws.

He didn't want his troops sullied and dirtied and corrupted. Now we're on a program of engaging our military at home through the National Guard and through international efforts in our US Army, Navy, etc. I'm just wondering how long is it going to be before our military gets corrupted? I mean, there's an amazing amount of money here.

WILLIAMS: Matthew Maher, what do you think?

Mr. MAHER: Well, I think the involvement of the military in this battle against illicit drugs is a byproduct of the resource-intensive requirements in order to deal with it. Drugs have been declared as a national security issue in this country. I don't necessarily agree that that's a valid comparison. I mean, if it's a national security issue, it should rise to the level of a national security issue. And, of course, if it was, then the military should be involved in it.

I don't know that we get the full benefit of a pure military involvement. I mean, we're not moving in with bombers and fighter planes and taking over large parts of foreign territory. We go in on an assistant role. We go in on an advisory role. The National Guard works with the law enforcement community by providing them with manpower assistance in areas that are manpower intensive. I think the commissioner could talk about how they assist them in searching shipments of commodities coming to the US.

WILLIAMS: But on the corruption point, you're not worried about the military becoming corrupted?

Mr. MAHER: No, Juan, I'm not.

WILLIAMS: All right.

Mr. MAHER: I think the controls are in place, and the kind of work that they're doing doesn't bring them close enough to the issue.

WILLIAMS: Let me take another question from the audience.

Mr. ADAM ZEMANS (Audience Member): My name's Adam Zemans. I'm a student at Georgetown University Law Center. My family lives in Cochabamba, Bolivia, and in May, when I graduate, I'm hoping to return to Cochabamba if the country of Bolivia is not in a state of anarchy due to US drug policy. Recently, my family's office building in downtown Cochabamba was riddled with bullets and partially destroyed when troops fired on unarmed protesters. And

currently, in the past few days, it appears that the Bolivian government could topple as a result, primarily of their policy of attempting to eradicate coca, because the protests by poor farmers, because they're losing their livelihood, has been so great that it's arrived at that point.

WILLIAMS: All right. So, Adam, you're just negative. You just think this war on drugs is, in fact, destabilizing your home nation.

Mr. ZEMANS: My question is whether this policy of reducing the coca crops in one country when they can move...

WILLIAMS: So quickly. Well...

Mr. ZEMANS: ...coca crops to another is worth the loss of a fledgling democracy in Bolivia.

WILLIAMS: Let me ask Mr. Kelly to quickly respond; we're running out of time.

Comm. KELLY: Well, Bolivia has done a very impressive job in crop reduction. It's almost 60 percent of their coca crop has been eliminated in the last five years. So, I mean, there are a lot of complexities here. But Bolivia, I think, as I say, has been doing a heroic job in fighting against the narco-traffickers there.

WILLIAMS: All right. That's all the time we have for today. I'd like to thank all of you who joined us in the audience at Georgetown University's Law Center here in Washington, DC.

(Soundbite of applause)

WILLIAMS: And I'd especially like to say thank you to my guests Raymond Kelly, US Customs commissioner; Matthew Maher, the DEA's former director of international operations; and Mathea Falco, president of Drug Strategies, a non-profit organization, and the former Assistant Secretary of State for international narcotics matters.

For more on this topic, listen next week to NPR's "All Things Considered," when we'll have a week-long series examining America's war on drugs. Also next week, PBS will have a special two-part "Frontline": "Drug Wars." In Washington, I'm Juan Williams, NPR News.

*National Public Radio serves an audience of more than 15 million Americans each week.

Source: National Public Radio, *Talk of the Nation*, 4 October 2000

© Copyright NPR® 2000.

The text of the news report by NPR's Juan Williams was originally broadcast on National Public Radio's "Talk of the Nation®" on October 4, 2000 and is used with the permission of National Public Radio, Inc. Any unauthorized duplication is strictly prohibited.

QUESTIONS FOR DEBATE

1. Is the question, "Are we winning the war on drugs?" the right one to ask?
2. How does Mathea Falco support her contention that drug treatment is not available to everyone in the United States that needs it?
3. Matthew Maher says "trafficking organizations were going to find some other place to do it," in reference to the situation in Colombia. If it is true that drug traffickers will find other ways to produce and distribute drugs, how can supply-side efforts work?
4. Why is drug treatment for people in prison important?
5. How does Maher support his answer to Sanho Tree's question about the survival of the fittest breeding super-traffickers?
6. Which of these debaters best supports their arguments?

Review of the Anti-Drug Certification Process: Statement

*by Benjamin Gilman**

U.S. policy requires that countries considered “major” drug producing or transit nations demonstrate that they are fully cooperating in the fight against drugs or face sanctions such as the withdrawal of foreign aid. This certification process is controversial. Supporters, such as New York Congressman Benjamin Gilman, say it forces nations to cooperate with the United States. Opponents, such as Mathea Falco of Drug Strategies, maintain that the policy has become a stumbling block to cooperation and helps perpetuate the myth that foreign supply rather than domestic demand are at the heart of the U.S. drug problem.

Thank you, Senator [Jesse] Helms. I welcome this opportunity for sharing our thoughts on our annual drug certification process. I am pleased to have been invited to participate in this hearing as one of those of us in the United States Congress who strongly and unabashedly supports the current law on certification.

Our annual drug certification is a simple and straightforward process, but much misunderstood. It simply requires that those 30 or so “major” drug producing and “major” transit nations like Mexico, before they receive direct U.S. aid and/or our support for their multi-

lateral loans, must demonstrate that they are fully cooperating with us in fighting the drugs which are destroying our communities and our young people here at home.

Historically, I note this annual drug certification approach has been overwhelmingly supported by our American taxpayers. The U.S. Conference of Mayors under Mayor Daley of Chicago, who at the local level can do nothing about the international trade that targets their communities, has strongly supported this process in the recent past.

The federal government has the lead responsibility in stopping drugs coming from abroad. Our local mayors have wisely seen the annual drug certification as a key and powerful tool for the federal government in its primary role in helping to protect their communities and citizens from those drugs which originate overseas.

Surprisingly, as a *Wall Street Journal* poll showed not too long ago, 65 percent of the Latin American people also favor U.S.-imposed sanctions on countries which do not do enough to combat illicit drug production or trafficking. Our Hispanic neighbors know the U.S. must undertake serious steps to address such a serious problem as illicit drugs.

Many of us in the Congress who were around when drug certification was developed by a Democratic Congress for a Republican President in 1986, continue to believe that it's not too much to ask for any nation's full cooperation in fighting drugs before we provide American taxpayer assistance to that nation. Along with the American taxpayers, we see eye to eye on this front.

For years here in the Congress, before 1986, we all heard good words and lofty promises from foreign governments about their promised cooperation with us on the supply side and interdiction efforts. But all we got were words until drug certification came along. Only then did these major producing and transit nations know that we were serious and were prepared to withhold our aid, if need be.

The United States needs to do even more in solving its demand problem, and we welcome that challenge. We are spending billions on demand reduction here at home, and doing our share on that front. Drug certification is a valuable tool in our supply side arsenal

— an equal part of the battle against drugs. It helps to keep drugs out of our nation in the first place.

Moreover, as we address demand here at home, we must not ignore the impact that an unlimited supply of cheap, pure, and addictive drugs from abroad has in helping to create new, as well as sustaining, demand at home. That is what drug certification is intended to address.

For example, on the supply side Colombian-led drug dealers who were providing free samples of their heroin to our young people here at home in the early 1990's, helped initiate the current Colombia heroin crisis in the Eastern United States, according to our own DEA experts.

Today, Colombia is cooperative in eliminating the opium in the Andes before it ever gets here. Bolivia, Peru, the Dominican Republic and Thailand are also cooperating and making great progress in eliminating illicit drugs from their nations which targeted our country. We received this cooperation not just because of drug certification, but as a part of it. They began doing more and more to cooperate with us in our common struggle, when they recognized that we were serious.

Accordingly, I urge the Congress not to unilaterally disarm ourselves by doing away with our annual drug certification process. This vehicle was once described by the Clinton Administration's Assistant Secretary of State for International Narcotics Control, Rand Beers, as "a policy tool which is controversial, not because it has failed, but because it is working." Other Clinton Administration drug-fighting officials have said the same thing. I fully agree with them.

Whether the proposal is to do away with our own certification process and replace it with an OAS multilateral evaluation system or suspension of the certification process for a number of years, or other reforms, as some in the Senate have proposed, I urge our respective bodies to stay the course and make no change in current law. The OAS system has no teeth, no sanctions, and its ratings are often the lowest common denominator of the performance of each nation's individual efforts in fighting drugs.

The use of our own annual drug certification tool, geared to U.S.

aid, should not be abandoned because it makes some of our nearby neighbors and foreign allies uncomfortable or embarrassed. The American taxpayer and the people of Latin American know better. International cooperation in fighting drugs is essential for all of us to succeed, and our constituents recognize that.

The United States must lead in the international fight against illicit drugs that clearly threatens our national security. Drug certification has provided us a powerful tool in that struggle.

We must be prepared to “tell it like it is,” about what other nations are doing or not doing to help our country’s fight in this serious threat from illicit drugs from abroad. It is essential that we protect our young people and our communities by using and leveraging our foreign assistance wisely and effectively.

*Benjamin Gilman was a Republican Representative from New York.

Source: Senate Committee on Foreign Relations, “Review of the Anti-Drug Certification Process,” statement by Rep. Benjamin Gilman, 1 March 2001. <<http://www.access.gpo.gov/congress/senate/>>.

QUESTIONS FOR DEBATE

1. Does the *Wall Street Journal* poll discussed in Rep. Gilman’s testimony support the use of certification?
2. Gilman claims that the United States should not abandon certification just because it makes “our nearby neighbors and foreign allies uncomfortable or embarrassed.” Does this statement fully summarize his opponent’s arguments?
3. Should the United States be a leader in the worldwide fight against drug production and drug trafficking?
4. How does Gilman use an appeal to the people in his defense of certification?

Review of the Anti-Drug Certification Process: Statement

*by Mathea Falco**

Mr. Chairman, I am delighted to have the opportunity to submit testimony to the Foreign Relations Committee on the utility of the certification process.

I am President of Drug Strategies, a non-profit research institute that promotes more effective approaches to the nation's drug problems. My own interest and expertise in international drug control policy date to my service as Assistant Secretary of State for International Narcotics Matters from 1977–1981.

Drug Strategies has played an active role in the debate over certification and the debate about the trajectory of U.S. international drug policy more generally. In 1995, I published an article on the certification process in *Foreign Affairs*. In 1997, I chaired the Council on Foreign Relations Task Force responsible for the report *Rethinking International Drug Control: New Directions for U.S. Policy*. In 1998, Drug Strategies published *Passing Judgement*, a review of certification's implementation and impact. For the report's release, we convened a major media forum featuring Members of Congress; key U.S. and Latin American government officials; and journalists from leading newspapers and magazines in the United States, Mexico and Colombia. The Century Foundation commissioned Drug Strategies' Senior Research Associate, John Walsh, to conduct an in-depth analysis of certification and possible alternatives. I would be happy to furnish all of these materials to your committee.

When Congress debated the legislation that created the certification process in 1986, the House Foreign Affairs Committee cautioned against expecting too much from a sanctions approach, noting that

U.S. efforts to persuade other countries to increase their antinarcotics efforts are ultimately limited by the difficulty of dealing with sovereign countries, the boundaries of U.S. leverage, the competition of other U.S. national security interests, and by the lack of a persuasive U.S. domestic commitment and effort. Experience has demonstrated that politically attractive solutions such as “cutting off foreign aid” or vastly increased funding for international narcotics activities will contribute only marginally to combating this problem. (International Narcotics Control Act of 1986: Report to Accompany H.R. 5352, Report 99–798, 1986).

Fifteen years later, the Committee’s words have been repeatedly and resoundingly confirmed. A charitable assessment of certification would find that it has proven irrelevant. A more accurate appraisal is that certification has proven detrimental, in both practical and symbolic terms. Intended to improve foreign cooperation with U.S. drug control efforts, certification has instead become a stumbling block to cooperation. Enacted to underscore U.S. resolve in confronting drugs, certification has helped perpetuate the myth that foreign supply rather than demand for drugs in our own communities is at the heart of America’s drug problems.

Despite its failures as a policy, the certification process persists because many members of Congress still find it to be politically advantageous. The drug issue’s potency in electoral politics (or at least its perceived potency) means that certification is not treated as some more or less arcane foreign policy matter or as a dry, technical matter of executive branch oversight. Instead, certification has become an annual platform for sounding tough on drugs — by attacking the administration, other countries, or both.

Building on shaky premises

Certification’s policy failure extends directly from the flawed premises on which it was built. The 1986 certification legislation was rooted in bipartisan confidence in the supply-side approach to drug policy. Stepped-up drug control efforts in drug producing countries and at the border would translate into higher drug prices and reduced drug use at home. “Winning the war on drugs,” according to Rep. Dan

Rostenkowski's House Ways and Means Committee, meant that "the problem must be attacked at its source. . . . Increased pressure on foreign governments and increased enforcement at the border should substantially diminish supplies and drive up prices." (International Drug Traffic Enforcement Act: Report to Accompany H.R. 5410, Report 99-794, 1986).

Second, certification was based on a willingness in Congress to employ unilateral economic sanctions, and a belief in their effectiveness in pressuring other governments to do as the United States wished. If certain drug source countries were reluctant to control illegal crop production and smuggling activities, then, according to the House Ways and Means Committee, "Greater economic pressures must be brought to bear on such countries." (Report 99-794, 1986). The dual operating assumptions behind the certification legislation are that (a) the United States, with the threat of economic sanctions, can compel other countries to curb drug production and exports, and (b) if other countries would only do more to curtail drug supplies, our drug problem would be diminished.

A Paper Tiger

Neither of these premises has proven valid. As the House Foreign Affairs Committee foresaw, the leverage that the threat of decertification was meant to provide has never materialized. In the vast majority of cases, the threat is hollow, because of three key factors.

1. For certain targeted countries, such as Afghanistan and Burma, the sanctions entailed by decertification are essentially redundant. U.S. relations with such countries are already frayed, and little if any economic aid of any sort is at stake in the certification process. In the 14 years of certification decisions, just five countries — Afghanistan, Burma, Iran, Nigeria and Syria — have accounted for almost all of the decertifications issued. Only three other countries have ever been decertified: Panama (1988 and 1989); Laos (1989); and Colombia (1996 and 1997).
2. Even for the majority of targeted countries who are not

already considered pariah states, the sanctions actually triggered by decertification amount to far less than the rhetoric implies. The President can continue providing drug-related assistance (economic, military and police aid) to countries that have been decertified. Humanitarian aid — such as disaster relief, food, medicine, and refugee assistance — is also exempt from suspension. Successive U.S. administrations, for example, have considered virtually all bilateral aid to Colombia to be drug-related, leaving little at risk of suspension in the event of decertification. Colombia received \$56 million in U.S. aid in 1996 and another \$82 million in 1997, despite having been decertified both years.

Decertification requires the United States to vote against any multilateral development bank (MDB) loans to the designated country. U.S. opposition to MDB loans for a decertified country is unconditional; no exemptions are made for loans to meet basic human needs. But the significance of the U.S. vote depends on the U.S. share of voting power (largely a function of capital contributions) and on the voting rules of the particular multilateral bank. Only in the Inter-American Development Bank's (IDB) concessional Fund for Special Operations (FSO) do U.S. voting power and the voting rules combine to make a U.S. "no" vote tantamount to a veto. Among the 14 Latin American countries currently subject to certification, only Bolivia and Haiti are restricted to FSO loans and would therefore be directly affected by a U.S. "no" vote were they to be decertified. The other 12 countries are eligible for the IDB's "ordinary capital" loans, which are not vulnerable to a U.S. veto. For example, despite being decertified in 1996 and 1997, Colombia received 18 World Bank and IDB loans totaling \$930 million. In 1996, the country was awarded more in MDB loans (\$676 million) than in five of the previous nine years, a period when Colombia was always certified, either fully or under the vital national interests provision. In sum, for most countries neither the MDB nor the U.S. aid sanctions are nearly as significant as they might appear at first glance.

3. Where U.S. relations with a given country are considered so important that decertification is never considered a real option — despite the negligible sanctions that are actually entailed — the threat of decertification rings especially hollow. The extraordinary case of Mexico illustrates the failures of certification. Although the actual sanctions triggered by decertification would be barely perceptible in Mexico, and although Mexico has always been certified as “fully cooperating,” Mexicans detest the certification process itself as a hypocritical ploy on the part of U.S. politicians to blame Mexicans for America’s own failure to cope with its drug problems. Other Latin Americans join Mexicans in questioning Washington’s moral authority to judge other nations when U.S. demand for drugs fuels the illegal trade. Mexico’s apparent impregnability as far as decertification is concerned does not diminish Mexican contempt for the process, even as the double standard gives credence to the claims of the governments of smaller Latin American countries that the process is basically unfair. (Mexico is the United States’ second largest trading partner. In 1999, total U.S.-Mexican trade was more than double the total U.S. trade with all the other 13 Latin American nations subjected to certification that year.)

Proponents of decertifying Mexico contend that unless the U.S. government shows that it has the will to deny certification to Mexico, cooperation will remain unsatisfactory. But if the United States were to decide that the risks of antagonizing Mexico by denying certification were justified, there is little reason to believe that Mexican anti-drug cooperation would improve as a result. The sanctions triggered by decertification pose little threat to Mexico: Very small amounts of U.S. aid are at stake, and U.S. opposition cannot prevent approval of World Bank or IDB loans to Mexico. A decision to decertify Mexico would have to count on the political embarrassment of the situation to prod Mexican officials into line with U.S. priorities. Mexican contempt for the certification process, combined with the political need to avoid even the appearance of

bowing to U.S. pressure, point to an outcome of less cooperation, not more.

A Flawed Strategy

The certification process was devised as a tool to enhance the performance of the United States' supply-side approach to drug policy. Does the overall strategy in which certification is embedded make sense? If the supply-side strategy is fundamentally ineffective, then even perfect fidelity in implementing that strategy — including maximum cooperation from foreign governments — will not deliver the desired results.

The appeal of a supply-side approach to drug policy is undeniable. Focusing on drug production overseas provides an easy way to sound “tough” on drugs by excoriating foreign governments. The supply-side approach is also attractive because it appears to be logical: The easiest way to stop drug abuse would be to eliminate drugs before they get to the United States. According to the State Department's Bureau for International Narcotics and Law Enforcement Affairs (INL) budget presentation for fiscal year 1999, “By stopping drugs from ever being produced or reaching our shores, INL programs probably deliver the largest returns of any federal anti-drug program.”

The primary purpose of U.S. interdiction and international drug control programs — on which the United States has spent more than \$33 billion dollars since 1986 — is to raise the price and reduce the availability of illegal drugs in the United States. By now, we should certainly expect there to be some evidence that the supply-side strategy works to make drugs more expensive and less available. In fact, despite our efforts, heroin's average U.S. retail price has fallen by 45 percent since certification was enacted, while the price of cocaine has dropped by 42 percent. Nor do supply-side efforts seem to have lowered availability. High school seniors in 1999 perceived crack cocaine to be just as available as seniors perceived it to be in 1987 (in both years, 41 percent of seniors considered crack to be “fairly easy” or “very easy” to get). Over the same period, the proportion of high school seniors who see heroin as “fairly easy” or “very easy” to get has risen from 24 percent to 32 percent. In the face of

considerably escalated U.S. supply-side efforts since certification went into effect, the key measures of success have plainly been headed in the wrong direction.

These dismal results suggest that the supply-side strategy is itself seriously flawed, and that the alluringly simple logic of “going to the source” is belied by a more complicated reality. Four major obstacles severely limit the potential of international supply-control initiatives to reduce U.S. drug problems.

1. The idea that eliminating drug production in foreign countries would stop drug abuse at home overlooks the fact that illicit drugs can be produced in the United States as well. For example, domestic production accounts for an estimated one-quarter to one-half of U.S. consumption of marijuana, by far America’s most widely used illicit drug.

2. Drug crops can be grown cheaply almost anywhere in the world, and America’s annual drug demand can be supplied by a relatively small growing area. A 30 square mile poppy field — about the area of northwest Washington, D.C. — can supply the U.S. heroin market for a year. The annual U.S. demand for cocaine can be met from coca fields extending about 400 square miles, roughly one-third the area of the State of Rhode Island. In reality, of course, drug crop cultivation is not conveniently located in one place. Farmers have strong economic incentives, to shift, expand or modify cultivation as required to protect their livelihoods. Enforcement directed at growers tends to disperse cultivation to ever more remote areas, making detection and eradication even more difficult.

3. Interdiction may achieve impressive tactical successes against drug traffickers, but these efforts are overwhelmed by the volume of drug production. Drugs are now so plentiful that even the largest seizures have little impact on drug availability in the United States. Traffickers quickly move on to new sources, shipments and routes. As U.S. Coast Guard Vice Admiral Roger Rufe, Jr. explained to reporters in 1997: “When you press the balloon in one area, it pops up in another. . . . It’s a market

economy; with demand as it is in the U.S., they have plenty of incentive to try other routes.” For example, in the late 1980s, intense interdiction efforts in southern Florida and the Caribbean pushed cocaine traffickers to switch to routes through northern Mexico, where they formed partnerships with Mexican trafficking organizations. The result has been wealthier and bolder traffickers in Mexico, but no diminution in the drug flow. New smuggling routes are practically without limit, whether in the Amazon jungle or at the U.S. border. This is especially so for a country intent on easing the barriers to legal trade: Each year an estimated 436 million people enter the United States by land, sea and air; 116 million motor vehicles cross U.S. borders; and more than nine million shipping containers and 400 million tons of cargo enter U.S. ports. The amount of cocaine estimated to come across the U.S.-Mexico border each year would fill only six trucks — yet more than 3.5 million trucks and rail cars cross the border annually.

4. The price structure of the illegal drug market ensures that even the most successful overseas drug control operations will have minimal impact on U.S. prices. Almost 90 percent of the price of drugs on U.S. streets is the result of the value added due to the risks of distributing and selling drugs after they enter this country. The total cost of cultivating, refining and smuggling cocaine to the United States accounts for less than 15 percent of retail prices here. As one Drug Enforcement Administration (DEA) official has explained, “The average drug organization can afford to lose as much as 70 percent to 80 percent of its product and still be profitable.” As a consequence, even the most effective eradication and interdiction campaigns in producer countries have little, if any, effect on U.S. drug prices.

State of the Debate

The inherent obstacles to supply-side drug policy have been discussed for years. Detailed accounts have been published by RAND, the Council on Foreign Relations, and the U.S. General Accounting Office (GAO), as well as in the academic literature. For example, a

1988 RAND analysis concluded that, “Increased drug interdiction efforts are not likely to greatly affect the availability of cocaine in the United States,” primarily due to “the small share of total drug distribution costs that are accounted for by the smuggling sector.” A 1994 RAND report found treatment to be ten times more cost effective than interdiction in reducing cocaine use in the United States, and twenty-three times more cost-effective than source country drug control programs. U.S. government publications have also described some of the basic obstacles to supply-side success. The GAO has reported to Congress on the speed with which drug traffickers adjust to enforcement pressures. The CIA and the State Department published the proceedings of a 1994 conference on the economics of the drug trade that featured a presentation of how the illegal drug market’s price structure limits the value of antidrug operations at the “source.” In short, analysis that raises basic questions about current policy — and a growing body of supporting evidence — have been in the public domain for some time, and readily available to members of Congress and their staffs.

Yet, the recurring debates in Washington over international drug policy show barely a trace of this fundamental critique. Having raised expectations about what can be accomplished through supply-side policies, officials are now loathe to tell voters that in fact very little has been achieved. The key question for policy makers should be whether the evident lack of success to date stems from inadequate implementation of an otherwise sound policy or whether the poor results reflect more fundamental strategic flaws. But policymakers have not addressed whether the strategy is appropriate, arguing instead that success simply requires more resources, more time, and better coordination. Operational problems — faulty coordination, lack of continuity, and resource constraints — may contribute to the policy’s poor record, but they are not decisive, even when taken together.

The certification process has not improved the track record of supply-side policy in meeting its own goals: U.S. drug prices — which supply-control policies backed by the certification process were supposed to push higher — have instead declined. Policymakers have

focused on how U.S. supply-side policies might be better implemented; the annual Congressional debates surrounding particular certification decisions are now a staple of this discussion. But the debates over certification have always been limited by the implicit assumption that U.S. supply-side policy can achieve its objectives. Unfortunately, that policy suffers from elemental flaws, which limit interdiction and international drug control programs to a marginal role, at best, in U.S. efforts to reduce drug abuse. Certification compounds the problems inherent in the supply-side approach by reinforcing the notion among policymakers and the American public that foreign governments can play a decisive role in reducing drug abuse in this country.

*Mathea Falco is president of Drug Strategies in Washington, D.C.

Source: Senate Committee on Foreign Relations, "Review of the Anti-Drug Certification Process," statement by Mathea Falco, 1 March 2001.

<http://www.access.gpo.gov/congress/senate>

QUESTIONS FOR DEBATE

1. How does Falco support her position that certification is merely a politically advantageous policy?
2. What conclusion does Falco draw from the following pieces of information?
 - There was bipartisan support for supply-side approaches to drug policy in 1986.
 - There was a willingness to employ unilateral economic sanctions in 1986.
3. Is it wrong for the United States to certify countries' drug fighting efforts if U.S. demand is the cause of the drug problem?
4. Falco presents statistics showing that the retail prices of heroin and cocaine have fallen since 1986, when certification was enacted. Does this prove that supply-side policies fail?
5. Why do large drug seizures not hurt the drug cartels?

Section 4

The European Union's Drug Policies

Substance abuse strategies and laws vary significantly among the 15 nations in the European Union (EU). As we saw in earlier sections, Sweden follows a zero tolerance policy that relies heavily on law enforcement; the Netherlands, on the other hand, favors a liberal approach that concentrates on harm reduction. Other EU nations fall somewhere in between the two extremes. The first article in this section is an overview of the drug problem in the EU. The second examines national drug policies and concludes that they are converging. The last piece looks at the Czech Republic, a candidate for admission to the EU, and its struggle with a drug problem that developed after the fall of Communism.

Resolutions for Debate

Propositions of Fact

1. Resolved: The Czech Republic needs to be tougher on drugs.
2. Resolved: The inconsistent drug policies among EU member states are detrimental to the union's unity.

Propositions of Value

1. Resolved: Morally, there is no difference between cannabis derivatives and other drugs.
2. Resolved: State sovereignty is more important than the unification of Europe.

Propositions of Policy

1. Resolved: EU member states should harmonize their drug policies.
2. Resolved: The United Nations conventions regarding drugs should be amended to include worldwide minimum penalties for drug production, trafficking, distribution, and use.
3. Resolved: The EU should require member countries to have the same penalties for cannabis derivatives as for other drugs.

Adapting To New Realities

by Jeremy Bransten*

Radio Free Europe/Radio Liberty correspondent Jeremy Bransten provides an overview of drug use and drug policies in Europe. Across Europe, drug use is up and governments are experimenting with different approaches to manage the problem. The trend is toward education and drug treatment, but experts caution that “one size fits all” solutions are ineffective. Governments must remain flexible in their approaches to combating drug use.

Prague, 27 November 2000 (RFE/RL) — As an increasing segment of Europe’s population experiments with different types of drugs, European governments are also experimenting with different drug policies. Within the 15-nation European Union, to cite an important example, drug laws — unlike other statutes — are not subject to harmonization.

Statistically, in each EU member, tobacco and alcohol kill thousands more people each year than do illicit drugs. But policymakers are nonetheless worried by the opening of new trade routes — bringing with it international organized crime — the availability of new narcotics, as well as the emergence of new diseases that can be spread by drug users such as AIDS and hepatitis. In addition, the disproportionate toll drug abuse takes on young people has parents turning to politicians for solutions.

The trends are clear. According to the EU’s European Monitoring Center for Drugs and Drug Addiction, since the mid-1980s, illicit drug use of all types has increased across Europe, despite the fact that

arrests for the sale and possession of drugs are also sharply up. Law-enforcement officials estimate that despite the best efforts of police, only 10 to 30 percent of illicit drug shipments are ever interdicted.

The 10-year period from 1985 to 1995 also saw increases in the numbers of drug-related deaths in most European countries.

It was the emergence of diseases such as AIDS and HIV, which can be transmitted by shared needles among intravenous drug users, that prompted many European countries to take a new look at their drug policies. That trend has accelerated and since the mid-1990s, several states have adopted new policies focused more on treatment and prevention rather than interdiction and prosecution. Alexis Goosdeel, a drug policy expert at the EU's monitoring center, explains:

"In the last couple of years, you've had four or six [EU] member-states who have drawn up national strategies on drugs. If you take, for instance, the Spanish one, the strategy of the United Kingdom and recently the Portuguese national policy, they are more well-balanced national strategies than before. This means that before it was mainly addressing some legal enforcement needs and issues, in order to reduce the supply of drugs. Now we know — it is an observation we can make almost everywhere — that if you do and promote only the fight against drugs, it is not effective and therefore a lot of member-states have balanced their strategies."

Some of those policies have already borne fruit. In the case of HIV transmission rates, the establishment of needle exchange programs for addicts has been a clear success, preventing the further spread of the disease. Where those programs are absent, as in many East European states, HIV incidence continues to rise sharply. In Russia, for example, where the UN's World Health Organization, or WHO, reports that HIV's spread is mostly driven by intravenous drug users, the first HIV cases among addicts were only noticed in 1996, in the port of Kaliningrad. In just four years, the epidemic has spread to over 30 cities. The WHO now estimates that 130,000 people in Russia are infected with the disease.

The difficulty is that in other areas, drawing a direct correlation

between the rate of drug use and specific prevention or enforcement programs is nearly impossible. In other words, it is hard to measure the individual effectiveness of different programs on influencing people to avoid or quit drugs. This has allowed politicians to use the drug issue to advance their own goals. Leif Lenke, a Swedish expert on drug policy, says this is an unfortunate trend.

“When you find this kind of politicization of drug policy, you have difficulty seeing whether it’s a question of effectiveness that you ask for — or if it’s a question of party political rhetoric.”

The incidence of drug use depends on many factors—among them, as Sweden discovered when it went through an economic downturn in the 1980s, the rate of youth unemployment. This is a particular problem in much of Eastern Europe. Another important factor is whether or not a country lies on a specific drug route, such as the so-called Silk Route from Central Asia or the Balkan Route, which winds from Turkey through Central Europe.

Because of each country’s specific conditions, EU drug monitor Goosdeel says the key to at least partial success is to educate people and, at the level of government, to maintain flexible policies that are periodically revised. He advises countries to adapt specific programs that have worked in other states, but says that adopting a one-size-fits-all policy is as ineffective as the “just say no to drugs” approach still favored by some social conservatives.

“I think what is important is to try to explore. What are the things which were wrong? Or maybe things were right but the situation has changed? And then to see, from what we have learned from the experience, how could we redefine our objectives for the next four years, for instance?”

The EU monitoring group notes in its annual report on drugs in Europe that new substances continue to appear on the market. That’s why it is important to stay on top of trends, change policies when needed and above all, remain educated. Goosdeel, says that in his personal opinion, speaking as a parent, it is all quite basic.

“I think that we need to learn to live in a world with drugs — whatever the substance. And we know that with the prodigies of chemistry, there are so many new things. I think that what we need to do is, first, to be able to detect the new trends, to detect the new substances because some of them can be lethal substances, or very toxic substances; this is first. Second, what’s required is that we need to teach ourselves and our children to live in such a world. I mean, the day my daughter is going to a party, what will I do? Will I stay together with her during the whole party? I don’t think it is feasible.”

*Jeremy Bransten is a correspondent for Radio Free Europe / Radio Liberty.

Source: Bransten, Jeremy, “Europe: Drugs — Adapting to New Realities,” Radio Free Europe/Radio Liberty.
<http://www.rferl.org/nca/features/2000/11/27112000163711.asp>

Copyright ©2002. RFE/RL, Inc. Reprinted with the permission of Radio Free Europe/Radio Liberty, 1201 Connecticut Ave., N.W., Washington DC 20036.
www.rferl.org

QUESTIONS FOR DEBATE

1. Why does the politicization of drug policy have a negative impact on drug policy?
2. Why is flexibility important or unimportant in successful drug policy?
3. Why is critical thinking important to crafting effective drug policy?
4. As was proved in Sweden’s experience, unemployment contributes to substance abuse. How should this fact affect Eastern European drug strategies?

Drug Users and the Law in the EU

*by the European Monitoring Centre for Drugs
and Drug Addiction**

The following briefing from the European Monitoring Centre for Drugs and Drug Addiction compares drug laws and their enforcement among members of the European Union. The agency reports that while drug laws vary among nations, there are signs that they are converging and that alternatives to punishment, such as drug treatment, are on the rise.

A Balance between Punishment and Treatment

Drug laws in the European Union (EU) seek continuously to strike a balance between punishment and treatment.

The three United Nations (UN) conventions on drugs¹ limit drug use exclusively to medical or scientific purposes. While they do not call for illicit use of drugs to be considered a crime, the 1988 Convention — as a step towards tackling international drug trafficking — does identify *possession* for personal use to be regarded as such.

Signatory countries are thus obliged to address the illegal possession of drugs for personal use, but retain their individual freedom to decide on the exact policies to be adopted. In framing their national laws, EU Member States have interpreted and applied this freedom taking their own characteristics, culture and priorities into account, while maintaining a prohibitive stance. The result is a variety of approaches EU-wide to illicit personal use of drugs and its preparatory acts of possession and acquisition.

Yet, when comparing law with actual practice, national positions

within the EU seem less divergent than might be expected. In many countries, judicial and administrative authorities increasingly seek opportunities to discharge offenders, or, failing that, arrangements that stop short of severe criminal punishment, such as fines, suspension of a driving licence, etc.

‘Relapse into drug abuse and crime is a common feature of drug addicts. Preventing and treating addiction, its causes and consequences can be difficult, time-consuming and costly — but this is the clear answer to breaking the expensive chain of drugs and crime.’

Georges Estievenart,
EMCDDA Executive Director

Nevertheless, data show that police action against drug users is rising — possibly due to greater drug prevalence² — and varies both within and between countries. Moreover, some cases of illicit personal use of drugs do continue to reach the courts and prison sentences are still given, especially to repeat offenders. Such inconsistencies in applying the law can confuse the public and affect the credibility of the legal system relating to personal drug use.

Quote: “While drug-related arrests are on the increase — with police resources concentrated on tackling cannabis users — justice systems in most countries increasingly seek opportunities to discharge drug offenders, apply “soft” sanctions or consider criminal measures as a last resort. The message we send citizens — especially the young — is confusing and often contradictory. An effective prosecution policy on drugs needs to be more consistent and therefore more credible.’

Mike Trace, Chairman
EMCDDA Management Board

Key policy issues at a glance

1. The UN drug conventions leave countries room for manoeuvre to control illicit possession of drugs for personal use as they see fit, without rigidly defining specific punishments.

2. Within the EU, laws regulating personal use of drugs vary from country to country. In some, punishment includes prison sentences; in others, possession for personal use has been decriminalised in recent years.
3. Policy action against illicit use and possession of drugs, although differing within and between countries, is generally increasing in the EU.
4. Prosecutors in most Member States now lean towards non-criminal sanctions for drug use and possession offences. But firm action, including imprisonment, is still the usual outcome for addicts who sell drugs or commit property crime, especially when they are reoffenders.
5. Alternatives to criminal prosecution — usually of a therapeutic or social nature — are now widely available across the EU, but their application and effectiveness vary.
6. Programmes offering alternatives to prosecution can benefit from coordination between the justice and health systems.

Drug Users and the Law — Overview

1. UN conventions set the scene

International drug law is based on the UN conventions of 1961, 1971 and 1988.¹ It was Article 3.2 of the latter that first required signatories to characterise possession of drugs for personal use as a criminal offence. But it subjugates this requirement to the principles and concepts of national legal systems, leaving countries leeway to decide on the exact policy to be adopted. As a result, signatories have not felt obliged to adopt uniform legal measures against those found in possession of drugs for personal use.

Moreover, the underlying philosophy of Article 3 of the 1988 Convention is improving the effectiveness of the criminal justice system in relation to international drug trafficking.⁴

2. Drug laws vary but show signs of convergence

Laws regulating the use and possession for use of drugs vary considerably from one EU country to another. In some, the law prohibits such acts and allows prison sentences. In others, these acts are prohibited

but sanctions tend to be lenient. The remainder do not consider drug use and possession for use as criminal offences.

Developments over the last five years show similar laws and guidelines emerging within Member States' criminal justice systems in response to drug users — notably a move towards more lenient measures for personal drug use. Some countries now legitimise practices that had become common. In so doing, they bring the law into line with police and prosecution practice, thus enhancing the law's credibility.

In Spain, Italy and Portugal, criminal sanctions do not apply to the possession of any drugs for personal use. Instead, sanctions tend to be administrative: a warning, fine or, particularly in Italy, suspension of a driving licence. In cases of addiction, treatment is required. Since 2001, Luxembourg law has envisaged only a fine for cannabis use and its transportation, possession and acquisition for personal use.

In Belgium, Denmark, Germany and Austria, laws and guidelines indicate that first offenders for illicit possession of drugs, especially cannabis, should not be punished. Instead, they are 'invited' to refrain from taking drugs in future, often with warnings and probation. In the Netherlands, possession for personal use of small amounts of cannabis is prohibited by law but tolerated under certain circumstances.

In Ireland, possession of cannabis is punishable by a fine on the first or second conviction but a sentence for imprisonment is possible from the third offence onwards.

Meanwhile, in the UK, a suggestion from the Home Secretary in 2001 that cannabis be reclassified as a 'Class C' rather than 'Class B' drug could render possession of cannabis for personal use a non-arrestable offence in the future.

In France, a 1999 directive recommends only a warning for drug-use offences specifically. Finally, in Greece, Norway, Finland and Sweden, the law prohibiting use is reported to be applied 'to the letter'.

3. Police action on the rise

In several European countries, the principle of legality obliges the

police to report for prosecution any offence of which they are aware. And research³ suggests that most individuals suspected of offences of drug use or possession for use are, indeed, reported for prosecution.

But police action varies both within and between countries. Norway, Finland and Sweden consider targeted police action a significant deterrent to drug use. Elsewhere in Europe, issues of public order and nuisance determine police intervention in dispersing open drug scenes. On the whole, police action against drug use or possession is reported to occur 'accidentally' in the course of routine patrolling — or when drug use becomes too visible or too dangerous.

Data to 2000 show that, in many EU Member States, arrests for drug use and possession for use are on the rise.² In several countries, the majority of arrests for drug offences are for use or possession for use, while offences of drug dealing or trafficking are far less common. In some countries, cannabis is the substance involved in most offences of drug use or possession.

At present, there is little evidence that police action against drug users predominantly targets the most harmful situations and patterns of use.

Some 60–90% of arrests for all drug offences in Belgium, Germany, Greece, France, Ireland, Austria, Finland, Sweden and the UK are for use or possession for use of drugs. Cannabis is the main drug involved in 55–90 % of arrests for drug use and possession in Germany, France, Ireland and the UK. In Portugal, where the cannabis rate is among the lowest, arrests related to cannabis rose to 37% of all drug use and possession arrests in 2000."

Source: 2001 Reitox National Reports (Standard Tables)

4. Prosecutors look for alternatives

Today, EU countries' prosecution policies favour alternatives to traditional criminal punishment for drug use and possession.

Judicial authorities often refrain from criminal sanctions and choose from a range of alternatives. These can be fines, formal warnings, suspension of a driving licence, probation or diversion to treatment.

Simple warnings are the usual response to illicit drug use and possession for use, especially for first offenders or when small quantities of cannabis are involved.

These non-criminal options apply less to those involved in selling drugs or in theft to buy them. Any drug dependence that might have triggered such offences is generally taken into account, but, in most cases, is not seen as sufficient to prevent criminal proceedings.

Such offences usually lead to criminal sanctions, with repeat offenders liable to greater penalties.

5. Alternative measures gain ground

Alternatives to criminal prosecution, usually therapeutic or social, are now widely available across the EU, although their impact and quality still vary.

Research shows that treatment of drug users in the criminal justice system can produce positive results,⁵ whether therapeutic, for drug dependence, or educational, for first-time use.⁶

In some countries, such measures are under-used, due to legal constraints or general scepticism about their effectiveness. In others, treatment is the norm; in a few, its application is impeded by a lack of resources.

Countries where drug addiction is considered the real cause of a drug-related crime are more prepared to offer treatment instead of prosecution, even for more serious offences. Others are less lenient, with drug-related crimes leading automatically to imprisonment.

6. Justice and health: partnership is the key

When the appropriate treatment is readily available, includes a social and rehabilitative component, and involves a partnership between the justice and the health authorities, research shows that it can be cost-effective in reducing relapses into crime and drug abuse.⁷

Crucial to this process is effective, well-organised cooperation between the justice and health systems at prosecution level, targeting the most appropriate response (and resources) to each individual.

Conclusions

Drug users and the law in the EU — policy considerations

This briefing summarises key aspects of, and trends in, the way the law treats drug users in the EU today, and indicates primary sources for further information. The EMCDDA believes the following points could form the basis of future policy considerations:

1. The underlying philosophy of the 1988 UN Convention, and its requirement to characterise possession of drugs for personal use as a criminal offence, relates more to strengthening the fight against international drug trafficking than to criminalising drug users.
2. While drug laws vary across the EU, there is a recent trend by Member States to attempt to bring the law into line with police and prosecution practices. This serves to strengthen the credibility of the law.
3. Effective police action in the field of drugs needs to be targeted primarily at the most harmful situations of drug-related crime.
4. In the case of drug use or possession, most Member States have implemented mechanisms to divert a high proportion of arrested users away from criminal punishment.
5. Where an arrested user is drug dependent, research indicates that diversion into treatment can produce significant health, social and crime-reduction benefits.
6. Close cooperation between justice and health agencies is recommended to ensure management of diversion initiatives.

Key Sources

- 1 United Nations (UN) (1961, 1971, 1988), *1961 Single Convention on Narcotic Drugs, 1971 Convention on Psychotropic Substances, 1988 Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances* (<http://www.incb.org/e/conv>).
- 2 European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (2001), *2001 Annual report on the state of the drugs problem in the European Union*, Office for Official Publications of the European Communities, Luxembourg, 2001, p.19.
- 3 European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (2002), *Prosecution of drug users in Europe: varying pathways to similar objectives*, EMCDDA Insights series No 5, Office for Official Publications of the European Communities, Luxembourg, 2002.
- 4 United Nations (UN) (1998), *Commentary on the United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988*, United Nations Publications, New York, 1998, pp. 48–99.
- 5 European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (2001), *An overview study: Assistance to drug users in European Union prisons*,

EMCDDA Scientific Report, Cranstoun Drug Services Publishing, London, 2001, pp. 201–217.

- 6 Aos, S., Phipps, P., Barnoski, R. and Lieb, R. (2001), *The comparative costs and benefits of programmes to reduce crime*, Washington State Institute for Public Policy, WA, United States (<http://www.wa.gov/wsipp—version 4.0>).
- 7 Hough, M. (1996), *Drugs misuse and the criminal justice system: a review of the literature*, Paper 15, Home Office, 1996, United Kingdom.

Web information

Drug–law ‘County profiles’.

http://eldd.emcdda.org/databases/eldd_country_profiles.cfm

Decriminalisation in Europe? Recent developments in legal approaches to drug use. http://eldd.emcdda.org/databases/eldd_comparative_analyses.cfm

Main trends in national drug laws. <http://eldd.emcdda.org/trends/trends.shtml>

Data on arrests (EMCDDA 2001 Annual report data library)

<http://annualreport.emcdda.org/en/sources/index.html>

*The European Monitoring Centre for Drugs and Drug Addiction provides the European Union with objective, reliable and comparable information at the European level concerning drugs and drug addiction and their consequences.

Source: European Monitoring Centre for Drugs and Drug Addiction, *Drugs in Focus: Briefing*, 2 March–April 2002.

http://www.emcdda.org/multimedia/publications/Policy_briefings/pb1_3/pb02_EN.pdf

© European Monitoring Centre for Drugs and Drug Addiction, 2002.

QUESTIONS FOR DEBATE

1. The briefing contends that the continued inconsistency between criminal and scientific approaches to drug control negatively impacts the credibility of the European legal system. What evidence is offered in support of this contention? Is there a specific threshold of confusion that must be met before the credibility of the rule of law is threatened?
2. Why are countries with high levels of drug-related crime more willing to offer treatment instead of prosecution?
3. Are partnerships between justice and health systems necessary for successful harm reduction?

Czechs Catch Up With The West

by Jeremy Bransten*

With the fall of Communism in the late 1980s, the open borders that allowed for the free flow of ideas, trade, and people also resulted in the flow of illegal drugs. In the final part of his series, Radio Free Europe/Radio Liberty reporter, Jeremy Bransten, looks at how the Czech Republic is coping with increased drug trafficking and drug usage.

Prague, 1 December 2000 (RFE/RL) — According to most estimates, it will take the Czech Republic at least two more decades to match the EU average in several leading indicators, among them GDP. But in terms of the illicit drug market, the Czech Republic has already caught up.

Miroslav Nozina, a research fellow at the Prague-based Institute of International Relations, is an expert on cross-border drug traffic. He says the post-Communist states of Central and Eastern Europe have much less time to adapt to this challenge than their western counterparts were allowed.

“The process, let’s say, of creating the drug scene, which in the West lasted 30 to 40 years, happened here within three to four years, during the first half of the 1990s. Since that time, the situation is stabilizing and equalizing and we are very rapidly becoming like Western Europe in this respect. Let’s say that in the next 5 to 6 years, the situation will be practically identical.”

“Practically identical” means that marijuana has become relatively

easy to obtain in schools, with a significant percentage of teens admitting to having tried it at least once. Recreational use of synthetic stimulants such as 'ecstasy' also matches Western European levels. The Czech Republic also has its own domestic amphetamine substance called pervitin, which was available on the black market under Communism and remains in use.

Ivan Douda, a psychologist who founded Prague's Drop In Center, where drug addicts can turn for medical care and counseling, says the upward trend was expected.

"This is probably going to sound banal, but we are confronted on a daily basis with the fact that the heightened drama in this country regarding drugs is a sort of price for the freedom we have gained. Our people, especially young people, were not ready for this freedom and the responsibility that comes with it. Drugs offer a feeling of freedom and relaxation."

Following the downfall of Communism, a more liberal climate led to the revision of existing drug laws. The manufacturing and trafficking of illicit substances remained subject to prosecution, but not the possession of drugs for personal use.

Soon, however, heroin began to appear in the Czech Republic in large quantities. With conflicts in the former Yugoslavia disrupting existing trade links, the Czechs found themselves on the so-called Balkan drug route, leading from Turkey to Western Europe.

Local police complained that the law made it almost impossible to arrest dealers, who could easily pose as simple users.

In 1998 the Czech parliament amended the country's drug code so that possession of "more than a small amount" of drugs is a criminal offense.

Since the law went into effect at the beginning of last year, scores of drug dealers have been arrested, as have ordinary users. Josef Radimecky manages the Czech government's inter-ministerial Anti-Drug Commission. He says one of the problems with the new law is that it does not distinguish between so-called 'soft drugs' like marijuana and more harmful substances like heroin. This has created a mess in the courts.

"We are looking at models now in place in Britain, Germany, Portugal and we'd like to have drugs differentiated into those which are more and those which are less socially dangerous. Concretely, I am thinking about cannabis derivatives, which are currently in the same group as heroin or pervitin."

Radimecky notes that in several recent court cases sentences handed out for drug offenses were clearly out of proportion to the crime. In one case, judges handed down an eight-year sentence for the distribution of marijuana, in another a pervitin dealer received just 1½ years. He says judges need to be given clearer guidelines.

Another issue is that a mechanism for alternative sentences does not yet exist, so users are being sent to jail, where they are more likely to get deeper into trouble, instead of being weaned off their habit. But that is scheduled to change in January, with the creation of a so-called "mediation and probation service." Ladislav Gawlik of the Czech Justice Ministry is in charge of establishing the service, which will be staffed initially by 160 social workers throughout the country. Gawlik says the program will make it possible for judges to hand out alternative sentences to drug offenders, who will be helped to reintegrate into society by the mediation and probation centers.

"On the one hand, they will offer mediation between crime perpetrators and crime victims and then there will be the probation aspect, meaning the overseeing of how alternative sentences are carried out. The centers will help people carry out those sentences and as regards drug addicts, the centers will help them organize a treatment program."

Ivan Doua of the Drop In Center says the media and politicians have overblown the drug problem. The hard-core addict population has remained small and thanks to needle-exchange programs, he says, HIV infection rates among them have remained very low. This is not the case in many other Eastern European states and in this respect, the Czechs were far ahead of their time, initiating pilot needle exchange programs even in the last years of Communism. Doua says the vast majority of teenagers experimenting with marijuana today are only doing what their parents

did before them, with the drugs available at the time.

“I think the situation is very similar to the situation of my generation, meaning 50-year-olds. We experimented with alcohol in the same way young people today experiment with marijuana and in exceptional cases, some people looked for illegal hard drugs. It’s the same today. It’s just that more people are experimenting with drugs, including hard drugs, but they are not becoming addicts.”

Douda would like to see the police use their new powers to go after small-time drug dealers, who despite the new law are still visible on the streets of downtown Prague.

“People often call us and ask: ‘Why don’t the police act against drug dealers on the street? If I see them, then the police surely do as well. So why don’t they act? I can’t do anything.’ The police usually answer that they’re following the big fish and that they know about the street dealers. But I think it’s a big mistake. The police in this way lose support. The average citizen says to himself: ‘That policeman is either a fool or bribed or scared, or is clueless or lazy.’”

Jiri Komorous is head of the Czech Republic’s elite anti-drug police unit, whose officers spend their days tracking and, with some notable successes, arresting international drug dealers. Komorous’s outfit has been praised for its efficiency by numerous international police organizations, including the United States Drug Enforcement Agency (DEA), which trained many of his officers. But Komorous says as long as there is demand, no amount of police work will get rid of drugs, or dealers — especially in tough economic times.

“Until there is a fundamental break in the demand, until we can reverse the trend that drugs are ‘hip’ and ‘modern,’ especially among young people, the police can try all it can, but there will be no basic change.”

Josef Radimecky of the Anti-Drug Commission says the government’s education strategy for the next four years aims to do just that. One worry is that based on statistical evidence, drug use appears to

have spread from Prague to outlying parts of the country — especially in economically depressed regions with high youth unemployment.

Since 1998, every school in the Czech Republic has had classes in drug prevention. But Radimecky says for those programs to be effective, teens must be taught not just about drugs but about how to become responsible decision-makers.

Radimecky says that may require a fundamental shake-up in the approach to teaching in the country:

“Kids are very well informed about drugs — both from these prevention programs and from their peers. I think the problem lies elsewhere and it’s in something that probably can’t be changed quickly and that is the education system in the Czech Republic as a whole. I had the opportunity of being abroad in several countries and to observe how schools function and work with kids. We still have a very autocratic education system. This means that the teacher constantly tests students. The students fear the teacher. There is no partnership.”

According to the EU’s European Monitoring Center for Drugs and Drug Addiction, the Czech Republic has fared better than many other post-Communist states in coping with its drug problem, partly due to its pragmatic approach. Another factor undoubtedly, is the relatively good state of the economy. But public pressure to ‘get tough on drugs’ is increasingly being felt. Experts warn that Czech politicians must retain a balanced approach and resist calls to hand over complete control of drug issues to the police. That strategy, as has been demonstrated in Western Europe, and many would argue in the United States, is likely to fail.

* Jeremy Bransten is a correspondent for Radio Free Europe/Radio Liberty.

Source: Bransten, Jeremy, “Europe: Drugs – Czechs Catch Up With the West”
Radio Free Europe/Radio Liberty
<http://www.rferl.org/nca/features/2000/12/01122000093455.asp>

Copyright ©2002. RFE/RL, Inc. Reprinted with the permission of Radio Free Europe/Radio Liberty, 1201 Connecticut Ave., N.W., Washington DC 20036. www.rferl.org

QUESTIONS FOR DEBATE

1. What does the Czech Republic's experience predict for other formerly communist nations?
2. Would the Czech Republic be harmed or helped by mandatory minimum sentences for drug offenses?
3. Ivan Douda of the Drop In Center contends that the police practice of targeting drug kingpins for criminal arrest and sanctions adversely affects the perceived professionalism of the Czech police force. What evidence does he offer to support this claim? Do you agree or disagree?
4. How does the student/teacher relationship in Czech schools affect the drug prevention education efforts there?

Section 5

Drugs and Terrorism

The connection between drugs and terrorism is undeniable. With the fall of Communism, state sponsored terrorism decreased. Without the funding from nation-states, terrorists were forced to find other sources of income. The underworld of drugs presented one of the best opportunities for terrorists to raise funds to purchase their equipment, train personnel, and run their organizations. The attacks on the World Trade Center and the Pentagon on September 11, 2001 are potent reminders of the potential ramifications of well-funded terrorist organizations. While these attacks were not the first instances of terrorism funded in part by the drug trade, they focused international attention on the issue of terrorism.

The three articles in this section consider the link between terrorism and drugs. The first describes the ties between organized crime, drug trafficking, and terrorism. The next provides an analysis of the situation in selected countries and recommendations for governments and law enforcement agencies to combat this powerful threat. Although both of these testimonies were given before the September 11th attacks, their theories and recommendations are still salient. The final article focuses specifically on post-Taliban Afghanistan and the strategies the international community is using to transform the country from a drug-producing fundamentalist regime to a stable democratic nation.

Resolutions for Debate

Propositions of Fact

1. Resolved: Cracking down on drugs will solve the problem of terrorism.
2. Resolved: Alternative development programs always fail.

Propositions of Value

1. Resolved: Fighting terrorism is desirable.
2. Resolved: Democracy for Afghanistan is more important than stopping its poppy growing.

Propositions of Policy

1. Resolved: This house should offer Afghani opium farmers money for their crops.
2. Resolved: This house should fight terrorism at all costs.

The Threat Posed from the Convergence of Organized Crime, Drug Trafficking, and Terrorism: Statement

*by Frank Cilluffo**

In testimony before the House of Representatives Subcommittee on Crime, Frank Cilluffo discusses how the convergence of organized crime, drug trafficking, and terrorism can impact global security. Although the statement predates the events of September 11th and the defeat of the Taliban regime in Afghanistan, it still provides useful background on the subject. Cilluffo concludes with a recommendation for a comprehensive, coordinated approach to this dark side of globalization.

The Challenge We Face As the Battle Lines Blur

As we begin the 21st Century, America is faced with a new national security challenge that is both vexing and complex. The once clear lines between the international drug trade, terrorism and organized crime are blurring, crossing and mutating as never before. Unfortunately, Washington is only beginning to come to grips with this deepening phenomenon. The continued use of an inflexible 20th Century bureaucratic entanglement of government agencies will not answer this call. We must see this threat clearly. We must understand its roots. We must understand what it means to our future.

The challenge of terrorism is not a new phenomenon. It has, and

always will be a weapon of the weak. It is a low-cost, high-leverage method and tactic, enabling small nations, sub-national groups and even individuals to circumvent the conventional projections of national strength — i.e., political, economic or conventional military might. This is especially the case since our swift and decisive victory in Desert Storm. Few, if any nations would attempt to confront the US in a conventional war today — recognizing that terrorism and unconventional warfare is a more effective — and perhaps even unaccountable — means of leveraging a superpower.

The overlapping of terrorism and the narcotics trade is not new either. Many groups have always been involved in the drug industry. But many ideologically bankrupt terrorist groups shed their moral righteousness and turned towards the drug trade to further their tainted causes. Whether the terrorists actively cultivated and trafficked the drugs or “taxed” those who did, the financial windfall that the narcotics industry guarantees has filled the void left by state sponsors.

Organized crime and terrorism have two differing goals. Organized crime’s business is business. The less attention brought to their organization, the easier their job is. The goal of terrorism is quite the opposite. A wide-ranging public profile is the desired effect. Despite this, the links between organized crime and terrorism are becoming stronger in regards to the drug trade. Organized crime groups often run the trafficking organizations while the terrorists and insurgent groups often control the territory where the drugs are cultivated and transported. The relationship is mutually beneficial. Both groups use funds garnered from the drug trade to finance their organizations.

Funds from states that support terrorism are dwindling, but by no means depleted entirely. The fall of the Soviet Union ended the stream of money that funded terrorists. As a result, terrorist organizations had to search for new sources of funding for their wars. Some organizations such as the Shining Path have always looked towards indigenous forms of funding. Others like FARC cooperate with overseas criminal enterprises. Nevertheless, it is evident that the distinction between terrorist groups fighting an ideological enemy and criminal organizations’ pragmatic pursuit of profit is quickly becoming blurred.

Involvement in the drug business is almost a guarantee of financial

independence from a state sponsor. Groups are no longer beholden to outsiders. That brings the realization that whatever restraint those state sponsors could impose, has now vanished. Likewise, traditional diplomatic or military measures that the United States could subject state sponsors to curb terrorist actions is diminished.

The blurring of these lines pose new challenges to the United States. The traditional organization of the US national security apparatus used to combat the troika of the terrorist, organized crime, and narcotics trafficking threat is no longer applicable. In order to work towards a solution to the problem of narco-terrorism, it is important to identify its implications to US policymaking and its implementation.

With the fall of the Soviet Union and the advent of increasingly tight budgets, Congress and the national security community focused on the peace dividend and budgets for counter-drugs budgets suffered. In Latin America, the rise of democratic governments led to the belief that it was not necessary to pour money into these countries. Rather, since they were no longer seen as targets for subversion by the Soviets, it was believed they could handle the problem themselves. Both Russia and the United States left the fields of Afghanistan in tumultuous local hands soon to be dominated by a fundamentalist Taliban not adverse to the drug trade.

Despite recent efforts to fortify the counter-narcotics effort with more funding, the withdrawal of support in the mid-1990s has contributed to the emergence of the narco-democracy problem, where narcotics traffickers operate with impunity and/or state support (or even state-sponsored narcotics traffickers as in the case of the Taliban that allegedly earns up to 80% of its revenue from the drug trade). As well, a nontraditional threat such as narcotics trafficking has not seemed critical to some policy makers in the national security community, which often view it primarily as a health or law enforcement issue.

The Challenge for America

The US has devoted billions to the drug war, arguably with marginal success. At present more than 50 federal government organizations have a role in the effort against drugs. Yet without clear lines of

authority, the absence of a lead agency, and a drug czar lacking a clear mandate, the counter-narcotics struggle is in jeopardy of falling between the same regional bureaucratic gaps as have other unconventional threats. These problems lead to the absence of effective interagency coordination. Until we determine how we are going to combat the issue as a nation it will prove difficult for us to gain international cooperation on the scale necessary to be effective.

Only an integrated strategy that synchronizes the various organizational efforts under a unifying concept can address these problems. Such a strategy would integrate intelligence collection, linked to the full range of consumers in support of a variety of operational actions — not just eradication, but also diplomatic efforts, law enforcement activities, covert action, and military action.

A Brief Snapshot of the World

Narco-terrorism is a worldwide threat. It knows no ideological or traditional territorial boundaries. Groups from the far right to the far left and every group in between are susceptible to the lure of drug money. In fact, the vast majority of major terrorist organizations rely, at least in part, on the drug trade as a source of funding.

Europe

While publicly crusading against the drug trade in Ireland, there is compelling evidence that the Irish Republican Army (IRA) and its radical offshoot, the Real IRA, are involved in an unholy alliance with the Middle Eastern narcotics industry. Seizures of ecstasy and cannabis in Northern Ireland has dramatically increased in the past few years. As a result, the Royal Ulster Constabulary (RUC) have devoted more and more resources to combating the drug problem. The IRA is not the only guilty party in the conflict. Protestant paramilitaries are also heavily involved in using profits from drug sales to finance their organizations.

Turkey is strategically located between the lush poppy fields of Central Asia and the vast market of Europe. The Kurdistan Workers Party (PKK) has taken advantage of this fact and financed their separatist movement by “taxing” narcotic traffickers and engaging in the

trade themselves. The PKK is heavily involved in the European drug trade, especially in Germany and France. French law enforcement estimates that the PKK smuggles 80 percent of the heroin in Paris.

During the NATO campaign against the former Yugoslavia in the Spring of 1999, the Allies looked to the Kosovo Liberation Army (KLA) to assist in efforts to eject the Serbian army from Kosovo. What was largely hidden from public view was the fact that the KLA raise part of their funds from the sale of narcotics. Albania and Kosovo lie at the heart of the "Balkan Route" that links the "Golden Crescent" of Afghanistan and Pakistan to the drug markets of Europe. This route is worth an estimated \$400 billion a year and handles 80 percent of heroin destined for Europe.

Middle East

The Bekaa Valley continues to remain a base of operations for Hizbullah to export narcotics. Despite efforts from the Lebanese authorities to shut down cultivation in the Valley, production of drugs continues. With funding from Iran seen to be dwindling, the Hizbullah is expected to increase their drug trafficking to fill the void. There is also evidence of cooperation with the PKK to export narcotics into Europe. It is also clear that Russian Organized Crime is using Israel and Cyprus as twin bases for its operations in Western Europe and the United States.

Central Asia

The countries most affected by the fall of the Soviet Union are the Central Asian Republics. The void left by the authority of the Communist Party has been replaced by organized crime syndicates, narcotics traffickers, and Islamic fundamentalists. Civil war and corruption are common. The proximity of the "Golden Crescent" of Pakistan and Afghanistan, make Tajikistan, Uzbekistan, Kazakhstan, Turkmenistan, and Kyrgyzstan the crossroads of the opiate trade to Europe and Russia, where narcotics consumption is increasing.

Spurred by radical Islamic fundamentalists such as Osama bin Laden, new cells of terrorists have spawned in the Central Asian Republics. The Islamic Movement of Uzbekistan (IMU) is one these

groups. The IMU, using Tajikistan as a staging area, have made incursions into Kyrgyzstan on hostage-taking missions. In the radical Islamist attempt to foment *jihad* in Chechnya, guerillas have also used Azerbaijan, Georgia, and Tajikistan as logistical hubs for their attacks on the Russian military.

South and East Asia

Maoist insurgent groups in Nepal have turned to drug trafficking for funding. Nepal serves as a hub for hashish trafficking in Asia. The insurgency has grown since its war with the Nepalese government began in 1996. The war began in three provinces in western Nepal, but has now spread to 68 of Nepal's 75 districts.

The LTTE (Liberation Tigers of Tamil Eelam) rely on the funding generated by expatriates in the US and Canada in their fight against the Sri Lankan government. Under the guise of humanitarian relief for victims of the civil war, the LTTE uses the funds to launch hundreds of terrorist attacks, including suicide bombing and political assassination. The Tamil Tigers have also turned to the narcotics industry. Sri Lanka lies at an important narcotics transit point and the Tamil Tigers take full advantage of this. There is evidence of a close relationship with military leaders in Myanmar. In the past, the Myanmar military has provided training and weapons in return for LTTE members acting as couriers of heroin into India and Europe. Whether or not the relationship continues is unknown.

Evidence has also surfaced of cooperation between the LTTE and Indian organized crime. Indian traffickers supply drugs and weapons to the LTTE, who in turn sell the drugs. The profits garnered from the drugs are then used to repay the Indians for the weapons.

The Abu Sayyaf group has made headlines recently with the mass kidnapping of foreigners and the subsequent ransom provided by Libya. While kidnapping has proven to be a lucrative trade, members of Abu Sayyaf have also taken advantage of marijuana plantations in the Philippines. Abu Sayyaf is a good example of an ideologically driven group that have transformed into a criminal enterprise.

Narco–States

“FARCLANDIA”

The Revolutionary Armed Forces of Colombia (known by the Spanish acronym FARC) was established as a communist insurgency group intent on overthrowing the Colombian government. In 1990, however, their ideological leader Jacobo Arenas died. His successors had very little qualms about breaching their ideological ethics. FARC had for a long time “taxed” narcotics traffickers. By the mid-1990s FARC guerillas began to take a more in-depth role in the trafficking process by supplanting themselves as the middlemen between the farmers and the cocaine processing labs owned by cartel bosses. The changes in FARC over the last decade have been significant. As the revenue from the drug trade has expanded, so too has the power and influence of FARC.

Of particular concern is FARC’s territorial control. FARC controls an estimated 40 percent of Colombia. Included in that territory is their “safe haven.” Prior to peace talks in 1999 with the Colombian government, FARC negotiated for control of an immense swath of Colombian territory under the pretext of it being a demilitarized zone. The zone covers an area of approximately 42,000 square kilometers, roughly the size of Switzerland. The Colombian government have seen this as a concession to FARC to push them to the negotiating table. FARC, however, has used the safe haven to continue the cultivation of narcotics and staging grounds for assaults on the Colombian military.

Cuba had been a major contributor to the FARC cause, providing funding, training, and refuge for FARC soldiers. With the end of the Cold War came a significant reduction in Cuban support. The successful campaigns to eradicate coca crops from Bolivia and Peru pushed the trade to areas controlled by FARC in southern Colombia.

Experts estimate that over half of FARC’s funding comes from drug cultivation and trafficking, with the rest coming from kidnapping, extortion, and other criminal activities. A Time Magazine article recently estimated that FARC makes \$700 million annually from the drug trade.

An alarming trend has been the increasing cooperation between

FARC and elements of the Russian mafia. The Colombian drug cartels had cultivated a relationship with the Russian mafia since the early 1990s. But with the decline of the drug cartels and the rise of guerilla armies in the drug trafficking business, came new relationships. Never one to shy away from opportunities with new customers, the Russian mafia increased their business deals with FARC. The Russians built an arms pipeline to Colombia, bringing in thousands of weapons, and tons of other supplies to help FARC fight their war against the Colombian government. The weapons range from assault rifles and RPGs to military helicopters and, according to media reports, shoulder-launched surface-to-air missiles. Evidence has surfaced regarding an arms-for-drugs deal between Russian organized crime groups and FARC. Russian cargo planes loaded with small arms, anti-aircraft missiles, and ammunition would take off from airstrips in Russia and Ukraine and fly to Colombia. The weapons and ammunition were unloaded and sold to FARC rebels. In return the planes were loaded with up to 40,000 kilograms of cocaine and shipped back to Russia, where the Russian mafia would distribute the drugs for profit. At the time the story broke, the operation had been on-going for two years.

FARC is also extending its cooperation to the borders of the United States. The recent arrest of a FARC figure in Mexico has convinced Mexican and American authorities of a Colombian link to the Arellano-Felix-run Tijuana cartel. The State Department believes that FARC supplied cocaine to the Tijuana cartel in return for cash and weapons.

A defeat of FARC would not spell an end to drug trafficking out of South America. History has shown that as soon as one area has successfully been eradicated of drug crops, new areas of cultivation spring up across borders. If FARC is defeated, groups like ELN and paramilitary groups are likely to fill the vacuum. This "balloon effect" may further spread the drug trade and the associated violence into states bordering Colombia, such as Venezuela, Ecuador, Bolivia and Brazil.

Afghanistan

Despite publicly announced efforts by the Taliban to combat drug cultivation and trafficking, Afghanistan continues to be the largest producer of opium in the world. And production of the crop is growing. According to the Intelligence Community's Counter-Narcotics and Crime Center, opium cultivation grew from 41,720 hectares in 1998, to 51,500 in 1999, and 64,510 in 2000, an increase of over 54 percent in two years. In some districts, as much as 60 percent of the land is used to grow poppies. The Poppy cultivation is expanding territorially in Afghanistan as well, expanding into provinces not previously used for poppy cultivation. Afghanistan became the world's leading producer of opium in 1998, and now produces more than three times as much as Myanmar, the previous leader. This, despite Afghanistan having only 58 percent of Myanmar's area of cultivation.

The Taliban gets funding from taxing all aspects of the drug trade. Opium harvests are taxed at around 12 percent. Then the heroin manufacturing labs are taxed at \$70 per kilogram of heroin. In the final stage, the Taliban gives transporters a permit for \$250 per kilo of heroin to carry for presentation to Taliban checkpoints throughout the country. The Observatoire Geopolitique des Drogues estimates that this adds up to \$75 million per year in taxes for the Taliban.

North Korea

Unlike Latin America or Europe, where organized crime attempts to penetrate the state, North Korea is penetrating organized crime. With the economy in shambles, the government of North Korea has turned to drug trafficking and organized crime for funding. A number of indicators suggest that North Korea is involved in the methamphetamine, opium, and heroin trafficking. Not only do the North Koreans cooperate with organized crime groups, but members of the armed forces, the diplomatic corps, and the intelligence service actually engage in trafficking of narcotics.

Western intelligence agencies have confirmed the presence of large-scale opium production facilities in North Korea. But the North Koreans are not limited to drug production facilities. There is also evidence of printing plants used to produce high-quality counterfeit

currency. And Japan grows increasingly nervous as members of its local Korean population with ties to the North become involved more deeply in this dirty, underground trade.

What America Must Do

The unprecedented cooperation among drug traffickers, organized crime groups, and terrorists has exacerbated the threat of all three to the United States. The nature of the war has changed and the US reaction needs to change as well. It is a top national security problem.

Afghanistan and Colombia represent the best examples of the new threat caused by the convergence of drugs and terrorism to US national security. Although similar, Afghanistan and Colombia pose diverse threats to the United States. While drug production in Afghanistan is of significant interest to the United States, the main concern is that Afghanistan is a haven for Islamic insurgent guerillas and terrorists. In Colombia, the destabilization of a country in America's backyard is the major concern. Colombia is responsible for two-thirds of the world's production of coca. Afghanistan generates 75 percent of the world's opiates. And the trend lines for both are going up. Afghanistan and Colombia command the market share of the opiate and cocaine production in the world. They are the blue chips of the narcotics industry.

The term "war on drugs" has caused us to consider the problem in an unconstructive manner. This is a challenge that cannot be won or lost. The major tactical shift that needs to occur in combating organized crime and terrorism is a move to a 'campaign' strategy. As with any campaign, an articulation of objectives, interests, and goals are required. All aspects of the effort need to be coordinated with these points in mind. A prime example of this are the long-term intelligence gathering operations that are necessary to track and ultimately penetrate these organizations to a level that the subsequent series of arrests will have lasting effect. At the moment, the focus on individual busts means that the low-level participants are filling our prisons with a negligible effect on the industry itself. We need to consider pursuing a 'string-them-along' approach rather than simply a 'string-them-up' approach. This requires increased interagency coop-

eration as well as changes in the law enforcement culture itself.

Part of the solution is strengthening the domestic legal institutions and social organizations in the afflicted countries. The United States cannot solve the problem itself. We must provide them with the tools to help themselves. It must enlist the help of the legitimate institutions in countries where the problem is rife. The institution building must be transparent to the public in order to foster trust among the indigenous population. Without strong judicial systems, effective law enforcement and prosecution of criminals and terrorists is impossible. Without strong social organizations that promote democracy and combat corruption, effective change is impossible. Therefore it is important that the US not only fund military efforts to fight narco-terrorists, but also look to fund domestic reforms that intend to buttress legal systems and promote democracy.

Too often the debate on the narcotics problem is cast in demand-side versus supply-side terms — with legalization increasingly polarized against the war on drugs approach. We should recall that solutions require initiatives from a variety of mutually exclusive sources: public health, schools, state and local community organizations, the military, local, state and national law enforcement, and the intelligence community.

We Must Prevail

The convergence of organized crime, drug trafficking, and terrorism demands a new paradigm in strategic thinking. The end of the Cold War and the mushrooming globalization of the world economy have provided the right conditions for criminal organizations to work together. The dark side of globalization is that while it has benefited legitimate people and organizations, it has also assisted criminal groups. The world's governments have not responded coherently. The threat is transnational and so too must be the response. It is imperative for nations to organize as effectively as the drug traffickers and terrorists have, in order to confront the issue.

The lines between organized crime, drug trafficking, and terrorism are quickly becoming blurred. It cannot be seen through a diplomacy, military, law enforcement, drug enforcement, or intelligence lens

alone. It must be a prism of all these that offer a comprehensive and coordinated approach. The United States cannot afford to view the world according to our agencies and their org charts. As with our past successes, we need to adapt.

The United States must have all the arrows in its quiver necessary and ready to deal with this new and challenging national security threat.

*Frank Cilluffo was the Deputy Director of the Global Organized Crime Program and the Director of the Counterterrorism Task Force for the Center for Strategic and International Studies in Washington, D.C.

Source: House Committee on the Judiciary, Subcommittee on Crime, “The Threat Posed from the Convergence of Organized Crime, Drug Trafficking, and Terrorism,” statement of Frank J. Cilluffo, 13 December 2000.
<http://www.house.gov/judiciary/cill1213.htm>

QUESTIONS FOR DEBATE

1. How does Cilluffo prove the connection between the Russian mafia and FARC?
2. How has the concept of a “War on Drugs” decreased the effectiveness of U.S. drug policy?
3. How does narcotics trafficking act as a national security threat?
4. From what premises does Cilluffo conclude, “Therefore it is important that the U.S. not only fund military efforts to fight narco-terrorists, but also look to fund domestic reforms that intend to buttress legal systems and promote democracy”?
5. What does the author mean when he says, “The United States must have all the arrows in its quiver necessary and ready to deal with this new and challenging national security threat”?

The Threat Posed by the Convergence of Organized Crime, Drug Trafficking and Terrorism: Testimony

*by Ralf Mutschke**

In his testimony before the House of Representatives Subcommittee on Crime, Ralf Mutschke, assistant director of the Criminal Intelligence Directorate of Interpol, testifies that with the decline in state-sponsored terrorism, terrorists have turned to drug trafficking to raise funds. After highlighting particular situations, he concludes with recommendations for combating the problem.

Good morning, Mr. Chairman and members of the subcommittee. I would like to thank you for the opportunity of addressing you here today on the threats posed by the increasing links between terrorist and more traditional criminal activities. I would like to start by exposing the issues and emerging trends that Interpol considers significant or potentially significant in the foreseeable future. After having done so, I would like to share some remarks on the threats posed by this problem and recommendations to combat it, before answering your questions.

Links between Organized Crime and “Traditional” Terrorist Groups

Structural links between political terrorism and traditional criminal activity, such as drug trafficking, armed robbery or extortion have

come increasingly to the attention of law enforcement authorities, security agencies and political decision makers. There is a fairly accepted view in the international community that in recent years, direct state sponsorship has declined, therefore terrorists increasingly have to resort to other means of financing, including criminal activities, in order to raise funds. These activities have traditionally been drug trafficking, extortion/collection of "revolutionary taxes," armed robbery, and kidnappings. The involvement of such groups as the PKK, LTTE, and GIA in these activities has been established.

I would like to draw the particular attention of the Committee to the Groupe Islamique Arme (GIA), considering the events of December last year. On 14 December 1999, Ahmed Ressam was arrested near Port Angeles, Washington State, while trying to enter the United States from Canada. He was in possession of a timing device, explosive materials and false identification documents. Ahmed Ressam is known to have shared a Montreal (Canada) apartment with Said Atmani, a known document forger for the GIA. It has been established that before Ressam attempted to enter the US, he was in the company of Abdelmajid Dahoumane in Vancouver (Canada) for a 3- to 4-week period. An Interpol Red Notice was issued regarding the latter. The investigation has revealed links between terrorists of Algerian origin and a criminal network established in Montreal and specializing in the theft of portable computers and mobile telephones. The group in Montreal was in contact with individuals involved in terrorist support activity in France, and with several Moudjahidin groups who are active in Bosnia.

Subsequent to the arrest of Ressam, the Montreal police arrested twelve persons who were committing theft of valuable goods in cars in the Montreal downtown area. The proceeds of these criminal activities were sent to an international network with links to France, Belgium, Italy, Turkey, Australia and Bosnia.

The events in Canada and the United States should be seen in a wider perspective. Indeed, intelligence shows that several Algerian terrorist leaders were present at a meeting in Albania, which could also have been attended by Osama bin Laden, who was believed to be in Albania at that time. It was during this meeting that many struc-

tures and networks were established for propaganda and fund raising activities, and for providing Algerian armed groups with logistical support. The arrest at the Canada-US border in December 1999 may indicate that the Algerian terrorists are prepared to take their terrorism campaign to North America.

The GIA is a very active and deadly terrorist organization operating mainly in Algeria but which has also mounted several terrorist attacks in France, including the hijacking of an Air France jetliner in 1994 and a bombing campaign in 1995. Their aim is the overthrow of the Algerian Secular Government and its replacement with an Islamic state. They have developed large scale support and financing activities in Europe and other parts of the world. An analysis recently conducted at the Interpol General Secretariat has revealed GIA involvement in a number of criminal activities in several European countries. Although the information received is fragmented, it has been established that GIA support networks are involved in extortion, currency counterfeiting, fraud, and money laundering.

The above examples concern traditional terrorist groups with a well-defined political ideology who are only involved in organized crime on a secondary level. However, two of the main emerging threats today seem to emanate, on the one hand, from more hybrid groups who operate in highly unstable, often war-torn countries or regions, and, on the other hand, loose alliances and cooperation among different, already existing transnational criminal organizations. Albanian crime groups are highly representative of this trend.

Albanian Organized Crime Groups

Albanian organized crime groups are hybrid organizations, often involved both in criminal activity of an organized nature and in political activities, mainly relating to Kosovo. There is certain evidence that the political and criminal activities are deeply intertwined. Also, it has become increasingly clear that Albanian crime groups have engaged in significant cooperation with other transnational crime groups.

Several extraneous factors explain the current, relatively strong, position of Albanian organized crime:

1. Concerning Albanian organized crime in the United States, the 1986 break-up of the "Pizza connection" made it possible for other ethnic crime groups to "occupy" the terrain which had until then been dominated by the Italians. For Albanians this was especially easy since they had already been working with, or mainly for, Italian organized crime.
2. Due to a highly developed ethnic conscience — fortified by a Serb anti-Albanian politics in the 80's and 90's, Albanians, particularly Kosovars, have developed a sense of collective identity necessary to engage in organized crime. It is this element, based on the affiliation to a certain group, which links organized Albanian crime to Pan-Albanian ideals, politics, military activities and terrorism. Albanian drug lords established elsewhere in Europe began contributing funds to the "national cause" in the 80's. From 1993 on, these funds were to a large extent invested in arms and military equipment for the KLA (UCK) which made its first appearance in 1993.
3. From 1990 on, the process of democratization in Albania has resulted in a loss of state control in a country that had been totally dominated by the communist party and a system of repression. Many Albanians lacked respect for the law since, to them, they represented the tools of repression during the old regime. Loss of state structures resulted in the birth of criminal activities, which further contributed to the loss of state structures and control.
4. Alternative routing for about 60% of European heroin became necessary in 1991 with the outbreak of the war in Yugoslavia and the blocking of the traditional Balkan route. Heroin was thus to a large extent smuggled through Albania, over the Adriatic into Italy and from there on to Northern and Western Europe. The war also enabled organized criminal elements to start dealing arms on a large scale.
5. Another factor which contributed to the development of criminal activities, is the embargos imposed on Yugoslavia by the international community and on the F.Y.R.O.M. by Greece (1993–1994) in the early 90's. Very quickly, an illegal

triangular trade in oil, arms and narcotics developed in the region with Albania being the only state not hit by international sanctions.

6. In 1997, the so-called pyramid savings schemes in the Albanian republic collapsed. This caused nation-wide unrest between January and March 1997, during which incredible amounts of military equipment disappeared (and partly reappeared during the Kosovo conflict): 38,000 hand-guns, 226,000 Kalashnikovs, 25,000 machine-guns, 2,400 anti-tank rocket launchers, 3,500,000 hand grenades, 3,600 tons of explosives. Even though organized crime groups were probably unable to “control” the situation, it seems clear that they did profit from the chaos by acquiring a great number of weapons. Albanian organized crime also profited from the financial pyramids which they seem to have used to launder money on a large scale. Before the crash, an estimated 500 to 800 million USD seem to have been transferred to accounts of Italian criminal organizations and Albanian partners. This money was then reinvested in Western countries.
7. The Kosovo conflict and the refugee problem in Albania resulted in a remarkable influx of financial aid. Albanian organized crime with links to Albanian state authorities seems to have highly profited from these funds. The financial volume of this aid was an estimated \$163 million. The financial assets of Albanian organized crime were definitely augmented due to this situation.
8. When considering the presence of Albanians in Europe, one has to keep in mind the massive emigration of Albanians to Western European countries in the 90's. In 2000, estimations concerning the Albanian diaspora are as follows:
 - United States and Canada: 500,000
 - Greece: 500,000
 - Germany: 400,000
 - Switzerland: 200,000
 - Turkey: 65,000
 - Sweden: 40,000

Great Britain: 30,000

Belgium: 25,000

France: 20,000.

For those emigrants to EU countries or Switzerland, the temptation to engage in criminal activities is very high as most of them are young Albanian males, in their twenties and thirties, who are unskilled workers and who have difficulties finding a job. For Italian organized crime, these Albanians were ideal couriers in the drug trafficking business running through Albania as they were able to circumvent the area border patrols after the outbreak of the war in Yugoslavia. Many of them came into contact with Albanian organized crime through Albanian émigré communities located throughout Western Europe. This gave an impetus to the dispersion and internationalization of Albanian criminal groups.

The typical structure of the Albanian Mafia is hierarchical. Concerning “loyalty,” “honor” and clan traditions (blood relations and marriage being very important) most of the Albanian networks seem to be “old-fashioned” and comparable to the Italian Mafia networks of thirty or forty years ago. Infiltration into these groups is thus very difficult. Heroin networks are usually made up of groups of fewer than 100 members, constituting an extended family residing all along the Balkan route from Eastern Turkey to Western Europe. The Northern Albanian Mafia which runs the drug wholesale business is also known by the name of “The Fifteen Families.”

Regarding cooperation with other transnational criminal groups, the Albanian Mafia seems to have established good working relationships with the Italian Mafia. On the 27th of July 1999 police in Durrës (Albania), with Italian assistance arrested one of the godfathers of the “Sacra Corona Unita,” Puglia’s Italian Mafia. This Albanian link seems to confirm that the Sacra Corona Unita have “officially” accepted Albanian organized crime as a “partner” in Puglia/Italy and delegated several criminal activities. This might be due to the fact that the Sacra Corona Unita is a rather recent phenomenon, not being as stable nor as strong as other Mafias in Italy. Their leaders might have decided to join forces rather than run the risk of a con-

flict with Albanian groups known to be extremely violent. Thus in certain areas of Italy, the market for cannabis, prostitution and smuggling of illegal immigrants is run mainly by Albanians. Links to Calabria's Mafia, the "Ndrangheta," exist in Northern Italy. Several key figures of the Albanian Mafia seem to reside frequently in the Calabrian towns of Africo, Plati and Bovalino (Italy), fiefs of the 'Ndrangheta. Southern Albanian groups also seem to have good relationships with Sicily's "Cosa Nostra," which seems to be moving steadily into finance and money laundering, leaving other typical illegal activities to other groups. Close relationships also exist with other criminal groups active along the Balkan route, where Turkish wholesalers, Bulgarian and Romanian traffickers are frequent business partners. There are also indications that a South American cartel has become active in Albania through Albanian middlemen, in order to place more cocaine on the European market.

The heavy involvement of Albanian criminal groups in drugs trafficking, mainly heroin, is proven. Currently, more than 80% of the heroin on the European market has been smuggled through the Balkans, having mainly been produced in Afghanistan and traveled through Iran and Turkey or Central Asia. In the Balkan region, two routes seem to have replaced the former traditional route, disrupted by the Yugoslavian conflict: one Northern route running mainly through Bulgaria, then Romania and Hungary and one Southern route running from Bulgaria through F.Y.R.O.M., the Kosovo region and Albania. An average of more than a ton of heroin and more than 10 tons of hashish are seized along those Balkan routes each year. According to DEA estimations, between 4 and 6 tons of heroin leave Turkey each month bound for Western Europe, traveling along the Balkan routes.

Albanian trafficking networks are becoming more and more powerful, partly replacing Turkish networks. This is especially the case in several German-speaking countries, Sweden and Norway. According to some estimations, Albanian networks control about 70% of the heroin market today in Switzerland, Germany, Austria and the Scandinavian countries. According to analyses of the Swedish and Norwegian police, 80% of the heroin smuggled into the countries can be

linked to Albanian networks. In 1998, Swiss police even estimated that 90% of the narco-business in the country was dominated by Albanians. Throughout Europe, around 40% of the heroin trade seems to be controlled by Albanians. Recent refugees from the Kosovo region are involved in street sales. Tensions between the established ethnic Albanians and newcomers seem to exist, heroin prices having dropped due to their arrival and due to growing competition in the market.

Albanian networks are not only linked to heroin. In the Macedonian border region, production laboratories for amphetamine and methamphetamine drugs seem to have been set up. Currently, these pills are destined for the local market. Cannabis is grown in Albania and cultivation seems to have become more and more popular, especially in the South. Annual Albanian marijuana revenue is estimated at \$40 million. In 1999, cannabis plantations existed in the regions of Kalarat (about 80 kilometers from Vlorë/Albania) and close to Gjakovë in the regions of Sarandë, Delvinë and Permet. Albanian cannabis is mainly sold on the Greek market. In order to transport the drugs to Greece, Albanian crime groups work together with Greek criminals.

Albanian criminals are also involved in the traffic of illegal immigrants to Western European countries. It is part of international trafficking networks, which not only transport Albanians, but also Kurds, Chinese and people from the Indian subcontinent. The Albanian groups are mainly responsible for the crossing of the Adriatic Sea from the Albanian coast to Italy. Departures mainly take place from Vlorë, some of them from Durrës or even from Ulcinj in the South of Montenegro. By the end of 1999, the crossing costs about \$1,000 USD for an adult and \$500 USD for a child. It is interesting to notice that some illegal immigrants had to pay for their journey only once in their home country (e.g. \$6,000 in Pakistan), but that the nationality of the trafficking groups changed as they moved along. This implies that Albanian groups are only a part of international distribution networks. In 1999, approximately 10,000 people were smuggled into EU countries via Albania every month. The Italian border patrol intercepted 13,118 illegal immigrants close to the Puglian coast from January until July

1999. It estimated arrivals only in this coastal region at 56,000 in 1999. For the Albanian crime groups, illegal immigration — even though it can not be compared to the narco-business — is an important source of income, bringing in an estimated fifty million USD in 1999.

Immigration is not only a source of income, it is also very important in order to create networks in foreign countries and thus create bridgeheads for the Albanian Mafia abroad. Reports indicate that of the people admitted into Western European or North America as refugees during the Kosovo conflict, at least several had been carefully chosen by the Albanian Mafia to stay in the host country and act as a future liaison for the criminal networks.

Trafficking in women and forced prostitution seem to have become much more important for Albanian organized crime in 1999, with thousands of women from Kosovo having fled to Albania during the armed conflict in the region. About 300,000 women from Eastern European countries work as prostitutes in Europe. More and more seem to be “organized” in Albanian networks that are not only limited to ethnic Albanian prostitutes, but also comprise women from Romania, Bosnia, Moldova, Russia, etc. The pimps often pretend to be Kosovars in order to have the status of a political refugee, even though many of them come from Albania. Some seem to control the “business” from abroad. Belgium, in particular, seems to be the seat of several leaders of the trafficking networks. In 1999, ten people linked to Albanian crime were shot in Brussels.

Finally, Albanian criminal groups frequently engage in burglaries, armed robberies and car theft in Europe and the United States.

There might still be links between political/military Kosovar Albanian groups (especially the KLA) and Albanian organized crime. Of the almost 900 million DM which reached Kosovo between 1996 and 1999, half was thought to be illegal drug money. Legitimate fundraising activities for the Kosovo and the KLA could have been used to launder drug money. In 1998, the U.S. State Department listed the KLA as a terrorist organization, indicating that it was financing its operations with money from the international heroin trade and loans from Islamic countries and individuals, among them allegedly Usama bin Laden. Another link to bin Laden is the fact

that the brother of a leader in an Egyptian Jihad organization and also a military commander of Usama bin Laden, was leading an elite KLA unit during the Kosovo conflict. In 1998, the KLA was described as a key player in the drugs for arms business, "helping to transport 2 billion USD worth of drugs annually into Western Europe." The KLA and other Albanian groups seem to utilize a sophisticated network of accounts and companies to process funds. In 1998, Germany froze two bank accounts belonging to the "United Kosova" organization after it had been discovered that several hundred thousand dollars had been deposited into those accounts by a convicted Kosovar Albanian drug trafficker.

The possibility of an Albanian/Kosovar drugs for arms connection is confirmed by at least two affairs in 1999:

An Italian court in Brindisi (Italy) convicted an Albanian heroin trafficker who admitted obtaining weapons for the KLA from the Mafia in exchange for drugs.

An Albanian individual placed orders in the Czech Republic for light infantry weapons and rocket systems. According to Czech police sources, the arms were bound for the KLA.

Each KLA commander seems to have had funds at his disposal in order to be able to pay directly for weapons and ammunition for his local units' need.

It is difficult to predict the further development of Albanian organized crime. Being a recent phenomenon, its stability is difficult to estimate. Nevertheless, future threats are realistic given the ruthlessness and lack of scruples displayed by Albanian crime groups, the international links which already exist, the professionalism which characterizes most of their activities and the strong ties created by ethnic Albanian origins. Moreover, the strong position of Albanian crime groups in Kosovo, F.Y.R.O.M. and the Albanian republic itself, is definitely a cause of concern to the international community, especially when one takes into account the geo-political instability in the region and the presence of a UN peacekeeping force.

The Links between Drug Trafficking and Terrorism in Central Asia

The breakup of the Soviet Union and its transition to a market based economy continues to have a major impact in Central Asia and Eastern Europe. Many countries in these regions continue to have economic and social problems relating to the major changes that occurred in 1991. Central Asian criminal organizations have taken advantage of these unstable conditions to become more active in such illegal activities as drug trafficking and other smuggling activities, while becoming ever more powerful. As a result of their domestic trafficking activities, drug dealers and other criminal organizations have developed transnational and international criminal connections, further spreading the flow of drugs and becoming increasingly involved in more serious criminal activity.

A significant part of the drug trafficking activity in the area is taking place in conjunction with terrorist activity. Terrorist groups active in Central Asia are opponents of the democratic, secular societies which are in the process of being established. Over the last two years, they were responsible for car bombings, suicide bombings, massacres of innocent civilians, tourists and attacks against multi-story buildings, which resulted in massive damage and casualties in Central Asia as well as neighboring countries. This type of terrorism has been used against the secular regimes in Central Asian and neighboring countries.

The main terrorist movement in the area, but not the only one, is the Islamic Movement of Uzbekistan (IMU). The IMU is a religious extremist coalition of terrorists and sympathizers from Uzbekistan and other Central Asian countries claiming to be acting under the guise of Islam and opposed to the secular government of the Republic of Uzbekistan. IMU's goal is to establish an Islamic State in Uzbekistan and other Central Asian countries. This group also promulgates religious and extremist propaganda including anti-western rhetoric aimed at spreading the idea of overthrowing the constitutional government in the republic. The IMU is responsible for six car bomb attacks on 16 February 1999, that resulted in the deaths of 16 people and serious injuries of 128 others in Tashkent. The car bombs exploded within minutes of each other, outside Uzbekistan's government

headquarters and several other buildings in an assault apparently aimed at President Islam Karimov. We believe several suspects are currently located in Western Europe but are claiming political asylum in those countries.

Despite the political and ideological agenda of the IMU, this movement is not exclusively terrorist in nature, rather more of a hybrid organization in which criminal interests often take priority over “political” goals. IMU leaders have a vested interest in ongoing unrest and instability in their area in order to secure the routes they use for the transportation of drugs. Afghanistan produces around 75% of the world’s heroin supply (for 2000, the production of opium, then refined into heroin, was 3275 tons). Due to successful anti-drugs campaigns in Iran and Pakistan, traffickers were forced to transit drugs through Central Asia, in order to reach Russia and Europe. At the same time, there has been an increase in demand for drugs on the Russian market. Approximately 60% of the narcotics coming out of Afghanistan are now transiting through Central Asia. The trafficking of such huge quantities implies the need to constantly find new routes, and it is also evident that an increase of efficiency of law enforcement in these countries, resulting from a stable political climate, would present a significant threat to the IMU’s interests in drug trafficking. The interest of the latter in this profitable sector is rather large, according to some estimations IMU may be responsible for 70% of the total amount of heroin and opium transiting through the area.

In Afghanistan, the radical Islamic Taliban Militia controls over 80 percent of the country’s territory and over 95 percent of the opium poppy cultivating area. Reports indicate that opium production provides the Taliban with income through the taxation of opium and heroin labs, and also gives them political leverage.

Strategic Alliances and International Activities of Eastern European Organized Crime

Crime groups emanating from the former Communist countries of eastern and central Europe and the republics of the former Soviet Union pose a deadly threat internationally as the number of crime

syndicates rises steadily.

The G8 Law Enforcement Projects Sub-Group on Eastern European Organized Crime began an initiative to gather information on specific organized crime targets and/or organizations which were of interest to their members. At the outset they recognized that Interpol was the only organization with a centralized international database and which also had the capacity and potential to collate and analyze the information. In response to a request from this G8 Sub-Group, Interpol made a proposal to serve as an "indices system" to oversee the collection and analysis of the information on these crime groups. Project Millennium now serves our member countries by providing a specialized database, by collating and storing information, by producing analytical reports for use in current investigations and by assisting countries in the exchange of information on East European/Russian organized crime.

Project Millennium is a 'Pilot Project' for Interpol and is a working example of how the organization has become a 'global coordinator' and 'value added service provider' for the world's law enforcement community.

In terms of trends and threats, Interpol has clearly identified that the pervasive criminality that for so long festered within the boundaries of the former Soviet Union has now manifested itself in all corners of the globe. In contrast to the Communist period, modern organized crime in Eastern Europe and the former Soviet Union has spread well beyond the old European borders and quickly transformed the phenomenon into an urgent transnational issue.

Interpol information indicates that former USSR/Eastern European organized crime groups are now active and their influence is growing in all continents. An unusual aspect is that these crime syndicates have formed alliances of convenience and are willing to cooperate or make business arrangements with other organized crime groups, such as the LCN, the Colombian cartels, Italian mafias, and other international traditional criminal adversaries specializing in drug trafficking, prostitution rings, money laundering, and weapon smuggling.

Eastern European/Russian crime syndicates are now laundering

money on a grand scale throughout the world. States with strict banking secrecy laws are particularly attractive to Eastern European and former USSR crime groups. In particular, many crime groups are seizing on loose financial regulations in foreign states to launder large amounts of illicit profits through foreign banks and business structures. One particular suspect from the British Channel Islands came to our attention due to the fact that his name appeared in a number of cases as the director or officer of numerous businesses linked to Eastern European related crime groups. It is claimed that the subject held a world record by holding over 2,400 directorships at one time. Our investigations into this one person demonstrated how the offshore business services are widely used by criminal enterprises. In these types of cases, Interpol plays an important role by collecting information from all over the world and highlighting the common suspects, trends and modus operandi. Areas and countries with these loose financial regulations span from islands in the South Pacific and Caribbean, across Europe and in the United States. We see many leads from other countries inquiring about East European based companies incorporated in Delaware, Wyoming and Montana.

One analysis report completed by Interpol in Project Millennium revealed how one of the leaders of the “Chechenskaya” criminal group, with three of his brothers as well as other accomplices, transferred money received from criminal activities in Russia to western European countries through offshore zones. One of the companies used for these money transfers was “Benex International” mentioned in the “Bank of New York” reports. The members of this group are involved in extortion, murder, armed robberies, weapons smuggling, and money laundering. This criminal leader is wanted by Interpol Moscow and has an Interpol Red Notice for murder. This investigation involves at least 12 countries (Switzerland, Hungary, Australia, Ireland, Russia, Bulgaria, Nauru, Kazakhstan, Austria, Germany, the UK and the USA).

Another very interesting trend which we have seen for several years is the interest shown in Africa by Russian and Eastern European crime groups. Information we have received from Africa and elsewhere shows that many leading crime figures are traveling to African

countries and some have shown an interest in setting up operations in these countries. We are aware, for example, of a meeting of several significant leaders from Eastern Europe in South Africa in 1996. One of the activities which many of these criminals are involved in is arms trafficking and the subsequent money laundering of the proceeds from that traffic.

One Russian-born subject, who is suspected of arms trafficking into several African countries, was the owner of a private bank in Switzerland and the administrator of an aviation company. Other aviation companies we are tracking are incorporated in Central Asian countries but have significant links to certain Arab countries. A leading Bulgarian criminal who is a close associate of an important Eastern European crime figure has close connections with the firearms industry in Eastern Europe and has had significant dealings with terrorist groups and criminals operating in African countries. Interpol is attempting to track the travel activities of these criminals in an effort to supply valuable information and connections to investigators.

Strategic Alliances between Crime Groups: the Colombian Nexus

The strategies devised by Colombian drug cartels merit a discussion in further detail. Over the years, these criminal entities have formed numerous alliances with other criminal groups in order to extend the scope of their illicit business. Their rational, and, incidentally, highly successful strategic decision-making has led to providing them with a more global reach. The presence of terrorist groups in the area explains the obvious link between drugs and the arms trade in that region.

Generally speaking, the formation of alliances can be viewed as a response by a particular firm or company to overcome its own limitations. With the emergence of global markets, alliances are becoming a necessity for almost any business. Each firm has something that the other needs or wants, such as knowledge of a certain market or an established distribution network. Drug cartels, although an illegitimate business, are forming alliances with other organized criminal groups around the world to extend their operations and conquer new markets.

In order to smuggle their illicit products into the U.S., Colombian drug cartels began forming alliances with Mexican groups, who have a well-developed smuggling infrastructure for transporting drugs across the vast border with the United States. As Mexicans began to charge more for their services, Colombians established relationships with various Dominican, Jamaican, Puerto Rican, and African-American groups which act as smugglers and retailers for Colombian wholesale cocaine. Colombians have also formed an alliance with some of the Nigerian drug trafficking groups based on product exchange. In the early 1990s, Nigerian groups supplied heroin to Colombian drug traffickers in exchange for cocaine. Colombians were able to develop their own heroin market, while Nigerians started selling cocaine in Western Europe. During the late 1980s and early 1990s, an important alliance was formed between Colombian drug cartels and the Sicilian Mafia. Since the cocaine market in the U.S. was saturated, and because cocaine could be sold with higher profit margins in Europe, Colombians wanted to enter the European drug market. The Cosa Nostra's well established heroin network was easily applicable to cocaine. In addition, the Sicilians had an excellent knowledge of European conditions and were able to neutralize law enforcement officials through bribery and corruption more effectively than the Colombians. From the Sicilian perspective, the alliance with Colombians was an opportunity to regain part of the market that had been lost to Chinese heroin traffickers. In recent years, South American drug cartels have been forming alliances with East European/Russian Organized Crime Groups in order to support and diversify their operations. East European groups have offered drug cartels access to sophisticated weapons that were previously not available. Helicopters, surface-to-air missiles, rocket-propelled grenades, and even submarines are on the drug cartels' "shopping list." The East European groups provided new drug markets in Russia, the former Soviet Republics, and Eastern Europe, while consumption was decreasing in the U.S. In 1993, Russian police intercepted a ton of South American cocaine which had been shipped to St. Petersburg by one Russian crime syndicate working with a Colombian drug cartel. In another example, a Russian crime leader was arrested in Janu-

ary 1997 in Miami by U.S. agents for the exportation of cocaine from Ecuador to St. Petersburg (Russia) and then to the United States. In exchange for these services, drug cartels pay for transactions with high quality cocaine. East European/Russian crime syndicates and corrupt military officers are supplying sophisticated weapons to Colombian rebels in exchange for huge shipments of cocaine. Although the Revolutionary Armed Forces of Colombia (FARC) receives most of the arms, some of them are distributed to Hezbollah factions.

The financing of the two main terrorist organizations operating in Colombia, namely the FARC and the National Liberation Army (ELN), originates from several sources, with the most important one being the drug trafficking. A "tax system" run by FARC collects \$20 USD for each kilo of base cocaine produced, \$30 USD for each kilo of crystal, and \$2,500 USD for each use of a landing strip. Approximately 61% of FARC's operational area is also an area for cultivation and production of cocaine. The guerrilla members also protect the laboratories belonging to the narco-traffickers and this protection is provided in exchange for financial compensation. The largest amount, approximately \$515 million dollars, was raised by Colombia's oldest guerrilla organization, FARC. The smaller National Liberation Army earned approximately \$380 million dollars. These groups raised approximately \$910 million dollars from abductions, extortion and drug trafficking in 1997. In the last four years, these groups' earnings soared by 130%, which surpasses the combined incomes of Colombia's seven largest firms. Since 1996, the UNHCR estimates that more than 800,000 people have been displaced in Colombia as a result of guerrilla warfare. In an attempt to negotiate peace with guerrilla groups, the Colombian government granted the ELN a demilitarized zone in the northeastern provinces of Antioquia and Bolivar in April 2000. This is the second guerrilla safe-zone created in Colombia. The FARC's own demilitarized zone, which lies in the jungles in the south, was created in 1998.

In the South American context, it is also worthwhile to mention Peru and Argentina. Like Colombia, Peru is combating guerrilla groups in the Andean jungles. The main guerrilla group is the

“Sendero Luminoso” (Shining Path), led by Oscar Ramirez, also known as “Comrade Feliciano.” In order to finance their operations and terrorist attacks, they often resort to drug production and smuggling. In May 1997, a joint action by the Peruvian military and police resulted in the capture of several leaders of the Shining Path. The Shining Path operates in the Apurimac valley, the second largest coca growing area in Amazonia. The increasing poverty in the region allows the guerrilla group to recruit young people between the ages of 14 and 18 and enlarge the scope of their activities. The rebels suffered a setback in their operations, however, when one of their leaders, Oscar Ramirez Durand, was arrested in 1999.

It appears that Argentina is becoming a major money laundering center for organized criminal groups from Colombia and Mexico, and recently there appears to be activity from various East European/Russian organized crime groups. Since Argentina does not yet have an anti-laundering body, the total amount laundered annually is not known. According to a report by the International Monetary Fund (IMF), an estimated \$6 billion dollars are laundered in Argentine banks each year. According to the Argentine federal police, approximately \$5 billion came from Paraguay to be laundered in 1998. Allegedly, the money is usually channeled “through front companies in Uruguay, then through banks in the Caribbean, and finally to Europe and the United States.”

Finally, the area called the “Triple Border,” where Argentina, Brazil, and Paraguay meet is known for arms trafficking, vehicle theft, counterfeit currency, forged documents, as well as for being a refuge for Latin American, Lebanese, Russian, Chinese, and other criminal and terrorist organizations. It is not clear if the Hezbollah figures among these terrorist groups, but Islamic fundamentalists are suspected of having committed two terrorist attacks in Argentina: in 1992, a car bomb destroyed the Israeli embassy building in Buenos Aires and in 1994 another car bomb attack was directed against the “Mutual Association.” These investigations are still ongoing and Interpol channels have been used for the exchange of information in the framework of these cases. To provide an idea of the scope of criminal activity in this area, a former President of the Brazilian Central Bank

stated in 1999, that approximately \$18 million USD are laundered daily in the banking agencies of the city of Foz de Iguazu (Brazil), a city which is located in this region.

The main smuggling routes to Europe originate in Brazil, Ecuador, and Venezuela. Cocaine is concealed in containers and shipped to Rotterdam (The Netherlands), Barcelona (Spain), Genoa (Italy), and the ports of some Baltic states. In addition, small boats transport cocaine from South America to Spain, where drugs are transferred aboard Spanish fishing boats. Lastly, an air route exists between West Africa and Europe. However, Spain continues to dominate as the main entrance point for Colombian drugs into Europe. In 1998, more than 31% of all cocaine seizures in Europe occurred in Spain. On August 2, 1999, the Spanish authorities seized ten metric tons of Colombian cocaine on a Russian-owned ship southwest of the Canary Islands. This shipment was the largest cocaine seizure carried out by European police. In addition, 200 kilograms of heroin were confiscated.

What appears to be the “forecast” for South America? In the northern tier — Colombia, Venezuela, Ecuador, Bolivia, and Peru — drug trafficking will continue to dominate along with insurgence of the guerrilla groups. The abundance of drugs and oil in the region, as well as guerrilla activities, is a dangerous mixture for political stability.

Cooperation among Russian and Israeli Criminal Groups in the Trafficking of Ecstasy

In another look at an emerging drug situation, there has been a tremendous increase in the production and trafficking of ecstasy to the United States from Europe, a trend which Interpol brought to the forefront in 1998. It has also increasingly spread to Australia, South Africa, Asia, and South America. The phenomenal demand for this drug has created a perfect opportunity for Israeli and Russian organized crime groups to become heavily involved in the trafficking of this drug, which has proven to be extremely lucrative. As the production and trafficking of ecstasy continues at an explosive rate, we are seeing increased involvement of Russian and Israeli criminal organizations as well as the increased involvement by other international

criminal organizations, potentially to include Colombian and Mexican groups. As the production of this drug spreads to the east, we can expect Eastern European organizations to take advantage of this situation, which no doubt will include criminal activity directed towards the United States.

I would also like to seize this opportunity to draw the attention of the Committee to the relatively recent involvement of Organized Crime in two activities which have become increasingly important issues for law enforcement authorities, namely illegal immigration and cigarette smuggling.

Cigarette Smuggling and Organized Crime

According to the British Tobacco Manufacturers' Association, cigarette smuggling is now second only to drugs in terms of consumer spending on illegal activities. An estimated 350 billion cigarettes are smuggled each year, and the number continues to grow rapidly. As a consequence, governments around the world lose approximately \$16 billion annually in uncollected tax revenues.

Many organized crime groups operate based on kinship, lifelong friendship, mutual prison experience, or the membership in sects or secret societies like the Chinese Triads or the Cosa Nostra. However, none of these ties are essential in the illegal cigarette trade, as is evidenced by the numerous interethnic relations within smuggling operations and between different levels of the market. The risk of apprehension for smugglers, wholesalers, street vendors, and consumers is relatively low, due to the fact that it has not been a priority for law enforcement until very recently, and sanctions have been relatively light considering the profitability of the business. In addition, the risk of fraud is limited because, unlike illegal drugs, most cigarettes are manufactured legally so the question of the quality of the product is almost non-existent. However, the profitability of the "business," combined with its visibility and illegality make street vendors of smuggled cigarettes an easy target for extortion and racketeering by organized criminal groups.

Why are cigarettes such an attractive commodity for organized crime groups? First, the difference between the duty-free and duty-

paid prices are substantial, thereby allowing smugglers to make profits at relatively low street prices. Second, they are very easy to handle and transport. For example, a container load of cigarettes carries a potential tax value of \$1.2 million, almost all of which is potential profit for the smuggler. Third, cigarette smuggling requires a willing market and a good local distribution network, which have already been established by drug-trafficking organizations.

Despite considerable investments in anti-smuggling measures by law enforcement agencies, cigarette smuggling is flourishing around the world. In Europe, after the collapse of the Soviet Union, already existent smuggling trends in Italy and Spain served as a model for organized groups in other countries. Smuggling networks developed in the Balkans when international sanctions were imposed as a result of the war. In South Africa, there was a surge in cigarette smuggling after the collapse of apartheid and the lifting of international sanctions. In Colombia, well established drug routes were easily converted into cigarette-smuggling routes. Interstate cigarette smuggling is one of the fastest growing crimes in the United States, due to considerable differences in state tax rates. State taxes on cigarettes currently range between 2.5 cents to \$1 USD per pack. In Canada and Great Britain, extremely high cigarette taxes proved to provide the fertile ground needed for cigarette smuggling to flourish. Similar patterns continue to emerge around the world, while criminal activities continue to grow. In Colombia, cigarette smuggling is directly related to money laundering schemes through the so-called "black market peso exchange." During the exchange, drug-dealers convert U.S. dollars into clean pesos, while cigarette smugglers buy U.S. dollars in order to purchase international goods. The U.S. Treasury Department calls this system "the most dangerous and damaging form of money laundering ever encountered." In Italy, criminal organizations sign contracts with the tobacco companies and buy enormous quantities of cigarettes. Some criminal groups are so powerful, they demand that tobacco companies refrain from selling their products to other criminal organizations. In Germany, Vietnamese groups dominate the street sale of smuggled cigarettes. With time, they have evolved from unorganized individuals into highly sophisticated groups controlling

the majority of illegal sales. Along with traditional methods, more elaborate techniques have evolved for cigarette smuggling into Germany. Non-existent corporations have been established to purchase duty-free cigarettes with the intention of exporting them to Eastern Europe. However, before the cargo reaches the border, it is sold to illegal wholesale dealers. In Britain, the port of Dover has become the center of smuggling activities, taking advantage of France's lower tobacco taxes. Tobacco smuggling is a ruthlessly efficient and highly organized trade which involves some of Britain's most vicious criminal gangs, as well as the Eastern European crime groups and the Italian Mafia. British police estimate that Italian organized criminal groups account for 15% of the illegal trade, while Eastern European gangs are responsible for 10% of the smuggled cigarettes in Great Britain. The ferocity of the competition is likely to contribute to violent confrontations as the gangs compete for control.

Organized criminal groups realize the importance of making smuggling routes and the structure of transactions as complicated as possible, and employ a great range of owners in a very short space of time to make police investigations as difficult as they can. The primary objective is to make the final owner untraceable, and to make the links between successive owners as ambiguous as possible. The more complicated the route is, the more difficult it is to uncover.

The port of Antwerp in Belgium and the port of Rotterdam in the Netherlands serve as major warehouses for imported cigarettes in Europe. The high concentration of duty-free cigarettes in these ports is likely to generate illegal activities for the European black market. It is clear why: European guidelines specify that tobacco duty must make up at least 57% of the selling price for a packet of cigarettes. From Antwerp, there are two major smuggling routes which lead to Eastern Europe and the former Soviet Union. The first route transfers cigarettes by road from Belgium to Switzerland's free zone, where they are destined for Central and Eastern Europe. The second route transfers cigarettes from ports to regional airports in Belgium or the Netherlands. Then, large aircraft fly the cigarettes to their destinations in Eastern Europe and the former Soviet Union. Eventually, most of the cigarettes return to the EU, particularly to Germany and

Italy. In Germany, cigarettes are smuggled in a vast number of private cars and small vans, and this phenomenon is described as “ant-smuggling.” In Italy, cigarettes are smuggled by fast boats from the Republics of the former Yugoslavia and Albania. After they land along the long coastline, cigarettes are distributed on the Italian market and in other European countries. The third smuggling route transports cigarettes from Northern European ports to North Africa. However, when ships are close to the Spanish territorial waters, small fast boats smuggle cigarettes to the Spanish Coast.

In 1993, a total of 13 million packets were exported into the principality of Andorra, compared with 1,520 million packets in 1997. It is difficult to believe that 60,000 inhabitants of Andorra consumed these quantities. A large amount of cigarettes may have been smuggled back to Great Britain through Spain, France, and Belgium. Lately, smugglers have used routes through Cyprus and the United Arab Emirates to cover their activities.

Investigators claim that British American Tobacco (BAT), the world's second largest multinational tobacco company, has encouraged tax evasion and cigarette smuggling as a means of securing a share of the tobacco market and to lure generations of new smokers in South American countries, especially Colombia. The BAT records show that cigarettes were shipped from BAT subsidiaries in the U.S., Brazil, and Venezuela to BAT's distributors in the free-trade zone in Aruba, an island just off the coast of Colombia. From Aruba, cigarettes were sold to dealers, who would then bring them to Maicao, a town in Colombia's La Guajira region. Maicao was given special customs status in order to improve the economy in the region. However, many cigarettes were moved from “duty not paid” zone into the black market in Barranquilla, Colombia.

Another route was used to smuggle cigarettes from Aruba into Colombia. This time, Panama's free-trade zone of Colon was used as a staging point into nearby Turbo (Colombia), which is also a special customs zone. Furthermore, some of the cigarettes shipped through Aruba into Maicao went back to Venezuela. In addition to South America, it is alleged that BAT encouraged cigarette smuggling into Asia through one of its main distributors in Singapore. Cigarettes

were then shipped as a part of “general trade” (duty not paid) to Bangladesh, Pakistan, Thailand, Myanmar, Philippines, Vietnam, Laos, Afghanistan, and India. Other world smuggling routes exist from Paraguay into Argentina, from Cambodia and Thailand into Vietnam, and through Hong Kong into China.

* * *

Overview of the Main Threats

The development of these phenomena has several important implications.

The first threat is that the involvement in both terrorist and criminal activity by the same organizations implicates that these groups have a vested interest in destabilizing countries or even whole regions through terrorist activity, in order to ensure the survival of their criminal activity. In drug producing countries for example, it is often to the advantage of criminal organizations to have unstable political conditions with the resulting internal conflicts so that drug production areas controlled by insurgent groups are free from government interference. The most striking example of this is in Central Asia. In that region, the IMU has proven to be highly involved in drugs trafficking and this organization controls a significant portion of the drugs transiting through the Central Asian republics. The same problem occurs in Kosovo, where there is a legal vacuum, which greatly benefits Albanian criminal groups. To a certain extent, this is also true in some South American regions.

Another worrisome development is the fact that the number of countries in which there is a strong link between organized crime and the ruling government is increasing. This is for example the case in certain Eastern European countries. Once criminal entities are well positioned within the state, it is extremely difficult to reverse this situation.

From an operational perspective, the alliances between different crime groups, which results in them growing from a national threat to a regional or global level creates enormous problems for law enforcement. If a country is suddenly confronted with a significant crime rate due to the presence of an ethnic group, which until then did not constitute a threat, it will be extremely difficult to conduct investiga-

tions, recruit informants or obtain intelligence. This problem was already observed by many Western countries in their efforts to combat the threats posed by Russian-speaking organized crime. A lack of knowledge of Russian, including underworld "slang" and of the cultural context in which these groups evolve have posed significant problems. It is, in general, particularly difficult for law enforcement to detect, in an early stage, whether a particular émigré community is used as an advance base for organized crime groups.

Moreover, due to the increased cooperation among transnational crime groups, the threats emanating from criminal groups which are already known by law enforcement suddenly move to a more borderless dimension. More and more investigations will have international implications, which makes these investigations both more lengthy and costly, and could ultimately result in less efficiency. The current difficulties of investigating and monitoring human trafficking activities around the globe clearly illustrate these problems.

The laundering of proceeds of crime deserves special attention, because of its devastating effects on national economies. Money laundering prevention will remain difficult as long as there are countries which have lax regulations or plainly refuse to cooperate. In the light of a tendency of increasing globalization and deregulation of international financial transactions, this issue merits special attention. In terms of damage to the economy, special mention should be made of Russian organized crime groups. Unlike their Italian or Colombian counterparts, they only repatriate a very small part of their profits, but deposit most of their proceeds in foreign countries, and establish banks in offshore havens. Furthermore, large parts of the domestic banking sector are controlled by organized crime, partly as a result of the lack of tight regulations.

Globalization has also led to increased trade relationship between Western societies and countries which, due to underdevelopment, have a highly unregulated economic climate. Contract law is extremely liberal (absence of legal safeguards against abusive clauses) and the forced execution of contracts through judicial channels is almost nonexistent. This results all too often in foreign businesses having to operate in an environment where they cannot protect their

interest in a fashion they are used to (contracts, arbitration, litigation). This presents significant opportunities for criminal entities and a danger to the overseas economic interest of countries, including the United States.

Conclusion and Recommendations

These findings are cause for great concern to us. In conclusion to my statement, I would like to present the Committee with a few recommendations on how to tackle these groups.

However, it should be obvious that the problems related to the trends I just described cannot be solved by law enforcement on its own. On the contrary, an integrated strategy of economic, social and legal assistance to countries which face unstable political conditions and have severe economic problems is needed. Reform of the banking sector in many countries should be one of the priorities. Also, administrative procedures should be rendered more transparent and controlled through accountability procedures, in order to avoid common bribery practices. The international community as such has an important role in this field.

As regards the role of the law enforcement community, of which Interpol, with its 178 member Countries, is one of the rallying factors, I would like to make the following recommendations:

1. Priority setting at the policy level

Considering the limited resources in comparison to the scope of the problem, there is an urgent need for clear priorities to be set. This is especially true since some of our findings clearly indicate that these threats have obvious national security implications for several countries, not in the least for the United States. Interpol, with its limited resources, has had to choose which projects and initiatives it could implement at this time. I have highlighted several of these initiatives in my remarks.

2. A more integrated approach to combating crime

Another key element concerns the manner in which law enforcement itself operates. All too often, drugs, organized crime and terrorism are treated as separate issues by police

authorities, and this prevents authorities from receiving a valid, overall view of the threat. The problem lies more in the lack of an integrated intelligence approach (i.e., collection, exchange and analysis of data), than in a lack of international cooperation, as such. Only by combining the available data from different agencies and countries, and setting up consultation mechanisms among different experts from all fields, can an adequate platform to further assess the threat and to formulate adequate counter-strategies be provided. In my opinion, the Millennium project undertaken by Interpol under the auspices of the G-8, which I referred to earlier in my comments, is a good example of such an approach.

3. Training and assistance

Given the difficult financial situation in many of the Interpol member countries where the aforementioned problems originate, one of the priorities in addressing this issue should be to provide these countries with technical assistance and expertise. The possibility to build and share databases is a key factor to success. However, this requires a proper information technology infrastructure that is unfortunately beyond the financial means of many of our member countries. Training should focus on information processing techniques and the development of an analytical capability.

My role here today was to give you an overview of the problem areas, but I sincerely hope that my Organization will be instrumental not only in describing problems, but also in contributing to their solution. This concludes my prepared remarks. I would be happy to respond to any questions you may have.

*Ralf Mutschke is the assistant director of the criminal intelligence directorate of INTERPOL.

Source: House Committee on the Judiciary, Subcommittee on Crime, "The Threat Posed by the Convergence of Organized Crime, Drug Trafficking and

Terrorism,” excerpt from written testimony by Ralf Mutschke, 13 December 2000. <http://house.gov/judiciary/muts1213.htm>.

QUESTIONS FOR DEBATE

1. Will robbing Albanian crime syndicates of drug profits decrease the pursuit of criminal activity?
2. Does the transnational nature of drug trafficking demand a transnational response?
3. Mutschke says,
From an operational perspective, the alliances between different crime groups, which results in them growing from a national threat to a regional or global level creates enormous problems for law enforcement.
How does Mutschke support this conclusion?
4. Can law enforcement strategies alone solve the problems presented by the intersection of organized crime, drug trafficking, and terrorism?

Afghanistan: Farmers Face Choice Of Poppies Or Poverty

By Askold Krushelnycky*

Afghanistan is the world's largest producer of opium, which helps finance the Al Quaida terrorist network. The United States and Great Britain are giving the Afghan government money to pay farmers to stop poppy production and invest in other crops. Unfortunately, as Askold Krushelnycky reports, a continuing drought encourages farmers to grow the hardy, drought resistant and profitable poppy. Farmers may also be planting poppies in hope of receiving payments for destroying them.

Afghanistan produces the world's largest share of the poppies that are first turned into opium then refined into heroin.

The United Nations International Drug Control Program (UNDCP) has been monitoring for several years the production of the poppies in Afghanistan. The organization's surveys are used by police forces to try to track and intercept the opium shipments but also provide the basis for the UN, governments, and other bodies to devise ways to persuade the poppy growers to halt cultivation.

The chief of the UNDCP's law enforcement section, former senior British police officer Brian Taylor, says most of the addictive drug that ruins lives and causes many deaths ends up in Europe, both West and increasingly East, and large amounts are sold in America.

"Certainly, the biggest market for Afghan heroin is Western Europe and the United Kingdom. The United Kingdom has a par-

ticularly serious heroin problem and it's estimated that probably in the region of 80 percent of the heroin on the streets in the United Kingdom originates here, in Afghanistan."

Since the UNDCP began its surveys in Afghanistan eight years ago, the highest quantity of opium was produced in 1999 — about 4,600 tons. Last year, the Islamic fundamentalist Taliban government banned poppy cultivation and the UNDCP estimated only 185 tons of opium were produced.

But Taylor says a survey in February indicates poppy farmers have planted enough crop to yield up to 2,700 tons of opium this year.

In January the Afghan interim government banned poppy cultivation. It is using tens of millions of dollars (no precise figure available officially) provided by Britain and the U.S., whose countries have the largest number of heroin addicts, in a one-time scheme to pay \$1,750 per hectare for poppy harvests to farmers who would otherwise sell them to drug traders. The UNDCP estimates there will be 45,000 to 65,000 hectares of poppies harvested this year in Afghanistan.

Taylor says that opium poppy cultivation is on the rise because tens of thousands of refugees are returning to a country where the economy is devastated and opium provides a relatively easy way of making substantial profit. But severe drought in recent years means that normal crops are difficult to grow and long-term solutions have to be introduced.

"What the [Afghan] government are doing at the present time needs to be very long-term. It's a very serious demonstration of their intent to combat the cultivation of opium poppy but they also recognize the problems that villagers have. The drought has been devastating in many areas combined with all the years of war that they've had and the government have embarked on a series of initiatives identifying the most seriously affected areas, and often these are areas where they've had returnees, refugees returning to the country after many years of absence and where areas have been particularly badly affected because of the abuses by the Taliban. The government have prioritized a number of areas and considerable effort is being made to focus the work of the various UN bodies and NGOs (nongovernmental organizations) into these areas to provide the wide-ranging, sustained assistance that is necessary."

Taylor says the UN is not just providing the seeds for alternative crops but is planning longer-term projects to furnish farmers with the infrastructure they need, such as replacing irrigation systems. He says other help needed includes rebuilding shattered roads and even providing schools for villages so young people are not locked into a cycle of ignorance and poverty.

“What is important in the longer term is to ensure that there are development opportunities for the farmers, for the opium poppy farmers. They need the alternative livelihoods, they need the opportunities to be able to feed themselves and their families and to be able to make a decent living in the future.”

In many places in the south and east of Afghanistan, where the climate is warmer, fields of the white poppies that produce the fluid manufactured into opium, are ready for the manufacture of opium. Many farmers and the drug traders who rely on their crop are unhappy about the eradication program.

Earlier this month eight poppy farmers and one government official monitoring poppy production were killed during violent demonstrations against the eradication program.

In some places, further north like the village of Markhel Khosa in Wardak Province, around 60 kilometers northwest of the Afghan capital, Kabul, farmers have only recently sowed opium poppy seeds for the first time ever.

The area is what, in times when water is plentiful, is an idyllic, fertile valley surrounded by hills leading up to snow-capped mountain ranges. Farmer Arif Khan says that the area was extensively destroyed by Russian soldiers during the Soviet Union's occupation of Afghanistan and then by a decade of civil war.

Arif Khan says that during normal years there would still be snow on his fields now but in recent years lack of snow and rain have turned the river that runs through the village into a trickle and dried up streams. He says there is not enough water to nourish the apple trees, wheat, and potatoes that used to give them a healthy profit at market. Instead they have planted opium poppies which need far less water to survive.

"We know about the government program to stop poppy cultivation, but the main problem we have is the drought. Right now we use generators to pump out water and for one hour that costs us 100,000 Afghanis (around \$4) and if we want water for 24 hours that 2,400,000 Afghanis, which is a great deal of money for us. And we cannot recover the money that we have spent when we get the harvest from whatever we cultivate here, for example wheat or potatoes. The areas you see here and a little further, all the apple trees have died. So we have to cultivate poppies, our economy is very weak and the government can't help us because it also has economic problems."

Arif Khan says that he and the other farmers in his and nearby villages who intend to plant 200 hectares of poppies by the end of this month, are aware of the damage and human tragedies the result of their efforts produces. But they say that those who buy the heroin in rich Western countries are not struggling to fend off starvation for themselves and their families.

"All Afghans are against the cultivation of poppies and we know that this is against Sharia (Koranic law) and against humanity, but the farmers of this region are very vulnerable and very needy people because we have been deprived of water, there's no water in the river and so that all the orchards have withered and the people are very poor and the money they had they have spent drilling wells and now people have no money to run the generators for the water pumps. There's no work for the people here and you can't find most of the inhabitants of this area are in Khost or other provinces of this country."

Arif Khan said that he was obliged to plant poppies because he, like others, had borrowed money to feed his family from narcotics traders who are demanding the loan back in the form of opium. But some of the farmers only decided to plant poppies in their fields after they found out about the government's cash rewards for eliminating the crop.

One man, who did not want to be named, showed a bag of poppy seeds that he had bought in Kabul and was going to plant this week.

He admitted that he and some of the farmers decided to sow the unfamiliar crop because they knew they would get a guaranteed price

for it even if they did not cultivate it until harvesting point. Taylor, from the UNDCP, said that he did not think that cultivating poppies purely to sell them to the government for the cash reward will become widespread. He said the Afghan interim government has said the rewards are only available this year.

“This is a one-off payment to the opium farmers. [The Afghan government] has made it very clear that this is a one-off incentive or them to plough their poppy fields and it will not be repeated. I think that message will gradually get through to people, that there is no incentive in producing the opium poppy and that they have to change this culture that they’ve had for several years and that people who think that they can suddenly decide to take advantage of the offer of this one-off payment will be badly advised if they think they can proceed with this.”

The UNDCP is providing training for the interim government’s police and security services to deal with the drugs problem. But, as so much else in Afghanistan, curbing drugs production depends on bringing lasting peace and political stability to the country and starting an economic recovery that will convince farmers and businessmen that they can make a profit out of products that do not increase the misery of drug addiction elsewhere in the world.

*Askold Krushelnycky is a reporter for Radio Free Europe/Radio Liberty.

Source: Krushelnycky, Askold, “Afghanistan: Farmers Face Choice Of Poppies Or Poverty,” *Weekday Magazine*, 22 April 2002.
<http://rferl.com/nca/features/2002/22042002104349.asp>

QUESTIONS FOR DEBATE

1. Will the alternative development initiatives change the conditions that led to farmers growing poppies for heroin?
2. Do the harmful effects of heroin use justify the money spent to stop poppy cultivation in Afghanistan?
3. Does the information Krushelnysky supplies support the conclusion that a demand reduction strategy would be more effective than reducing the supply of poppies?
4. In the Cato Institute policy recommendations for the 107th Congress in Section 3, the problems with alternative development programs are discussed. Will Afghanistan fall prey to the same unintended consequences the Institute claims have occurred in South American alternative development programs?