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WHY AMERICA IS LOSING THE DRUG WAR

INTRODUCTION

Despite dramatic increases in resources devoted to tackling the drug problem, the use of illegal drugs in the United States remains widespread. To make matters worse, policies aimed primarily at reducing the supply of drugs are producing such undesirable side effects as crime, corruption, and strained relations with other countries. The cost of the war against drugs is now so substantial, and the results so disappointing, that commentators across the political spectrum — from conservative author William F. Buckley to Washington's liberal mayor Marion Barry¹ — have even called for the radical measure of legalizing some or all drugs.

Calls for legalization reflect the frustration felt by many Americans. The use of drugs in America has reached epidemic proportions. About 23 million Americans, or one in ten, use an illegal drug at least once a month; six million of these use cocaine.² Perhaps most disturbing, drug use is most prevalent among young adults.

Costs to Society. Proponents of legalization, however, ignore the costs imposed by drug users on society, costs that would escalate if drugs were made legal. Up to 15 percent of highway fatalities involve drug use, and drugs are a major factor in crime. Studies by the National Institute of Justice find that as many as three-quarters of individuals arrested for a

1 See Sandra Torry, "Call to Debate Legalization of Drugs Becomes Louder," *The Washington Post*, May 15, 1988.

2 U.S. Department of Health and Human Services, National Institute on Drug Abuse, *National Household Survey on Drug Abuse: Population Estimates 1985* (Washington, D.C.: Government Printing Office, 1987), pp. 10 and 14.

crimes in some cities test positive for drugs. And each heroin user, the Institute has found, on average costs other Americans \$14,000 in burglaries and other crimes.

Young Alarmed. Public opinion polls indicate clearly that Americans view drug use with alarm. Drug use is the number one problem identified by high school students and their parents.³ In a recent survey of "young professionals" published in *Rolling Stone* magazine, 26 percent of respondents said they were concerned about having someone close to them involved with a serious drug problem.⁴

Polls also find strong support for tough actions to deal with drug use. In contrast with the more relaxed attitude of the 1960s and 1970s, two-thirds of Americans today believe drug possession should be subject to criminal penalties.⁵ Furthermore, no state has "decriminalized" drug possession since Nebraska did so in 1978. Indeed, Americans by wide margins support wide drug testing to combat drug use, despite its intrusive nature.⁶

While there is strong support for fighting drugs, there is less consensus on what steps actually would be effective. Should law enforcement focus mainly on trying to prevent drugs from entering the U.S., for example, on the sale and distribution of drugs inside the U.S., or on the drug user herself or himself?

At one time, disagreement over these questions was understandable. Now, however, evidence is mounting that if additional resources are to be committed to fight drug use, the resources best would be used in efforts to reduce demand, rather than on trying to block supply. The record shows that despite dramatic increases in seizures of drugs entering the U.S. and in convictions of drug traffickers, there has been virtually no effect on the availability of drugs on America's streets. Apparently, as long as there is strong demand, enormous potential profits will attract suppliers to serve the market. Efforts to attack supply, though important, thus seem futile unless accompanied by actions to reduce demand.

New Strategies. In recent months, several members of Congress and the Reagan Administration have worked to develop "demand-side" strategies to catch and punish drug users. The Administration, for instance, has adopted a "zero tolerance" approach aimed at eliminating drugs from the federal workplace. And it has advocated wider use of private

3 See "Teens See Drug Abuse as No. 1 Problem," *The Gallup Youth Survey*, August 5, 1987. "Parents cite drug abuse as the worst problem facing the public schools as well as in society generally." See David A. Clark and Alec M. Gallup, "The 19th Annual Gallup Poll of the Public's Attitudes Toward the Public Schools," *Phi Delta Kappan*, August 27, 1987, p. 28; "The Downside of Raising Children: Perils at the Gates," *The Philip Morris Family Survey*, April 1987, p. 17; and "What Do You Think is the Most Important Problem Facing this Country Today?" *CBS/New York Times* Poll, October 30, 1986.

4 David Sheff, "Portrait of a Generation," *Rolling Stone*, May 15, 1988, p. 46.

5 See "Down on Drugs: A Newsweek Poll," *Newsweek*, August 11, 1986.

6 "Teens Approve of Drug-Screening Programs," *The Gallup Youth Survey*, May 14, 1986; and "Work Poll: How We Feel About Our Jobs," *USA Today*, June 17, 1987.

sector drug testing, tough enforcement of the laws against possession, and more aggressive use of federal statutes allowing confiscation of the assets of drug offenders. In addition, Attorney General Edwin Meese recently asked federal prosecutors to work with states to seek the revocation of drivers' licenses for drug possession offenses.⁷

Congress also is considering demand-related actions, including revoking drivers' licenses, withholding federal contracts from employers that fail to make good faith efforts at providing a drug-free workplace, and mandating drug testing for operators of common carriers, such as passenger airlines. The House Republican Task Force recently issued a report calling for denying student loans and other federal benefits to convicted drug users, and linking the scale of civil fines to the income of drug users.⁸

No Impact on Demand. Despite these important initiatives, most congressional legislation currently in preparation still devotes far too little attention to demand-side policies. Rather than considering penalties for drug users, Congress appears to be favoring more "supply-side" measures which do little to crack down on users. For example, approximately \$1.5 billion of the \$2.1 billion in increased funding proposed by Senator Dennis DeConcini, the Arizona Democrat, would be devoted to international assistance, interdiction, and "public health" rehabilitation programs. Many lawmakers wish to combine these approaches with popular window dressing, such as the creation of a "drug czar."

This legislation probably would increase the arrests and convictions of drug suppliers, destroy more drugs in foreign fields, and seize more drugs at the border. It is very unlikely, however, that this would cut drug use significantly. Moreover, because these measures would have no impact on the demand for drugs, and thus would not reduce the potential profits of drug trafficking, they would only exacerbate the side effects of current drug enforcement efforts — crime, corruption, and foreign policy disruptions.

By contrast, a strong demand-side policy, based on the zero tolerance principle, could reduce significantly the number of drug users, and thus the demand for drugs. Such a strategy also would reduce potential profits from drug trafficking, and thus limit the crime, corruption, and international problems associated with current drug control efforts.

⁷ See Ruth Marcus and Laura Parker, "Vehicle Seizures Stepped Up in Drug War," *The Washington Post*, May 10, 1988 and Michael Hedges, "Meese Would Keep Drug Users on Foot," *The Washington Times*, May 12, 1988.

⁸ See Jerry Lewis, Mickey Edwards, and Bill McCollum, "Preliminary Report of the Republican Task Force," May 23, 1988.

TRENDS IN THE PREVALENCE OF DRUG USE

According to the federal government's National Institute on Drug Abuse (NIDA), about one in ten Americans — 23 million — currently use illegal drugs at least monthly. About 18 million people use marijuana; about six million use cocaine.⁹ Use is highest among the young: 22 percent of the population aged 18 to 25 uses marijuana, for example, compared with only 6 percent of the population over 25. It is estimated that 25 percent of all high school students use illegal drugs at least once a month.¹⁰

While there are variations in incidence among different groups, they are much smaller than generally believed. The share of high school seniors using drugs, for instance, is only about 20 percent higher among those going to college than among non-college bound.¹¹ Use in the large cities is only about 20 percent higher than in suburban and rural areas.¹² Use among black Americans is only about 30 percent higher than use among the population as a whole, while use by Hispanics is slightly lower than the average for the country.¹³

Doctors and Truck Drivers. The data also suggest that drug use is fairly evenly distributed throughout American occupations. A 1986 *New England Journal of Medicine* article reports that more than 40 percent of doctors in hospitals use illicit drugs.¹⁴ A 1987 study of illegal drug use by truck drivers found that 17 percent tested positive for drugs.¹⁵ And two-thirds of a group of 1986 applicants for the Fairfax County, Virginia, police force were rejected after showing evidence of cocaine use.¹⁶

The evidence regarding trends in drug use, however, is ambiguous. Annual surveys of high school students suggest that drug use (at least once per month) peaked in 1978, at 39 percent, compared with the 25 percent today. On the other hand, high school cocaine use is above the 1978 level, even after a fairly dramatic decline in 1987. In addition, use of the

9 See Note 2 above.

10 See U.S. Department of Health and Human Services, National Institute on Drug Abuse, *The 1987 National High School Survey*, January 1988, Figure 8.

11 See U.S. Department of Health and Human Services, National Institute on Drug Abuse, *National Trends in Drug Use and Related Factors Among American High School Students and Young Adults, 1975-1986* (Washington, D.C.: Government Printing Office, 1987), pp. 36, 39-41 and 76.

12 *Ibid.*, pp. 38, 44-45, and 83.

13 U.S. Department of Health and Human Services, National Institute on Drug Abuse, *National Household Survey on Drug Abuse: Population Estimates 1985, 1987*, pp. 10-11 and 14-15.

14 William E. McCauliff, "Psychoactive Drug use Among Practicing Physicians and Medical Students," *The New England Journal of Medicine*, September 25, 1986, p. 805.

15 See Richard D. Blomberg, Adrian K. Lund, David F. Preusser, and Alan F. Williams, "Drug Use by Tractor-Trailer Drivers," Insurance Institute for Highway Safety, Washington, D.C., June 1987, pp. 8 and 19.

16 See Patricia Davis, "Suspected Drug Use Thins Ranks of Police Applicants," *The Washington Post*, September 28, 1986.

hallucinogen LSD now is rising after a period of long decline. And use of inhalants, including amyl and butyl nitrites, has more than doubled from the late 1970s.¹⁷

While the most recent official data for the general population are three years old (The National Institute of Drug Abuse will release figures based on a 1988 survey early next year), the trends appear similar to those for high school students. Overall drug use is down from the late 1970s, but nevertheless remains widespread.¹⁸

Drugs and Crime. That drugs increasingly are related to crime is evident from drug tests applied to serious criminals arrested in Washington, D.C., and New York City in 1984 and 1986. The National Institute of Justice reports that nearly three-quarters of all those arrested in the District of Columbia tested positive for drug use in 1986, compared with 56 percent in 1984. In New York City, the percentage of those arrested who tested positive for cocaine nearly doubled, from 42 percent in 1984 to 80 percent in 1986.¹⁹

If estimating current levels of drug use is difficult, projecting future trends is even more so. Yet the U.S. Department of Health and Human Services attempts this. Reviewing the data in its 1987 *Triennial Report to Congress on Drug Abuse and Drug Abuse Research*, the Department concludes that "Extrapolating from these data, it is possible that the overall prevalence of use among high school seniors may continue to increase over the next several years."²⁰

SOCIETAL COSTS OF DRUG USE

Drug use exacts a substantial and rising cost from American society. While some of these costs are related to efforts to enforce the drug laws, the direct costs imposed on America by drug users are also substantial. For example, consider the number of drug-related deaths reported by the Drug Abuse Warning Network (DAWN). The DAWN system draws data

17 See *The 1987 National High School Senior Survey, op. cit.*, Tables 7-9.

18 See "NIDA Capsules: Overview of the 1985 National Household Survey on Drug Abuse," National Institute on Drug Abuse, Washington, D.C., October 23, 1986.

19 Mary G. Graham, "Controlling Drug Abuse and Crime: A Research Update," *NIJ Reports - Drugs and Crime*, March/April 1987, p. 2.

20 See U.S. Department of Health and Human Services, *Second Triennial Report to Congress on Drug Abuse and Drug Abuse Research* (Washington, D.C.: Government Printing Office, 1987), p. 18.

from only 117 counties, and does not include deaths from drug-related crime. Yet even with these restrictions, DAWN's data show reported deaths from drugs rose from 2,825 in 1981 to 4,138 in 1986, an increase of 46 percent.²¹ The DAWN system also monitors admissions at 744 of the nation's 5,000 emergency rooms. While the overall number of drug-related emergency room admissions remained roughly constant between 1981 and 1986, at about 120,000, the number of cocaine-related emergency room admissions rose by more than five times, to over 24,000.²²

Link to Suicide. Other direct costs of drug abuse include increased highway fatalities, workplace accidents, and teenage suicides. The U.S. Department of Transportation estimates that 10 to 15 percent of all highway fatalities involve drug use.²³ Other studies find that drug users are three times as likely to be involved in on-the-job accidents, are absent from work twice as often, and on average incur three times the level of medicine costs as non-users.²⁴ And virtually all experts see a strong link between teenage suicide and use of illegal drugs.²⁵

Unlike other components of the costs of drug use, the link between drugs and crime is well documented. A 1983 National Institute of Justice study found that each heroin user imposes costs on society amounting to an average of \$14,000 per year in terms of burglary, theft, and other non-drug crimes alone.²⁶ And a study by the Bureau of Justice Statistics reports that 20 percent of all convicted murderers admit they were using drugs at the time of the homicide.²⁷

Adding together such costs, the Research Triangle Institute, an independent research group in North Carolina, placed the total economic costs of drug abuse on society at approximately \$60 billion in 1983. The Department of Justice estimates that figure rose to as much as \$100 billion by 1986.²⁸ These estimates do not, of course, attempt to measure pain and suffering associated with such things as drug-related deaths.

21 U.S. Department of Health and Human Services, National Institute on Drug Abuse, *1981 Annual Report: Date From the Drug Abuse Warning Network*, Series 1, No. 1, p. 43 and *1986 Annual Data: Data from the Drug Abuse Warning Network*, Series 1, No. 6, p. 81.

22 *Ibid.*, pp. 22 and 26, respectively.

23 U.S. Department of Transportation, National Highway Traffic Safety Administration, "The Incidence of Driving Under the Influence of Drugs 1985: An Update of the State of Knowledge," December 1985, p. vi.

24 The first two statistics are from Mark S. Gold, M.D., Peter Bensinger, Arnold Washton, Ph.D., and Lawrence Chilnick, *Drugs in the Workplace, Facts vs. Myths* (New York: Random House, 1986), p. 4. The third fact is from Peter Bensinger, "Drugs in the Workplace: Employers' Rights and Responsibilities," Washington Legal Foundation/Texas Division, 1984, p. 1. All three statistics are cited in Richard K. Willard, "Remarks before the Small Business Legislative Council," November 21, 1986, p. 4.

25 See, for example, Constance Holden, "Youth Suicide: New Research Focuses on a Growing Social Problem," *Science*, August 22, 1986, pp. 839-841.

26 Bernard A. Gropper, "Probing the Links Between Drugs and Crime," U.S. Department of Justice, National Institute of Justice, February 1985, p. 5.

27 U.S. Department of Justice, Bureau of Justice Statistics, "Prisoners and Drugs," March 1983, p. 4.

28 See Henrick J. Harwood, *et al.*, *Economic Costs of Alcohol and Drug Abuse and Mental Illness* (Research Triangle Institute, June 1984) and Willard, *op. cit.*, p. 1.

TRENDS IN POLICY

Recent federal policy regarding drug use has concentrated on three objectives:

- 1) Reducing supply by attacking the production, transportation, wholesaling, and retailing system;
- 2) Reducing demand through education and by influencing public opinion; and
- 3) Providing rehabilitation and treatment, on a voluntary basis, for drug users.

Resources devoted to all three areas have grown dramatically since 1981, as shown in the table below.

Category	Increase in Federal Drug Policy Outlays, 1981-1988 (in current \$ millions)		
	1981	1988	Percent Change
Drug Law Enforcement	806.0	2,492.5	209
Drug Abuse Prevention	117.0	454.2	288
Drug Abuse Treatment	205.8	370.2	80
TOTAL	1,128.8	3,316.9	194

Source: Office of Management and Budget

Attacking the Supply of Drugs

At first glance, the strategy of interrupting supplies might seem to be successful. A doubling of Customs Service and Coast Guard outlays between 1981 and 1986 for drug interdiction activities, for instance, resulted in a sixteen-fold increase in seizures of cocaine, which rose from 1.7 tons in 1981 to 27.2 tons in 1986.²⁹ Similarly, beefed up domestic enforcement efforts have led to a large rise in the number of arrests and convictions for drug offenses. From 1982 to 1986, the number of Drug Enforcement Administration (DEA) drug convictions doubled, from about 6,000 to about 12,000, while the number of FBI convictions rose from just 43 to 2,791. Seizures of clandestine drug

²⁹ Peter Reuter, Gordon Crawford, and Jonathan Cave, *Sealing the Borders: The Effects of Increased Military Participation in Drug Interdiction* (Santa Monica: The RAND Corporation, 1988), p. 66.

laboratories, marijuana eradication, and other indices of drug enforcement success also were up dramatically.³⁰

Stiffer Penalties. Courts also have been tougher. The average sentence for DEA convictions rose from 51 months in 1982 to 61 months in 1986. The average penalty for cocaine offenses rose by 35 percent, from 48 months to 65 months.³¹ Statutory changes contained in the 1984 Comprehensive Crime Act and the 1986 Anti-Drug Abuse Act have resulted in large increases in the confiscation of assets of drug offenders. These rose from \$100 million in 1983 to \$165 million in 1987, and this year are expected to exceed \$270 million.³²

The strategy of limiting the supply of drugs also has included foreign eradication efforts, such as "Operation Blast Furnace" in Bolivia, and increased "street-level" enforcement by local police, such as "Operation Clean Sweep" in the District of Columbia. Other actions include steps to prevent money laundering and increased penalties for use of minors in drug dealing.

Foreign Production Up. In total, the federal government will spend nearly \$2.5 billion on drug law enforcement in fiscal 1988, up sharply from \$806 million in fiscal 1981. Yet drugs continue to be widely available throughout the U.S. Foreign eradication efforts have not prevented increases in foreign production. Said the State Department 1987 report on the international drug trade: "narcotics production was up all over the world."³³ Nor have interdiction efforts reduced substantially the amount of drugs entering the U.S. A recent Rand Corporation study estimates that cocaine imports more than doubled between 1981 and 1985 while marijuana imports remained roughly constant.³⁴

Arrests of pushers and street-level efforts also have not made much of a dent in the supply of drugs. A Department of Health and Human Services study concludes that "Substantial evidence exists to suggest that cocaine is becoming more widely available throughout the United States and that its price has been going down while its purity has been going up."³⁵

Thus, recent history provides very convincing evidence that efforts to limit supply, by themselves, do not substantially reduce the availability of drugs nor significantly inhibit drug use.

30 See National Drug Policy Board, *Federal Drug Enforcement Progress Report 1986*, April 1987.

31 *Ibid.*, p. 39.

32 See Lindsey D. Stellwagen, "Use of Forfeiture Sanctions in Drug Cases," U.S. Department of Justice, National Institute of Justice, July 1985, p. 1 and *Appendix to the Budget of the U.S. Government* (Washington, D.C.: U.S. Government Printing Office, 1988), p. I-O11.

33 U.S. State Department, "International Narcotics Control, 1987," Press Release, May 1987.

34 See Reuter, Crawford, and Cave, *op. cit.*, p. 74.

35 See *Second Triennial Report to Congress on Drug Abuse and Drug Abuse Research, op. cit.*, p. 18.

Drug Education

The second area of policy emphasis in recent years has been drug education, designed to persuade young Americans not to try drugs, and to persuade current users to stop. While the evidence is not conclusive, these programs do not appear to have been very effective in reducing the demand for drugs.

Federal spending on drug education and prevention programs rose from \$117 million in fiscal 1981 to a projected \$454 million in fiscal 1988, a 288 percent boost. By far the largest increase has been in federal assistance to state and local school districts for in-school drug education programs, which jumped from \$2.9 million in fiscal 1981 to \$131 million in the current year.³⁶

"Just Say No." More significant than the rapid rise in spending has been the heightened emphasis on education and prevention. For example, most observers would agree that the "Just Say No" campaign originated by Mrs. Reagan has altered the entire tone of the drug debate by promoting the concept of "zero tolerance." And the Department of Education now plays a central role by disseminating information about drug education programs through such publications as *What Works: Schools Without Drugs*.³⁷ These federal activities, in turn, have encouraged the private sector to develop information programs such as those sponsored by the Partnership for a Drug Free America.

Laudable and important as these programs are, the available evidence fails to document that these efforts are reducing drug demand significantly.

A 1987 report by the National Institutes of Justice supports this finding, noting that "there is no consistent evidence that drug education programs either decrease or increase the likelihood that students will use drugs."³⁸ The report also notes that "programs that address only the negative aspects of drug use, especially those that exaggerate these aspects, tend to be disbelieved. The unfortunate result is that young people may become more rather than less likely to experiment with drugs."³⁹ This 1987 report confirmed a 1980 review of the available studies on drug education which found that "by far the largest number of studies have found no effects of drug education on use."⁴⁰

Maryland Success. In these otherwise pessimistic findings, there is evidence that appropriately designed drug prevention efforts, including enforcement of reasonable but strict penalties, can reduce drug use in the schools. The successful programs described in *What Works*, for example, are founded on efforts to detect drug users and a commitment to impose tough penalties for those detected. In Anne Arundel County, Maryland, for

36 Figures provided by the Office of Management and Budget.

37 U.S. Department of Education, *What Works: Schools Without Drugs* (Washington, D.C.: Government Printing Office, 1987).

38 Michael S. Goodstadt, "Drug Education," U.S. Department of Justice, National Institute of Justice, 1987, p. 3.

39 *Ibid.*, p. 2.

40 See D.J. Hanson, "Drug Education: Does it Work?" in F.R. Scarpetti and S.K. Datesman, *Drugs and Youth Culture* (Sage Publications, 1980), p. 263.

example, the school system has put in place a policy calling for greater involvement on the part of the parents, as well as school officials and local police. If a student is found to possess drugs, the police are called and the individual is suspended. To be allowed to return to school, the student, along with his or her parents, must agree to participate in some aspect of the district's Alternative Drug Program. The result has been a 60 percent drop in the number of drug offenses.

Rehabilitation and Treatment

Rehabilitation and treatment is the third key element in today's drug policy. Federal spending on treatment programs has nearly doubled since 1981, from \$205 billion to \$370 billion in 1988.

But as with tougher law enforcement and increased education efforts, the evidence is persuasive that current drug treatment and rehabilitation efforts are not very effective in reducing drug use. A recent Rand Corporation study of drug treatment programs in the District of Columbia found that the percentage of drug users successfully completing rehabilitation programs ranged from a maximum of 50 percent for marijuana users to a minimum of 20 percent for heroin users.⁴¹ The study noted, "even those who initially succeed in treatment often slip back into drug use. Nationwide studies indicate that a majority of people treated for either heroin or heavy cocaine abuse were again using drugs on at least a weekly basis within a year after leaving treatment."⁴²

Containing Expansion. While the history of drug treatment programs is not encouraging, there is some hope for treatment approaches currently under development. For example, low-cost, private outpatient programs such as Narcotics Anonymous have shown increased success rates relative to earlier programs,⁴³ and supervised probation/rehabilitation programs, which rely on urine testing to monitor use, have been shown to be effective in rehabilitating drug offenders.⁴⁴ Yet these programs can only help a minority of drug users. Rehabilitation and treatment can reach only those users who choose or are forced to undergo treatment.

Despite the outlook for improvements in these programs, rehabilitation and treatment are by definition only effective in preventing continuing use by current users. As Los Angeles Police Chief Daryl Gates recently asserted, "There has to be some recognition...that rehabilitation has not worked. It will work on some, but it's not going to work on a total of 23 million...that's why it's so important that we get to this generation so that that 23 million doesn't expand into 40 million in the next generation, and it could easily."⁴⁵

41 "Drug Use and Drug Programs in the Washington Metropolitan Area: An Assessment" (Executive Summary), Greater Washington Research Center, February 1988, p. 23.

42 *Ibid.*, p. 20.

43 See Robert L. DuPont, *Drug Abuse Research: An Agenda for Action*, A Report by a Committee of the Institute for Behavior and Health, Inc., 1987, pp. 7-9.

44 See Billie S. Erwin and Lawrence A. Bennett, "New Dimensions in Probation: Georgia's Experience with Intensive Probation," U.S. Department of Justice, National Institute of Justice, January 1987.

45 Testimony of Los Angeles Police Chief Daryl Gates before the Board of Supervisors, County of Los Angeles, March 29, 1988, p. 20.

CONCLUSION

After nearly a decade of concerted efforts to reduce drug use, there is no sign of America's drug problem being solved. The costs of drug use are large and growing. Current policies, which have sought to suppress supply while offering education and treatment to drug users, have not been effective in reducing drug use.

A careful examination of the impact of federal interdiction programs shows that increased funding during the 1980s has paid off in terms of dramatic increases in the amounts of drugs seized, the number of arrests, and other measures of enforcement success. These efforts, however, apparently have been more than matched by increased smuggling activity. Estimates of the volume of drugs entering the U.S. are rising rapidly.

More, Cheaper Drugs. State and local governments also have stepped up their law enforcement activities, but these, too, have not reduced street-level availability of drugs. The supply is rising while prices are falling.

Efforts to cut demand through education and rehabilitation also do not appear to have met with much success. Despite some evidence that new techniques may be more effective than those used in the past, there is, regrettably, little reason to believe that these programs can ever produce substantial, dramatic reductions in drug use.

Based on these findings, policymakers seem to face two options: adopt a new strategy for winning the war on drugs, or admit defeat and legalize drugs.

Proposals for legalizing some or all drugs amount to an admission of defeat and invite social catastrophe. Even proponents of legalization cannot deny the societal cost of drug use in terms of broken lives; they can only argue that the costs of fighting the war outweigh the benefits. If America's efforts remain no more effective than they are today, the proponents of legalization might well be right.

"Zero Tolerance." Alternatively, rather than admitting failure in a war that America must win, policymakers should consider adopting a set of policies that could substantially reduce the demand for drugs. Increased law enforcement, mandatory penalties for users, and application of the "zero tolerance" approach in workplaces, schools, highways, and prisons constitute a promising strategy which so far has not been tried on a large scale.

In implementing a "zero tolerance" approach, however, it is crucial to appreciate that the targets of demand reduction efforts mainly will be average Americans, who hold jobs, raise families, and participate in mainstream society. For these drug users, it is neither appropriate nor necessary to impose long jail sentences or other draconian penalties. Indeed, excessively stringent penalties easily could result in selective enforcement, as police, prosecutors, and judges recoiled from applying them to all but the worst offenders. Based on the virtually non-existent level of enforcement and prosecution of current laws against drug possession, it is even possible that current penalties may already be viewed by many as inappropriately stringent.

Thus "zero tolerance" must be tempered with a second principle: measured response. Penalties should be set to achieve the twin goals of deterrence and rehabilitation. For average working Americans, threatening to suspend a driver's license, and requiring participation in a rehabilitation program as a condition of reapplication, likely would be an effective deterrent. Moreover, such a penalty would pursue the goal of rehabilitation without imposing huge costs on society.

Protecting Civil Liberties. "Zero tolerance" also must be pursued with due regard for civil liberties. Federal requirements for drug testing, for example, are neither efficient nor wise if the net is cast so wide as to impose on millions of clearly innocent citizens. As in other civil liberties matters, there must be a balance between society's goal of reducing drug use and the threat to individual privacy. In common carrier transportation and prisons, there is both a societal interest in reducing drug use and a government responsibility, since the federal government either owns or administers these areas of the economy.

In public schools and colleges, and in the private workplace, there is a clear societal stake in reducing drug use. But the federal responsibility here is less clear. In these areas, the federal role should be to give moral support and legal discretion to those who wish to undertake drug testing.

The evidence indicates that drug use can be cut when reasonably aggressive enforcement efforts are combined with "measured response" penalties against the drug user. Future policy thus should focus heavily on the "demand side" of the drug equation, and not simply beef up interdiction. A carefully designed "zero tolerance" strategy would enable the U.S. at last to turn the tide in the war on drugs.

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