

Toward A More Policy-Relevant National Drug Control Strategy

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Abstract

Critics have pointed out that the annual National Drug Control Strategy (NDCS), presented each year by the Office of National Drug Control Policy (ONDCP), is not very useful for informing citizens and policy-makers about the successes and failures of the nation's "drug war." In this paper, the author highlights some of the major problems with the NDCS and then presents an outline of how a more useful NDCS would look. That is, he shows how the NDCS must be changed including what must be contained within the document for the NDCS to be more useful for informing policy. Finally, the author poses specific questions to policy-makers that must be answered in order to determine the efficacy of national drug control policy.

About the author

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Toward A More Policy-Relevant National Drug Control Strategy

Introduction

The National Drug Control Strategy (NDCS) is published around February of each year by the Office of National Drug Control Policy (ONDCP). ONDCP is an executive agency of government and is the primary federal agency of accountability in the nation's "drug war." The NDCS is the main way in which ONDCP communicates with the public and members of Congress about the goals, budget, and performance of the drug war.

Critics have analyzed the NDCS and claimed it is not very useful for informing actual drug control policy in the United States. For example, Matthew Robinson and Renee Scherlen (2007) assessed the 2000-2006 versions of the NDCS looking for the ways in which ONDCP made claims about national drug control policies, including how they utilized and visually presented statistical evidence in support of their claims. Robinson (2007, 2008, 2009) then updated the study by assessing the 2007-2009 versions of the NDCS. These authors found the NDCS: 1) provides clear evidence that the nation's drug control policies are largely failing to meet ONDCP's stated goals; and 2) demonstrates that ONDCP manipulates statistical information to suggest to the reader that the drug war is effective in spite of the bulk of the evidence to the contrary.

Later, the National Academy of Public Administration (NAPA 2008) published its own critical analysis of ONDCP, which included how ONDCP presents information through the NDCS. NAPA's analysis was ordered by Congress, meaning policy-makers are now aware of many of the limitations of the NDCS.

One of the most troubling conclusions of these works is that the NDCS is not a useful document for policy-makers. This is true both because of what it contains and what it does not

contain. In this paper, the author highlights some of the major problems with the NDCS and then presents an outline of how a more useful NDCS would look. That is, he shows how the NDCS must be changed including what must be contained within the document in order for the NDCS to be useful for informing policy. Finally, the author poses specific questions to policy-makers that must be answered in order to determine the efficacy of national drug control policy.

Summary of the Office of National Drug Control Policy and the National Drug Control

Strategy

As noted by the website of the Office of National Drug Control Policy (ONDCP), ONDCP is “a component of the Executive Office of the President” and “was established by the Anti-Drug Abuse Act of 1988.” The Anti-Drug Abuse Act of 1988 was prompted largely by the moral panic about crack cocaine that embroiled the nation in the 1980s (Reinarman and Levine 1989; Suratt and Inciardi 2001). Until this time, there was no federal agency responsible for formulating or evaluating the nation’s various drug control policies. Further, there was no primary agency with oversight of all the various drug control agencies.

According to the ONDCP website: “The principal purpose of ONDCP is to establish policies, priorities, and objectives for the Nation’s drug control program. The goals of the program are to reduce illicit drug use, manufacturing, and trafficking, drug-related crime and violence, and drug-related health consequences.” These five goals have guided the nation’s drug war since the mid-1990s, although President George W. Bush issued three new but related goals in 2002. In order to achieve the goals, “the Director of ONDCP is charged with producing the National Drug Control Strategy [NDCS ... which] directs the Nation’s anti-drug efforts and establishes a program, a budget, and guidelines for cooperation among Federal, State, and local entities.”

Robinson and Scherlen (2007) and Robinson (2007, 2008, 2009) analyzed the 2000-2009 NDCS looking for evidence of honesty and dishonesty in claims made by ONDCP. According to these authors, ONDCP:

- 1) Reports and focuses almost exclusively on short-term declines in reported drug use by young people, using only Monitoring the Future (MTF) data; and focuses on those drugs (and visually depicts trends) where data show recent declines in use.
- 2) Fails to report and focus on long-term increases in reported use by people twelve years and older according to National Survey on Drug Use and Health (NSDUH) data; and fails to explain the significance of long-term drug use trends that have increased overall under ONDCP's tenure (in spite of recent declines).
- 3) Claims to be balanced when it is not (the budget is still strongly tilted in favor of reactive and supply side tactics rather than proactive and demand side methods).
- 4) Links illicit drugs to all kinds of bad outcomes, including terrorism; does not consider the possibility that such outcomes are also attributable to drug control policies.
- 5) Sells policies such as student drug testing and the National Youth Anti-Drug Media Campaign without offering evidence from studies about their effectiveness but instead using anecdotal evidence.
- 6) Advocates regulation approaches rather than prohibition to reduce prescription drug abuse but fails to consider this approach for other substances that also have legitimate medical purposes (e.g., marijuana).
- 7) Speaks about the benefits of treatment but fails to adequately fund it.
- 8) Fails to report statistics on price, purity, and availability of illicit drugs in support of its market disruption efforts.
- 9) Fails to present data about costs of drug use and abuse, or the drug war itself, making costs-benefits evaluation more difficult.

Based on these major problems, these authors concluded that the NDCS is not very useful for policy analysis. That is, it is not possible, using only the NDCS, to assess how well national drug control policy is achieving its goals. Further, it is not possible to conduct a costs-benefits analysis of national drug control policy using only the NDCS.

A review of ONDCP by the National Academy of Public Administration (NAPA) included an assessment of how ONDCP presents information through the NDCS. NAPA (2008: xiii) characterized the NDCS as “inconsistent, heavily reliant on data from a single survey, and ... focused more on program success than comprehensively assessing the short- and long-term

status of the drug problem.” This supports the conclusion of Robinson and Scherlen that the NDCS is more about reinforcing the dominant ideology underlying the drug war – all drugs are bad, regardless of how and in what contexts they are used, regardless of who uses them and whether or not they lead to negative consequences such as psychological or physical dependence, tolerance, withdrawal, and social dysfunctions – rather than analyzing empirical data to honestly evaluate performance toward drug control policy goals.

Further, NAPA’s analysis suggests that many of the NDCS reports “were narrowly focused documents concentrating primarily on youth and marijuana and without the long-term strategic perspectives in support of national imperatives.” Like Robinson and Scherlen, NAPA noted that ONDCP overemphasizes MTF data while ignoring other data sources such as NSDUH. As a result, NAPA concludes that ONDCP’s approach fails to address “the depth and breadth of illicit drug use and its consequences nor lays the fundamental basis for making enduring national resource commitments” (xiii).

Although ONDCP sells the NDCS as the primary document through which one can learn the “facts” of the drug war – what the drug war is about, what its goals are, how federal dollars are being spent to achieve these goals, how well agencies are performing towards achieving goals, and so forth – the NDCS is simply not useful for these purposes. Thus, in this article, the author proposes a more useful and policy-relevant National Drug Control Strategy (NDCS). Throughout, the author poses questions that must be addressed by policy makers to make the NDCS more useful for national drug control policy.

Characteristics of a More Useful and Policy-Relevant National Drug Control Strategy

A National Drug Control Strategy (NDCS) that would be useful for policy-makers would:

1) BE EVIDENCE BASED

To learn the truth with regard to whether a policy achieves its goals and/or achieves benefits that outweigh costs associated with it, policy-makers must commit themselves to evaluating policies based on empirical evidence. This is a much more useful approach than making arguments based on faith, philosophy, personal opinion, or hunches (Robinson 2009).

The primary difference between *planned change* and *unplanned change* is that the former is based on carefully gathered and evaluated evidence in a multi-stage process (Welsh and Harris 2008). The stages of planned change include analyzing the problem (e.g., what leads to drug use and availability); setting goals and objectives (e.g., reducing drug use and availability); designing programs and policies to address the problem (e.g., prevention and interdiction); developing action plans to assure that needed actions are taken within a given time-frame; developing monitoring plans to assure that each part of the policy is being put into place; designing evaluation plans which will be used to assess the effectiveness of the policy; initiating the program or policy; and then fully evaluating the program or policy so that it can be altered if needed based on feedback and then continued. Unplanned change is often poorly thought-out, not carefully crafted, and lacking in the above elements.

Reviews of ONDCP's NDCS by Robinson and Scherlen (2007) and Robinson (2007, 2008, 2009) suggest that although ONDCP presents empirical evidence in support of its drug control efforts, its presentations are partial and incomplete (specific examples are provided later in the paper). The authors thus admonish ONDCP to assess *all* the empirical evidence in evaluating their own policies so that national drug control policy can be better planned.

The National Academy of Public Administration (NAPA) agrees that ONDCP ought to commit itself to evaluating a wide range of empirical evidence to determine the relative effectiveness of national drug control policies. They specifically suggest:

- Bringing to bear the full range of the nation’s drug control expertise to increase the nation’s efficiency and effectiveness in identifying and solving the critical problems associated with drug abuse and its consequences;
- Building an internal culture that values critical inquiry, open debate, and pragmatic decision-making;
- Engaging academia and the workforce in developing a more creative and robust understanding of the drug problem and drug threats;
- Establishing a working group of subject matter experts to advise ONDCP senior leadership on international, national, and regional/local drug issues;
- Reinforcing staffing for statistical analysis to compare and contrast relevant data sources and become the federal focal point for examination of the full range of drug-related data;
- Holding an annual conference to address issues raised by disparate data and perspectives; and
- Ensuring systems are in place at all levels (ONDCP, partner drug agencies, and non-federal entities) to revise priorities based on changing conditions. (126-127)

NAPA’s review of ONDCP suggests that national drug control policy is, in at least many ways, not well planned. Based on this, a logical question for policy-makers is, “Why are our nation’s drug control policies not as well planned as they could (and should) be?” Another is, “How can the national drug control policy be better planned?”

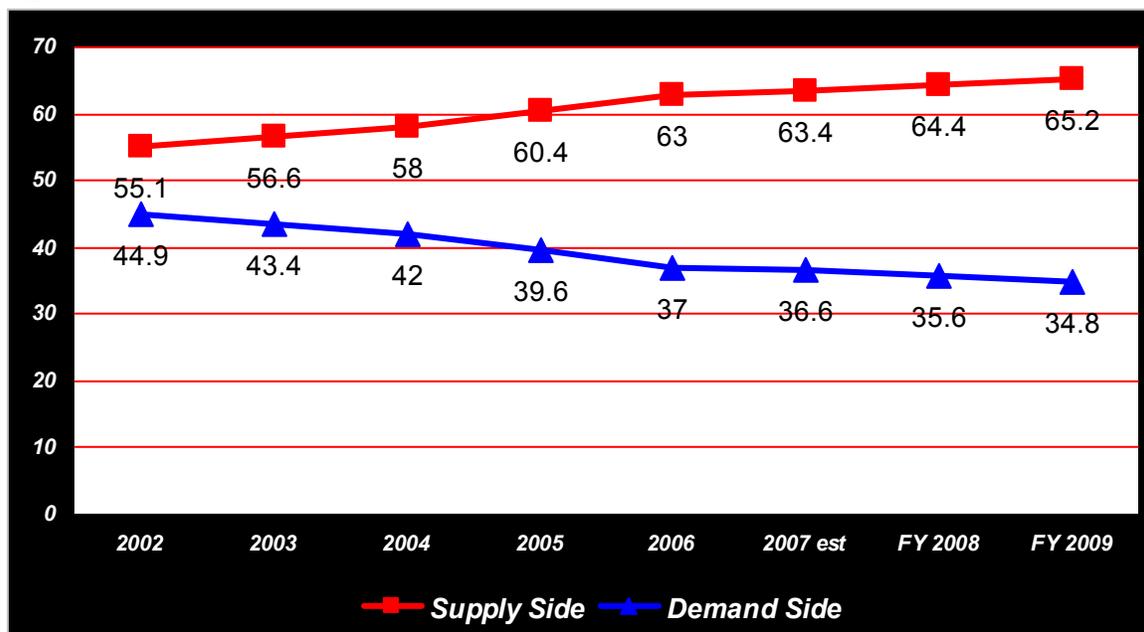
2) BE HONEST IN ITS CHARACTERIZATIONS OF DRUG CONTROL BUDGETS

ONDCP consistently claims that the drug war is “balanced.” Yet, an analysis of ONDCP budget requests shows the imbalanced nature of the drug war. For example, a review of FY 2009 spending requests shows that funding for supply side measures grew to 65.2% of total funds, versus only 34.8% for demand side measures. This is alarming, because even after a budget format change by ONDCP in 2003, the disparity between supply side and demand side spending has grown rapidly. The budget format change is significant because ONDCP eliminated from the

budget costs associated with incarceration and local law enforcement, among other things, even though the money is still being spent as part of drug control policy. This had the effect of creating the appearance that a larger portion of funds was going to prevention and treatment, even though the vast majority was really going to supply side measures.

The following data show the growing disparity between supply side and demand side measures. In FY 2002, supply side spending made up 55.1% of the budget, then grew to 56.6% in FY 2003, 58% in FY 2004, 60.4% in FY 2005, 63% in FY 2006, 63.4% in FY 2007, 64.4% in FY 2008, and ultimately 65.2% in FY 2009. The author created Figure A to illustrate the growing disparity between supply-side and demand-side spending. To be clear, the supply-side spending is money spent on the “war” part of the drug war, including law enforcement, interdiction, and international spending, whereas demand side spending is money spent on prevention and treatment (Inciardi 2001).

Figure A



With regard to ONDCP's budget changes, NAPA explains: "In FY 2004 ONDCP restructured its long-established Budget Summary, eliminating over 30 national drug control agencies and programs totaling over \$7 billion in federal expenditures." NAPA wrote that, from its standpoint, "this more limited Budget Summary does not adequately inform the public or policymakers about federal drug control expenditures." Further: "The Drug Control Budget Summary, in its current configuration, omits a number of key drug control programs and agencies, and thus does not reveal the full magnitude of the federal efforts at drug control" (xv). Interestingly, ONDCP claimed that the new drug control budget made it more "accountable" to citizens and policy-makers (Robinson and Scherlen 2007).

Research shows that the most effective and cost-effective drug reduction approaches are demand side approaches such as prevention and treatment (Gray 2001; MacCoun and Reuter 2001; Robinson and Scherlen 2007). With regard to treatment, research clearly points out that it works (National Institute on Drug Abuse 2008) and many forms of treatment are highly effective, and are more cost-effective than crime control mechanisms (Boyum & Reuter 2005: 2). This is true even when clients are coerced into programs, such as through criminal justice referrals. One might then wonder why funding for drug treatment does not make up a larger portion of the drug war budget (funding for treatment in FY 2009 consists of only 24.1% of funds, and this includes money spent on treatment research)? A logical question for policy-makers then is, "Why aren't we allocating more tax-payer dollars to treatment?" Further, "What are the implications of not doing this for our nation's drug control policy goals?"

Unfortunately, data from the Treatment Episode Data Set (TEDS) show that vast majority of people who need drug treatment do not receive it.¹ Even data presented in the NDCS show that most people who need treatment do not receive it. For example, ONDCP shows a figure in

the 2007 NDCS claiming that 20.9 million people need but do not receive it. In the 2008 NDCS, ONDCP claims that

there are more than 20 million Americans who meet the medical definition of abuse or addiction to alcohol and illicit drugs. This means nearly 10 percent of the U.S. population over age 12 has a diagnosable substance abuse disorder. Yet the vast majority of these people— more than 94 percent—do not realize they need help and have not sought treatment or other professional care...Although a significant number of drug users fit the medical profile of an addict, most users fall into a much broader category of people whose use has not yet progressed to addiction. For many of these users, an accident or serious trauma may be just around the corner. (2008 NDCS: 23).

In the 2009 NDCS, ONDCP claims that although 23.2 million people needed treatment in 2007 for use of illicit drugs or alcohol, 20.8 million of them did not receive it (2009 NDCS: 17). Thus, 90% of Americans who need drug abuse treatment for illicit drugs or alcohol do not receive it. The data supplement to the NDCS show that only 15% to 20.3% of people needing treatment for illicit drugs received it between the years of 2002 and 2007.²

A logical question for policy-makers is thus, “Why hasn’t treatment become more available in the United States?” Another important question is, “What can be done to increase treatment opportunities for those who need them?”

With regard to prevention, research also shows that well-designed prevention messages reduce drug use among young people (National Institute on Drug Abuse 2003). The National Academy of Sciences’ Committee on Data and Research for Policy and Illegal Drugs concludes that “[a]t least 20 reviews and meta-analyses of drug prevention programs were published during the 1980s and 1990s. The most recent of these generally conclude that substance abuse prevention efforts are ‘effective’ for preventing substance use ...” (Manski, et al. 2001: 11). Criminal justice research also suggests that crime prevention is a more fruitful strategy than traditional means of control such as law enforcement, courts, and corrections (Robinson 2004).

According to research, the following approaches tend to be ineffective:

- 1) Information dissemination approaches that teach about the effects of drug use;
- 2) Fear arousal approaches that focus on risks and harms of various drugs;
- 3) Moral appeal approaches that appeal to people's morality to reject the evils of drug use;
- 4) Affective education approaches that attempt to build self-esteem and promote adaptive forms of behavior. (Robinson & Scherlen 2007)

More effective prevention efforts tend to help young people (especially those most at risk) to recognize and resist the risk factors that promote drug use (e.g., peer pressure, drug availability) using personal, community, and social skills and resources (Sherman et al. 1997).

ONDCP has more often pursued ineffective approaches over the years than effective approaches (Robinson and Scherlen 2007). In other words, most of ONDCP's prevention efforts are inconsistent with empirical evidence about which prevention efforts are effective. A logical question for policy-makers is thus, "Why has ONDCP pursued policies that research suggests do not work?" Further, "Why hasn't ONDCP more effectively utilized those types of programs that have shown to be more effective?"

The one approach that ONDCP uses that appears to be effective is the resistance-skills approach which teaches people about the influences that likely lead to drug use and those that can be employed to resist using drugs (Botvin 1990). According to the evidence, the most effective prevention programs "pay attention to the social context of drug use, which is related to many other aspects of the individual's life and setting" (Boyum and Reuter 2005: 89). Policy-makers may wonder why ONDCP has not focused more on these types of programs rather than continuing to push school programs and media ad programs, which research shows do not work.

According to ONDCP data, funding for prevention in FY 2009 consisted of only 10.7% of funds, and this includes money spent on prevention research. A logical question for policy-makers is thus, "Why hasn't funding for drug prevention made up a larger portion of our drug

control budget?” Further, “What are the implications of not doing this for our nation’s drug control policy goals?”

3) BE HONEST IN ITS CHARACTERIZATIONS OF THE EFFECTS OF DRUGS ON USERS AND SOCIETY

Historically, the NDCS has exaggerated the effects of drugs for users and society. Most notably, this is true for the drug of marijuana. For example, ONDCP claims:

NSDUH has shown that the risk for marijuana abuse and dependency in younger users now exceeds that for alcohol and tobacco use, with 26.8 percent of past-year marijuana users between the ages of 12 and 17 displaying characteristics of abuse or dependency. The rate of abuse or dependency for past-year users of alcohol and cigarettes in the same age group is 16.6 percent and 16.0 percent, respectively (2007 NDCS: 5).

In fact, figures presented by ONDCP show that although marijuana users account for 74% of illicit drug users, they account for only 60% of users estimated to be drug dependent or abusers (207 NDCS: 4). This suggests marijuana is *less addictive* than other drugs. Further, ONDCP itself admits that marijuana only produces moderate withdrawal symptoms such as “tremors, sweating, nausea, irritability, reduced appetite and sleep disturbances” (2007 NDCS: 21).

Additionally, ONDCP misstates the evidence of a “gateway effect” of marijuana, stating that “using marijuana has been found to increase the risk for abuse and dependency on other drugs such as heroin and cocaine later in life” (2007 NDCS: 5). In fact, much research illustrates that this is a spurious relationship and is actually due to factors unique to individuals and situations that make individuals more likely to use marijuana as well as other drugs (both legal and illegal) (Choo, Roh, and Robinson 2008).

NAPA also concludes that ONDCP is too heavily focused on marijuana use by young people:

Although it addressed all illegal drugs, it placed great emphasis on marijuana as the primary illicit drug first used by youth. This “gateway drug” approach became a cornerstone of the Administration’s and the National Drug Control Strategy’s drug prevention and demand reduction efforts.

Yet, according to NAPA, the NDCS “does not address the close association of youth illicit drug use with cigarette and alcohol use, which several stakeholders, including a former HHS Secretary, have described as the real gateways to drug-seeking behavior among youth” (2008: 34).

In the 2008 NDCS, ONDCP continues to use fear-inspiring tactics about drugs, claiming for example that there are

compelling health reasons to focus on marijuana ... It is now well-accepted that marijuana is addictive and that it can induce compulsive drug-seeking behavior and psychological withdrawal symptoms, as do other addictive drugs such as cocaine or heroin. One out of every four past-year marijuana users between the ages of 12 and 17 display the characteristics for abuse or dependency, now surpassing alcohol and tobacco. The record-high average potency of marijuana today—two to three times the potency of marijuana during the 1980s—further increases the danger to marijuana users (NDCS 2008: 2-3).

Perhaps most alarming is ONDCP’s claim that “Recent research has shown that regular marijuana use is associated with increased risk for long-term mental health problems, including psychosis and schizophrenia” (NDCS 2008: 3). In fact, this claim is based on only a handful of studies with very small sample sizes demonstrating very small effect sizes, making them wholly unreliable. Further, none of the studies actually demonstrates causality, but instead just demonstrates a correlation between marijuana use and psychological conditions (raising the possibility that people with mental health issues may be more likely to smoke marijuana, rather than the other way around) (Earlywine 2005).

ONDCP justifies its focus on marijuana by suggesting early use is associated with more serious problems later: “Since 2002, the Campaign’s primary focus has been on marijuana—a

policy decision driven by a public health goal: delay onset of use of the first drugs of abuse (marijuana, tobacco, and alcohol) to reduce drug problems of any kind during teen years and into adulthood” (NDCS 2008: 17). However, ONDCP ignores the fact that most people start using drugs with tobacco and alcohol, then move onto marijuana, two drugs against which we are currently not fighting a war.

In the 2009 NDCS, ONDCP continues to use fear-inspiring tactics about drugs, claiming for example that: “Recent research suggests early marijuana use increases the risk of abuse or dependency on other drugs such as heroin and cocaine later in life. Research also confirms that marijuana use itself is a serious risk, not only due to its addictive potential but also due to recently identified connections between frequent marijuana use and mental illness” (NDCS 2009: 3), a claim that is highly disputable as noted earlier.

Given all this, policy-makers may wonder, “Why has ONDCP so heavily prioritize marijuana? Is this due to the supposed gateway effect? Its alleged addictive nature? Its supposed link to psychosis?” “Are these claims correct or false?” Further, “Is such a strong focus on marijuana a worthwhile use of drug control resources?”

ONDCP also blames violent crime and other bad outcomes on drugs:

Dealers often operate in residential neighborhoods where children play and go to school. Drug dealers bring with them violent gang activity, property destruction, graffiti, drive-by shootings, robberies, and juvenile delinquency. Buildings, houses, and lots are left vacant and neglected by those who flee the violence. Those left behind live in fear of retaliation if they try to work with law enforcement. Daily life for any child living in such an environment is dangerous and sometimes tragic. (NDCS 2008: 39)

Although it is true that such outcomes are associated with illicit drugs, ONDCP never considers the possibility that such outcomes are the result *not* of drug use but of a national drug policy similar to alcohol prohibition, which resulted in similar outcomes (Miron 2004). A recent article

by Lurigio, Rabinowitz and Lenik (2009) assessed national drug prohibition and concluded that the war on drugs imposes far more costs on society than benefits. According to these authors, costs of the drug war include an explosion in prison populations, worsening of racial disparities in criminal justice, increasing criminal justice costs, stigmatization of drug users and abusers, and reductions in human and social capital (including family strain and threats to proper socialization of children).

In the 2009 NDCS, ONDCP writes:

Rates of substance use or dependence among individuals involved in the criminal justice system are more than four times that of the general population. In 2007, there were an estimated 1.6 million adults aged 18 or older on parole or other supervised release from prison during the past year. Almost one-quarter of these (24.1 percent) were current illicit drug users. Among the 5.1 million adults on probation at some time in the past year, 28.4 percent reported current illicit drug use in 2007. (2009 NDCS: 21)

This may lead the reader to believe that drug use leads to crime, but the bulk of the evidence suggests this is not true (Robinson 2009). A relevant question for policy-makers is, “To what degree are such negative outcomes attributable to drug use and to what degree are they attributable to drug control policy?”

Similarly, in the 2009 NDCS, ONDCP claims: “Substance abuse among college students contributes to poor academic performance, interpersonal violence, campus crime, and other negative health and social outcomes” (NDCS 2009: 7). ONDCP fails to mention that the one drug most associated with violent and antisocial outcomes on college campuses is alcohol. A logical question for policy-makers is, “What can be done to increase awareness of the deleterious effects of irresponsible drug use, including alcohol use, by young people enrolled in our nation’s colleges and universities?” Further, “To what degree should ONDCP be concerned with alcohol use among young people as part of a larger drug control strategy?”

ONDCP has recently claimed that strength of marijuana is increasing:

A long-term analysis of marijuana potency conducted by NIDA has also revealed that the strength of marijuana has increased substantially over the past two decades. According to the latest data from marijuana samples, the average amount of Delta-9-Tetrahydrocannabinol, or THC, in seized samples has more than doubled since 1983. The increase in potency may be leading to an increase in marijuana treatment admissions and may worsen the mental health implications of marijuana use. The Treatment Episode Data Set (TEDS) reports a 164 percent increase in marijuana admissions since 1992, and the Drug Abuse Warning Network (DAWN) has found that emergency room mentions of marijuana increased nationally from 45,000 in 1995 to 119,000 in 2002. (NDCS 2008: 28).

In the 2009 NDCS, ONDCP makes similar claims, writing “the average potency of samples of seized marijuana reach[ed] 9.64 percent THC in 2007, a 151 percent increase since 1983, and the highest average potency ever recorded” (NDCS 2009: 26). In fact, data from the supplement provided by ONDCP show that this figure of 9.64% refers only to federal seizures, whereas the overall THC content average is 4.78%.³ Yet, it remains true that THC content in most forms of marijuana have increased since the founding of ONDCP in November 1988; ONDCP does not explain why this is so in spite of its thirty year drug war. A logical question for policy-makers is, “Why has THC content increased over time in spite of intense efforts to seize and eradicate marijuana crops?” Further, “What can (and should) be done about rising THC levels in marijuana?”

ONDCP also claims that:

Recent lab analyses, both in the United States and Canada, have found that a significant percentage of samples of seized MDMA (Methylenedioxyamphetamine, commonly known as Ecstasy) contain methamphetamine. MDMA is a dangerous drug in and of itself—and can be fatal. It becomes even more dangerous when mixed with methamphetamine and consumed by unknowing, often young, individuals. Further, although MDMA use is still far below the peak levels of 2003, consumption of the drug has begun to rebound (NDCS 2008: 21).

ONDCP does not explain why methamphetamine is showing up in Ecstasy, but it may result from the absence of meaningful regulation in our current prohibitionist approach. A logical question for policy-makers is, “What can be done to reduce the possibility that illicit drugs are not made more dangerous because they contain other dangerous substances?”

Finally, the NDCS reports link drug use to terrorism. For example, ONDCP notes: “The drug trade ... serves as a critical source of revenue for some terrorist groups and insurgencies” (NDCS 2008: 34). Further:

Since 9/11, our international drug control and related national security goals have been to: reduce the flow of illicit drugs into the United States; disrupt and dismantle major drug trafficking organizations; strengthen the democratic and law enforcement institutions of partner nations threatened by illegal drugs; and reduce the underlying financial and other support that drug trafficking provides to international terrorist organizations. In a post-9/11 world, U.S. counterdrug efforts serve dual purposes, protecting Americans from drug trafficking and abuse while also strengthening and reinforcing our national security. The tools, expertise, authorities, and capabilities that have been used to successfully dismantle international drug organizations and their cells can be used to confront a wide range of transnational threats and help the United States achieve broader national security objectives (NDCS 2008: 34).

While it is true that some terrorist groups use drug funds to support their activities, ONDCP never considers the possibility that is so because of prohibition. That is, prohibition creates a black market for illicit drugs, and terrorist groups utilize this black market in order to raise money for their activities (Baum 1997; Bertram et al. 1996; Carpenter 2003; Mares 2006; Trebach 2006; Youngers and Rosin 2004). A logical question for policy-makers is, “To what degree do the nation’s drug control policies empower terrorist and criminal groups?” Further, “Are the costs of increased violence caused by terrorist and criminal groups worth the benefits achieved as a result of our nation’s drug control policies?”

4) BE HONEST IN ITS ASSESSMENT OF DRUG CONTROL POLICIES

The 2007 NDCS does not abandon its belief in the value of drug testing, but unlike previous versions that claim drug testing explicitly works, this one states:

Student drug testing serves a dual purpose: it *can prevent drug use* while also helping identify students who need help. Student drug testing *can prevent drug use* because it gives students an “out:” if they want to participate in extracurricular activities, they know they will be subject to a test and can use potential testing as an excuse to refuse drugs when approached by a peer.

Furthermore, drug testing can help create a culture of disapproval toward drugs in schools. It also helps prepare students for a job market that often requires random drug testing for employees, (NDCS2007: 16, emphasis added)

ONDCP provides no evidence from national studies that show drug testing is effective.

Instead, it offers anecdotal evidence from a school board in California’s Oceanside Unified School District: “Very few student athletes test positive for drugs; since the program resumed in October 2005, there has only been one positive drug test” (NDCS 2007: 17). It also discusses data from a single school district in Pulaski County, Kentucky (NDCS 2007: 8). ONDCP also mentions “U.S. Department of Education grantees, as well as public and nonpublic schools with non-Federally funded random testing programs” which, according to ONDCP, “have seen declines in positive test rates, suggesting reductions in drug use” (2007 NDCS, p. 8). However, ONDCP offers no data in support of such claims.

Rather than presenting evidence that drug testing works, ONDCP claims: “Testing is a tried and true method of deterring drug use in America.” It then uses evidence from mandatory testing of US military personnel returning from Vietnam in the 1970s and subsequent military testing, to suggest that drug testing in schools is effective, rather than from published studies on drug testing in schools.

The 2008 NDCS writes: “In 2008, the Administration will strengthen [its] efforts by helping to expand random student drug testing programs to hundreds of additional schools and

by encouraging all 50 States to adopt prescription drug monitoring programs” (NDCS 2008: 4). The 2008 NDCS provides a link to a new web site about student drug testing.⁴ One of the links on the site is titled “Drug Testing Works” and it claims:

Reports from schools receiving Federal grants for drug testing programs give encouraging indications that this strategy can be valuable in the effort to curb student drug use. Its effectiveness as a deterrent has also been shown in other areas where drug testing is performed, such as the U.S. Military and in the workplace. In the more than 25 years since the Department of Defense began testing service members for drugs, positive use rates have dropped from nearly 30 percent to less than 2 percent. And according to the Division of Workplace Programs, drug-use positives in the U.S. Workforce have plunged from 18 percent in 1987 to 4 percent in 2006.

Rather than offering evidence that school drug testing works, the web site (and the 2008 NDCS) again discusses successes in the US military and workplace.

In the 2009 NDCS, ONDCP asserts that part of evidence-based prevention programs should include “random drug testing” in schools (NDCS 2009: 7). Yet, as with previous versions of the NDCS, ONDCP offers literally no evidence such programs are effective. This is likely because the evidence is not in favor of drug testing (Grim 2006). In fact, the American Academy of Pediatrics Committee on Substance Abuse and Council on School Health reports: “Currently, there is little evidence of the effectiveness of school-based drug testing in the scientific literature” and students tested “experienced an increase in known risk factors for drug use ... and poorer attitudes toward school” (American Academy of Pediatrics 2007). A logical question here is, “Why does ONDCP ignore empirical evidence that does not support its claims?” Further, “Why does the NDCS offer flimsy evidence rather than substantive and relevant evidence as part of its policy evaluations?”

In the 2009 NDCS, ONDCP also focuses on its ad campaign, writing that

The National Youth Anti-Drug Media Campaign is the government’s largest public health communication effort. The Campaign seeks to educate and enable the country’s

youth to reject illicit drug use, convince current youth users of drugs to stop using them, and to educate parents and other influential adults that their actions can make a difference in helping to decrease adolescent drug use.

Approximately 72 percent of the Campaign's funding is allocated to purchase advertising time and space in youth, adult, and ethnic media outlets, including national and cable TV, radio, newspapers, magazines, out-of-home media (such as movies), and the Internet. The Partnership for a Drug-Free America recruits advertising agencies from around the country to provide pro-bono creative services to develop new ad campaigns. All television advertisements are subject to a rigorous process of qualitative and quantitative testing, ensuring—before they are ever seen—that the advertisements are credible and have the intended effect on awareness, attitudes, and behaviors.

The teen brand, Above the Influence, specifically draws the connection between substance use and the negative influences that surround it, both the influence of the drug itself and the social influences that can encourage its use (NDCS 2009: 10).

This claim suggests the campaign is effective. In fact, evaluations of the campaign show it is not effective. For example, the conclusion by the Office of Management and Budget's (OMB) Program Assessment Rating Tool (PART) rating system for the National Youth Anti-Drug Media Campaign states: "An independent, long-term evaluation found no connection between the Campaign advertisements and youth drug use behavior." The program was rated as "Not Performing."⁵ A logical question is thus, "Why does ONDCP promote a program that research shows to be ineffective?" Further, "How does this hinder an effective drug prevention policy?"

5) FOCUS ON THE LONG-TERM

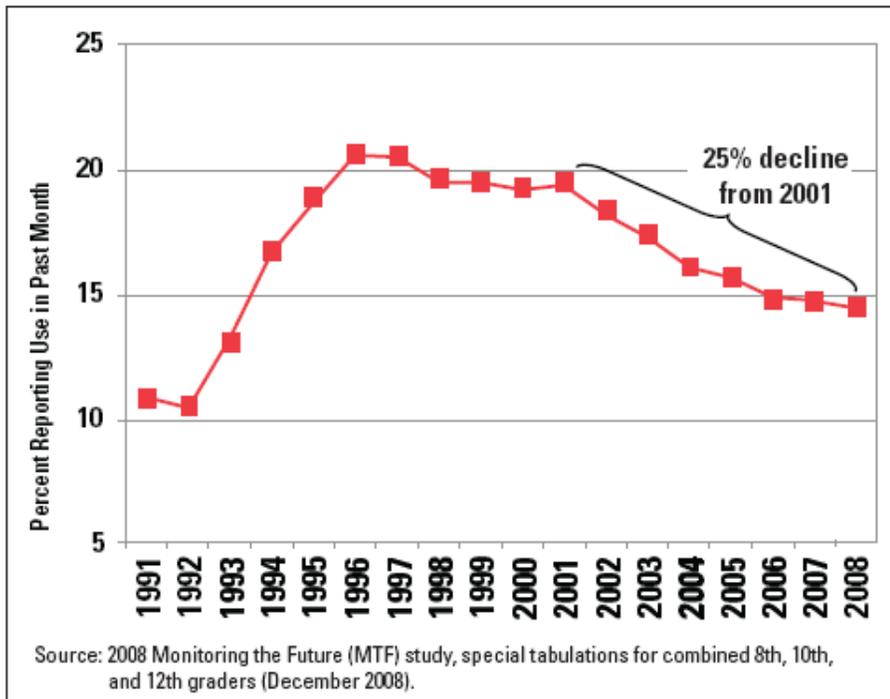
The NDCS reports are consistently short-term focused. Specifically, ONDCP focuses almost exclusively on the time period 2000-2007 – the term of President George W. Bush. While this is logical in the sense that this is the period of ONDCP's existence for which George W. Bush and his ONDCP Director (John Walters) had responsibility for the performance of ONDCP; yet, it is illogical in the sense that ONDCP has been in existence since November 1988. Given that former Presidents Bill Clinton and George H. W. Bush also led ONDCP along with

their drug czars, a fair assessment of the performance of ONDCP-headed drug control policy should begin in 1989 rather than 2000.

The key question in such an analysis would be, “Is ONDCP meeting its stated goals from the inception of ONDCP?” It is true that any long-term decline in drug use trends must begin with a decline in a single year, and declines over any period of time are certainly good news. Yet, declines over a short-period of time do not prove effectiveness, just as increases over a short-period of time do not prove failure.

An analysis of long-term drug use trends using Monitoring the Future (MTF) shows that drug use among young people is generally higher now than in 1991 (when data were first gathered on 8th, 10th, and 12th graders). ONDCP’s Figure 1 illustrates this fact. Yet, ONDCP is silent about the significance of higher youth drug use rates twenty years after its creation. Further, its figure specifically points out a 25% decline in youth drug use since 2001 (in spite of the overall increase).

Figure 1.
Teen Drug Use is Down Sharply from 2001



Tables provided by ONDCP as a data supplement to the NDCS show the following:

- Current use of any drugs by people ages 12 years and older according to the National Survey of Drug Use and Health (NSDUH) is higher in 2007 than in 1988 when ONDCP was created.
- Current use of any drugs by people ages 12-17 years according to NSDUH is higher in 2007 than in 1988 when ONDCP was created.
- Prevalence of current drug use by 8th graders according to MTF is higher in 2008 than in 1991 (the first year for which data were available for each grade level).
- Prevalence of current drug use by 10th graders according to MTF is higher in 2008 than in 1991.
- Prevalence of current drug use by 12th graders according to MTF is higher in 2008 than in 1991.⁶

A review of MTF data shows that past-month drug use among 12th graders is basically unchanged since ONDCP was founded in 1988; data on 12th graders were first collected in the

1970s. After ONDCP was founded, drug use continued its fall that started in the late 1970s, then rose sharply in the early 1990s, and has since declined slightly back to about the level it was in 1988.⁷

Given these realities, a very logical and important question for policy-makers to ask is, “What social, economic, and political factors account for these drug use trends?” Another question is, “What changed with regard to drug policy in the 1990s and 2000s that might explain why drug use increased and then decreased during these time periods?” Further, “Why has ONDCP been unable to consistently achieve its goal of reducing drug use in the United States?”

6) FOCUS ON ALL DRUGS FOR ALL AGE GROUPS

The NDCS also consistently focuses only on some drugs. For example, NDCS reports show declines in use of LSD, Ecstasy, and methamphetamine. Yet, there are increases in forms of other drugs, most notably prescription drug abuse.

After ignoring this issue for many years, ONDCP has begun to depict such increases in the form of figures, but never does it consider the possibility that young drug users have not really stopped using illicit drugs like LSD, Ecstasy or meth, but instead have merely switched to more readily available prescription drugs. If true, this would suggest *drug substitution* rather than successful prevention. An important question is thus, “Has drug policy contributed to reductions in use of some substances or have youth changed drug preferences?” Further, “What are the implications of growing rates of prescription drug abuse for our nation?”

Interestingly, ONDCP also shows that trends in alcohol use and smoking cigarettes are down. Presumably use of these substances has fallen due to factors other than the war on drugs, since alcohol and tobacco are not included as part of ONDCP’s explicit focus and are not subject to a drug war. However, ONDCP seems to take credit for these declines as well, saying the

“balloon effect” of reductions in marijuana use “could result in rising rates of youth smoking and alcohol consumption” (NDCS 2007: 5). ONDCP also claims: “The declines in youth alcohol and tobacco use, combined with sharp declines in illegal drug use, are particularly meaningful as they demonstrate a broad shift in youth attitudes and behavior.” (NDCS 2008: 1). ONDCP offers no evidence that attitudes toward drugs have shifted, even though such data are available from MTF.⁸ Here a relevant question is, “Are alcohol and tobacco use trends down because of our nation’s drug control policy, or are they more attributable to large societal trends?”

The NDCS reports also provide little discussion of drug use trends for adults (and no figures whatsoever). ONDCP’s two- and five-year goals were stated not only for youth but also for adults. Yet, ONDCP does not report on progress toward its objectives of reducing adult drug use by 10% over two years and 25% over five years.

According to NAPA, ONDCP relies too heavily on MTF data: “When assessing current drug use, ONDCP relies heavily upon data from Monitoring the Future (MTF), which conducts an annual survey of only three grade levels (8th, 10th, and 12th graders). From 1999 to 2008, the [NDCS has] focused heavily on youth and, in the later years, have not incorporated an assessment of the nation’s progress in reducing drug use among adults” (pp. 20-21). NAPA’s own assessment of all the relevant drug use data concludes: “Based on the National Survey on Drug Use and Health, the nation did not achieve ONDCP’s two- or five-year current use reduction targets for youth, young adults, or adults” (p. 21).

In the NDCS, it is clear that ONDCP knows what is occurring with adult drug use trends because it states:

Six years into the President’s first National Drug Control Strategy, a review of trends in drug use provides important insights into what works in drug control. It also provides lessons in dealing with current challenges such as *continued high rates of drug use by*

adults, and the continued need to target young people in prevention and intervention efforts (NDCS 2007: 1, emphasis added).

Similarly, in the 2008 NDCS, ONDCP writes:

The *Monitoring the Future Study* is not the only instrument indicating significant declines in drug use among Americans. Data collected through workplace drug testing show similar declines in the adult workforce, providing further evidence of a cultural shift away from drug use ... the percentage of workers testing positive for marijuana declined by 34 percent from January 2000 to December 2006. Methamphetamine use among workers is declining after a significant increase during the first half of the decade, falling by 45 percent between 2004 and 2006. Perhaps most remarkably, overall drug test positives, as measured by Quest Diagnostics' Drug Testing Index, show the lowest levels of drug use in the adult workforce since 1988. (NDCS 2008: 1-2)

ONDCP does not provide data trends from the National Survey on Drug Use and Health (NSDUH). But it does call on such data in order to “prove” that the drug war is working (as in the above quote), as well as to generate alarm, as in the following quote: “One of the more disturbing data trends identified in the past several years is a dramatic rise in current drug use among adults aged 50-54” (NDCS 2008: 2).

It is dishonest of ONDCP to claim success in meeting its goals of reducing drug use by 10% and 25% over two and five years, respectively, when ONDCP is only assessing drug use trends for young people and not adults. How can we know if ONDCP's efforts work when we are only shown data on youth drug trends and not adult drug trends? A more useful NDCS would honestly present the data with regard to adults so that policy-makers can assess the relative effectiveness of our nation's drug control policies.

With regard to ONDCP's goal to reduce drug use among adults by 25% from 2002 to 2007, NSDUH data show illicit drug use among 18 to 25 year olds only fell from 20.2% in 2002 to 19.7% in 2007.⁹ NSDUH data also show illicit drug use among those 26 years and older stayed steady at 5.8% between 2002 and 2007.¹⁰ Clearly, ONDCP did not meet its goal of

reducing drug use among adults by 10% and 25% over two- and five years, respectively. Thus, a logical question for policy-makers is, “Why has drug use declined much more dramatically among young people than among adults?”

7) PRESENT ALL RELEVANT DATA ON MARKET DISRUPTION

The NDCS consistently lays out the logic of market disruption efforts, but has never consistently presented data to assess whether market disruption works. For example, in the 2007 NDCS, ONDCP wrote:

Reducing the availability of drugs in the United States can cause a decline in purity or an increase in price. In such cases, initiation becomes less likely and dependence more difficult to sustain.

....

The core elements of the Administration’s market-disruption strategy—eradicating illicit crops, interdicting illegal drugs, and attacking drug organizations—are designed to reduce availability by attacking the pressure points of the illegal drug market. Because of these actions, a drug trafficker’s costs will increase, which will reduce the overall profits associated with drug trafficking. Increased risk of arrest will also deter traffickers from entering the market and encourage others to leave. The biggest impact, however, is that a shrinking international supply of drugs will result in less drugs on U.S. streets (NDCS 2007: 8).

ONDCP does not offer data on drug prices, availability, costs to drug dealers and profits, and so forth. The laws under which ONDCP operates require the presentation of such data. For example, NAPA notes that the 1994 reauthorization required ONDCP to present in the NDCS “an evaluation of the effectiveness of federal drug control during the preceding year, an assessment of the quality and adequacy of drug use measurement instruments and techniques, and the identification of specific factors restricting the availability of treatment services; and ... an assessment of drug use and availability in the United States, including an estimate of the effectiveness of the preceding year’s programs in reducing drug use and availability” (5).

Further, the 2006 reauthorization required ONDCP to consider the “impact of each federal drug

reduction strategy on the availability, addiction rate, use rate, and other harms from illegal drugs” (6). ONDCP has not presented these data as part of its NDCS.

Honest and complete policy evaluation requires access to the data. Relevant questions include: “Have drug prices increased or decreased under national drug control policies?”; “Have drugs become less available under national drug control policies?”; “Are increasing arrests and punishment of drug offenders associated with declines in drug availability?”

Instead of systematically analyzing the data, ONDCP only offers limited evidence on specific drugs that market disruption works. For example, it claims:

By altering these market forces, law enforcement has made it more likely that those who have not used illicit drugs will never initiate use, that current drug users will seek help, and that drug dealers will face greater risks and reap smaller profits. For example, when domestic law enforcement efforts dismantled the world’s largest LSD production organization in 2000, the reported rate of past-year LSD use by young people plummeted—a drop of over two-thirds from 2002 to 2006. Similarly, between 2002 and 2006 dedicated Federal, State, and local efforts to tighten controls on methamphetamine’s key ingredients contributed to a 60 percent decline in the number of superlab and small toxic lab seizures and a 26 percent decrease in past-year methamphetamine use among the Nation’s youth (2008 NDCS, p. 35).

Additional examples offered by ONDCP include:

Internationally, the disruption of several major MDMA (Ecstasy) trafficking organizations in Europe led to an 80 percent decline in U.S. seizures of MDMA tablets from abroad between 2001 and 2004 and a nearly 50 percent drop in the rate of past-year use among young people between 2002 and 2006. Aggressive eradication reduced Colombian opium poppy cultivation by 68 percent from 2001 to 2004 and combined with increased seizures to yield a 22 percent decrease in the retail purity of Colombian heroin and a 33 percent increase in the retail price from 2003 to 2004. This progress continues, with eradication teams in Colombia now reporting difficulty in locating any significant concentrations of opium poppy and with poppy cultivation falling to the lowest levels since surveys began in 1996.

Most recently, domestic and international law enforcement efforts have combined to yield a historic cocaine shortage on U.S. streets. Law enforcement reporting and interagency analysis coordinated by the National Drug Intelligence Center (NDIC) indicate that 38 cities with large cocaine markets experienced sustained cocaine shortages between January and September 2007, a period in which Drug Enforcement

Administration (DEA) reports indicated a 44 percent climb in the price per pure gram of cocaine. This cocaine shortage affected more areas of the United States for a longer period of time than any previously recorded disruption of the U.S. cocaine market. (NDCS 2008: 35)

ONDCP then goes on to claim that cocaine use declined in response to these achievements, yet it cites workplace drug testing data and emergency room data rather than NSDUH data as proof (NDCS 2008: 35-36). ONDCP calls it “a simple truth” that “when we push against the drug problem, it recedes ... we have pushed back hard—and the drug problem has indeed receded” (NDCS 2008: 36).

However, the NDCS does not provide systematic data on which to assess the efficacy of drug market disruption efforts – almost no data on drug prices, availability, and so forth. Given that the data are available, even on the ONDCP web site, why doesn't ONDCP offer the data with regard to all drugs and for a long period of time in the NDCS so that the reader can see whether or not market disruption is working? Rather than presenting data on for readers to see, ONDCP instead claims that “unprecedented disruption in the U.S cocaine market ... has been identified through analyses of drug price, purity, and other data” (NDCS 2008: 49).

ONDCP shows evidence that cocaine prices are rising and purity is declining, yet its accompanying figure offers data only from 2005 through 2007, again showing ONDCP's propensity for short-term trends rather than long-term trends. Since long-term data are available, one might wonder why the NDCS does not assess them.

Another example of ONDCP's short-term focus is this: “According to DEA analysis, the price per pure gram of methamphetamine also increased during the first three quarters of 2007, rising from \$141 to \$244, or an increase of 73 percent. At the same time the average purity of methamphetamine in the U.S. market dropped by 31 percent, from 56.9 percent to 39.1 percent.

These price and purity trends, along with consistent declines in methamphetamine lab seizure incidents, indicate that a significant disruption is occurring in the U.S. methamphetamine market” (NDCS 2008: 42).

In a section about drugs crossing over the southwest border, ONDCP claims: “Enhanced border security, matched by Mexico’s dedicated fight against drug trafficking organizations, has made a significant impact on drug availability in the United States” (NDCS 2008: 46). Yet, ONDCP offers no trend data with regard to availability of drugs, even though such data are available.

ONDCP does offer data with regard to seizures of cocaine, which collectively seem to suggest the drug war is nearly achieving its stated objectives. For example, ONDCP writes:

Last year’s *National Drug Control Strategy* set an aggressive 40 percent interdiction goal for calendar year 2007, as measured against the Consolidated Counterdrug Database (CCDB) estimate of all cocaine movement through the transit zone toward the United States during the prior fiscal year (October 1, 2005 through September 30, 2006). The FY06 CCDB total documented movement was 912 metric tons, making the 2007 interdiction target 365 metric tons. In aggregate, U.S. and allied interdictors removed a total of 299 metric tons of cocaine (preliminary data as of January 2008), or 82 percent of the 2007 calendar year target. Going forward, to better align the annual transit zone interdiction goal with the Federal budget process, the goal will apply to the current fiscal year rather than the calendar year. Since the FY07 CCDB total documented movement through the transit zone to secondary transshipment countries (such as Mexico, Central American countries, and the Caribbean) was 1,265 metric tons, the 2008 fiscal year 40 percent interdiction goal would be 506 metric tons. However, acknowledging the 2-year gap between establishment of the national goal and any opportunity to request needed increases in capability and capacity through the federal budget process, the Administration is pursuing an incremental approach to the accomplishment of the goal. Therefore, the national interdiction target for FY08 is 25 percent of the total movement documented in FY07: 316 metric tons. (NDCS 2008: 46).

In previous versions of the NDCS, ONDCP claimed that it would need to seize 50% of the cocaine entering the country in order to cause the cocaine industry to become non-profitable. The above data show that ONDCP is falling short of this mark, and ONDCP states that: “It is

important to note that the CCDB estimate of all cocaine flow toward the United States is a conservative benchmark, as it reflects only the cocaine movement that interagency operators and analysts are aware of and as such does not represent the total flows (NDCS 2008: 46). In other words, ONDCP's assessment of market disruption performance is not reliable since it does not even know how much cocaine is available. The NDCS cannot be useful to policy-makers unless it contains valid data, thus it is imperative that officials devise measures that reliably measure what they are claimed to measure.

In the 2009 NDCS, ONDCP again boldly claims success in its drug market disruption efforts:

The National Drug Intelligence Center's 2009 National Drug Threat Assessment describes historic disruptions in the cocaine and methamphetamine markets as a result of cumulative progress in Colombia, the transit zone, Mexico, and on the Southwest Border. Challenges remain, and surely new ones will emerge, but the past seven years have yielded meaningful achievements and important lessons learned. (NDCS 2009: 23)

One expects ONDCP to offer systematic data to assess its market disruption efforts – price, purity, and availability data on various drugs – but this is not forthcoming. Instead, ONDCP only offers limited evidence on specific drugs that market disruption works. For example, it reports on its progress toward capturing the Consolidated Priority Organization Targets (CPOTs): “From 2002 to 2008, a total of 110 CPOTs have been identified, of which 81 percent have been indicted, 53 percent have been arrested, 25 percent have been extradited from other countries, and 3 percent have been killed either by other gang members or as a result of resisting arrest” (NDCS 2009: 24). ONDCP does not address the issue of replacement of such top drug market figures with other eager individuals.

Given all of this, a relevant question is, “Why doesn't ONDCP offer *all* the data with regard to *all* drugs and for a long period of time in the NDCS so that the reader can see whether

or not market disruption is working?” Tables presented in the data supplement to the NDCS show that the price and purity of cocaine are down since the creation of ONDCP,¹¹ that the price of heroin is down while the purity is up,¹² that the price of methamphetamine is down while the purity is up,¹³ that the price of marijuana is down while the purity is up.¹⁴ This is true even though ONDCP data show that seizures of illicit drugs and crops eradicated by drug control agencies have risen dramatically under ONDCP.¹⁵ Thus, a logical question is, “Why, during a time when a larger portion of drug control funding is allocated to market disruption efforts, are prices and purity of drugs not being consistently reduced in line with ONDCP goals?” Further, “What are the implications of these data for national drug control policy?”

ONDCP claims that “Cooperative drug enforcement efforts with Mexico produced impressive results in 2008” and “The effectiveness of these efforts is indicated by higher prices for cocaine and methamphetamine, lower purity levels for these drugs, declining seizures on the border, and *increased violence* by drug trafficking organizations in Mexico” (NDCS 2009: 28, emphasis added). Increased violence is listed as an indicator of success. Research also shows a spillover of violence from Mexico to the United States as a result of our drug policy. A recent report for example finds “a spike in killings, kidnappings and home invasions connected to Mexico's murderous cartels. And to some policymakers' surprise, much of the violence is happening not in towns along the border, where it was assumed the bloodshed would spread, but a considerable distance away, in places such as Phoenix and Atlanta” (Caldwell 2009).

Policy-makers might wonder, “Is increased violence attributable to national drug policy better characterized as a benefit or a cost?” Further, “To what degree is increased violence in the United States attributable to efforts to reduce drug shipments arriving from Mexico?”

ONDCP also reports, based on estimates, that “seizures of cocaine and coca base inside Colombia have grown from about 38 metric tons in 2001 to about 93 metric tons as of early December 2008” (NDCS 2009: 29). Yet, it makes no claims about how this is impacting worldwide and US supply and availability. This is an important issue that should be addressed in the NDCS. In 2008, 42.4% of 12th graders said getting cocaine was fairly or very easy.¹⁶

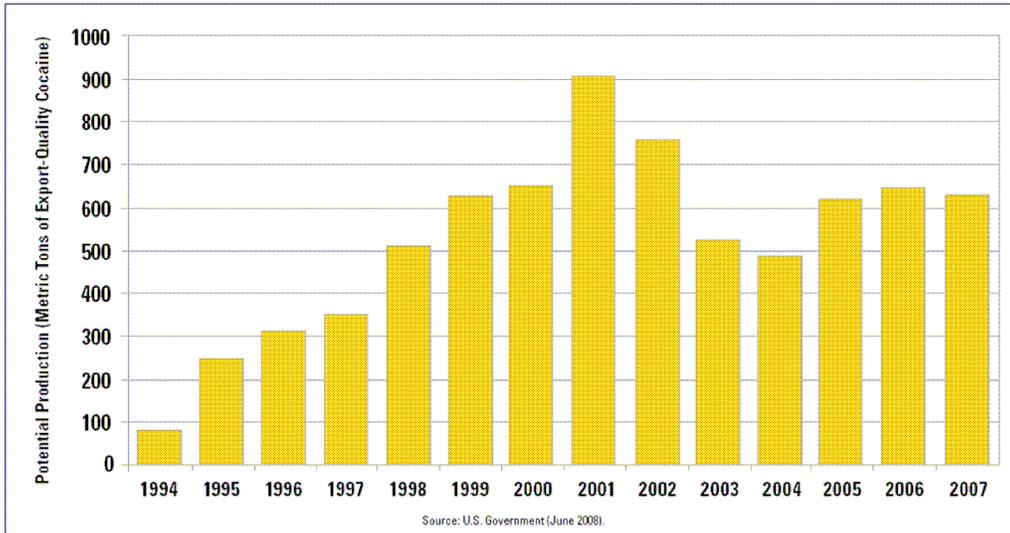
ONDCP admits that: “Success in outdoor eradication efforts by Federal, State, and local agencies has increasingly driven marijuana cultivation indoors” (NDCS 2009: 27). ONDCP offers no data to suggest this displacement amounts to success in the form of reduced availability of marijuana. In 2008, 83.9% of 12th graders said getting marijuana was fairly or very easy.¹⁷

Rather than presenting data on availability, ONDCP claims that “we have made significant progress over the last eight years in reducing the demand for and availability of illegal drugs in the United States” (NDCS 2009: 33). MTF’s Figure 9-5a seems to refute this claim. Overall, drugs are still perceived as widely available by young people.¹⁸

A logical question is thus, “Why are serious illicit drugs such as cocaine so readily available to America’s youth?” Further, “Why has perceived availability been so constant over the years, regardless of what has been attempted in national drug control policy?”

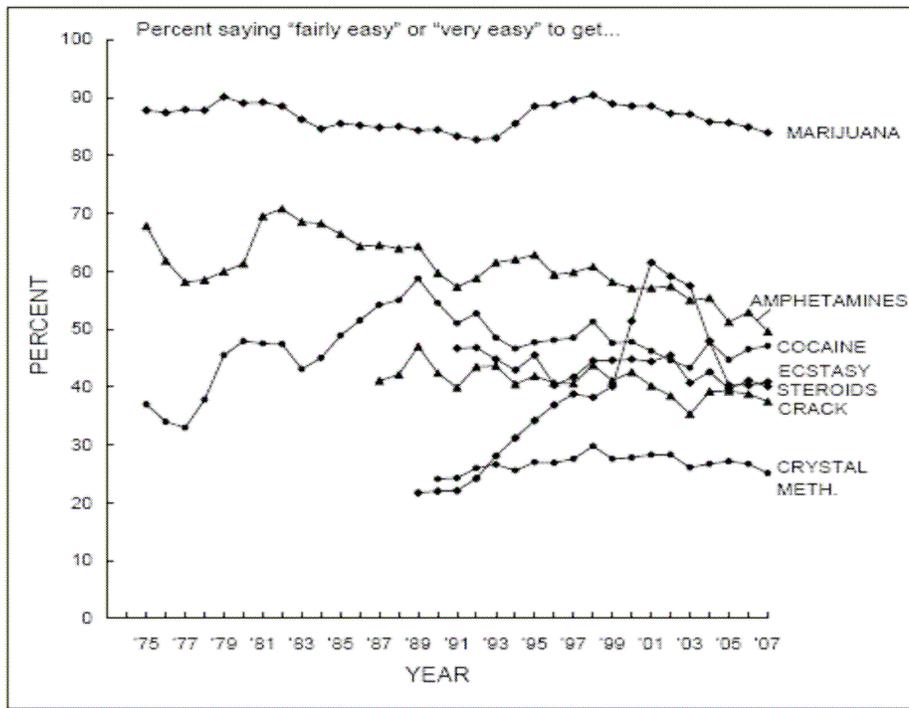
ONDCP does suggest that market disruption efforts have disrupted supply in Colombia: The 2007 U.S. Government coca crop estimate for Colombia highlights for the first time the results of scientific studies showing how eradication pressure is diminishing the productivity of existing coca fields. New productivity data show that Colombia’s maximum potential production dropped to 535 metric tons of pure cocaine in 2007. Based on recent scientific field studies by DEA on the impact of eradication, we can now calculate that Colombia’s maximum potential production of pure cocaine has fallen a full 24 percent since its high point in 2001 (from 700 metric tons to 535 metric tons). (NDCS 2009: 30).

Figure 16.
Declining Cocaine HCl Potential Production in Colombia



ONDCP's Figure 16 illustrates this supposed decline in cocaine production. Note that since 1994, cocaine production is way up. Another logical question is thus, "Why, after more than two decades of efforts to reduce cocaine production in Colombia, is cocaine production up overall?"

FIGURE 9-5a
 Various Drugs: Trends in Perceived Availability in Grade 12

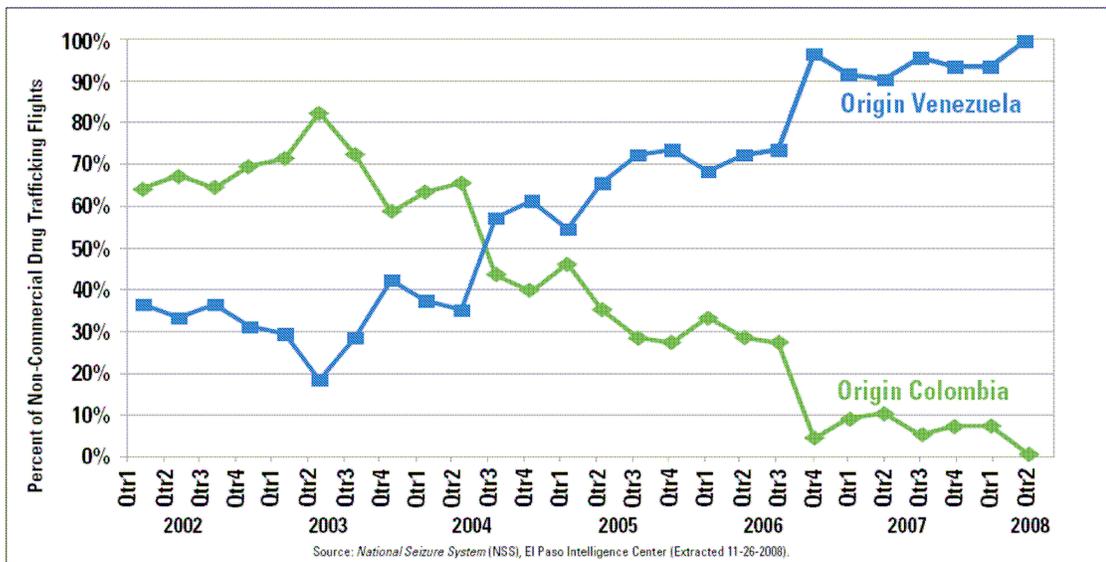


ONDCP adds: “Likewise, a deteriorating willingness to cooperate with international drug enforcement efforts on the part of the Government of Bolivia is opening another path of least resistance for drug traffickers.” This has “resulted in a 14 percent net increase in coca cultivation according to U.S. estimates” (NDCS 2009: 31).

These statements, taken together, suggest that coca cultivation has not been reduced but rather has just been displaced to other countries. ONDCP’s Figure 17 illustrates the displacement phenomenon in the form of suspected drug flights over time from Colombia and Venezuela. A logical question is thus, “Is it possible to reduce drug production in one nation without it increasing in another nation?”

Tables from the supplemental data to the NDCS show that potential production of coca leaf is down in Colombia during the Bush Administration but up in Bolivia and Peru.¹⁹ Overall, potential net production of cocaine hydrochloride is unchanged from 2002 to 2006.²⁰ Further, potential production of heroin is up in Afghanistan and Mexico from 1999 to 2006 (and during the Bush Administration).²¹ None of these outcomes is consistent with effective market disruption.

Figure 17.
Venezuela Now Accounts for the Vast Majority of Suspected Non-Commercial Drug Trafficking Flights



With regard to marijuana, ONDCP is aware of displacement in the form of new drug markets. For example, it writes:

Traditionally, much of the marijuana available on U.S. streets has been trafficked over the southwest border from Mexico while smaller quantities—but of a much higher potency—have been smuggled in from Canada. In recent years, however, evidence has emerged indicating that drug trafficking organizations are expanding their marijuana cultivation operations across the border into the United States, reducing risky border crossings and increasing profit margins by operating closer to the market. This trend poses a wide range of dangers, as violent Mexican drug trafficking organizations set up environmentally destructive grow operations on public lands, and as Canada-based Asian criminal organizations set up hazardous indoor grow operations in American communities in our northwest. (NDCS 2009: 26)

A question that ought to be addressed in the NDCS is thus, “Is it possible to reduce marijuana production in and smuggling from one nation without it increasing in another nation?”

8) PRESENT ALL RELEVANT DATA ON THE COSTS OF DRUG USE, ABUSE, AND THE DRUG WAR

What are the costs of the drug war? Earlier NDCS reports contained much relevant data with regard to costs of drug use and abuse as well as the drug war. For example, NDCS reports through 2001 included data on deaths associated with drug use, emergency room mentions of drug use, other health-related outcomes, financial losses associated with drug use, costs of incarceration, and so forth (Robinson and Scherlen 2007). Yet, starting with the 2002 NDCS, such costs were removed. NAPA, for example, notes that after the 2000 NDCS, there are few references to incarceration (25).

ONDCP is now silent on this with one exception. The 2007 NDCS claims: “In 2002, more than 26,000 people died as a direct consequence of drug use, a figure that does not include those killed as an indirect consequence of drug-using behavior” (NDCS 2007: 21). This figure includes deaths due to prescription drugs, although this is not pointed out explicitly by ONDCP.

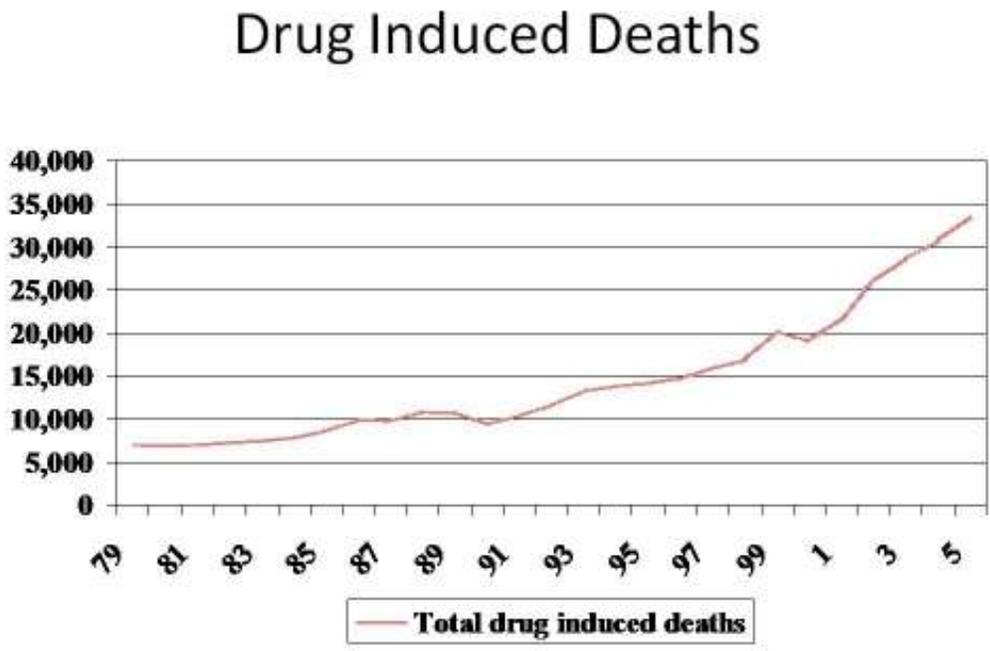
Further, ONDCP does not acknowledge that deaths due to illicit drugs have risen consistently under the drug war, even during periods when drug use declined. This may suggest that prohibition actually makes drug use more dangerous — opposite of ONDCP’s goal of “healing drug users.”

In the 2008 NDCS, ONDCP offers no data about drug induced deaths. Instead of focusing on actual numbers of deaths due to illicit drugs, ONDCP claims that declining drug use trends “show that when we push back against illicit drug use we can indeed make the problem smaller. And when this particular problem becomes smaller, the real-world result is that

hundreds of thousands of people are spared from addiction and *lives are saved*” (NDCS 2008: 2, emphasis added). No data are offered in support of this claim.

In the 2009 NDCS, ONDCP also offers no data about drug induced deaths. Yet, in its data supplement to the NDCS, tables show that deaths from drug-induced causes rose from 10,917 in the year ONDCP was created to 33,541 in 2005. Further, the death rate per 100,000 people rose from 4.5 to 11.3 during the same time period.²² Figure B shows that drug deaths have consistently increased over the years, in spite of the nation’s drug control policies. A logical question is thus, “Why, even as drug use has declined since its peak in 1979, are more people and a higher rate of people dying from illicit drugs?”

FIGURE B



Research has demonstrated that drug use today is more deadly than it was even during the peak of drug use, in 1979. ONDCP is aware of the dangerous nature of drug use today:

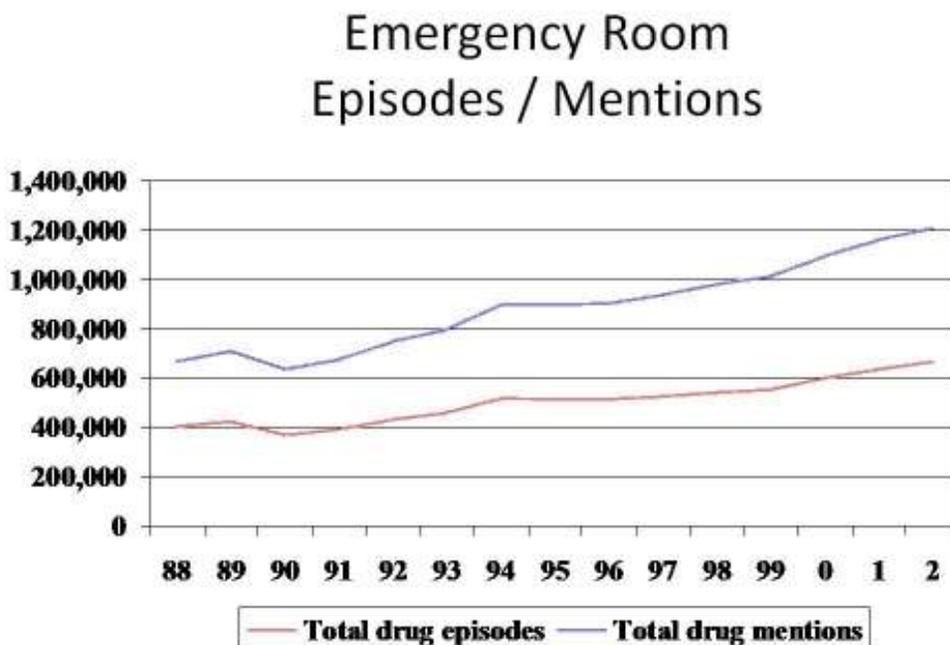
The number of drug overdose deaths in the United States continues to increase, representing a serious threat to public health. To a significant extent, these deaths are

related to increases in prescription drug abuse. Rates of overdose deaths currently are 4 to 5 times higher than during the black tar heroin epidemic of the mid-1970s and more than twice the rates during the peak years of crack cocaine in the early 1990s. In 2005—the most recent year for which data are available—there were 22,400 drug overdose deaths in the United States, compared with slightly more than 17,000 homicides in the same year. Notably, prescription pain killers were implicated in nearly 40 percent of these deaths. (NDCS 2009: 12).

ONDCP also does not present data with regard to emergency room mentions of drugs, except to generate alarm. For example, ONDCP notes a “drastic increases in emergency room visits involving marijuana—a nearly 200 percent increase since the mid-1990s” (2008 NDCS, p. 3).

ONDCP does not explain the significance such a trend has for its drug control policies – why are more people getting sick and going to hospitals under prohibition if use is declining?

FIGURE C

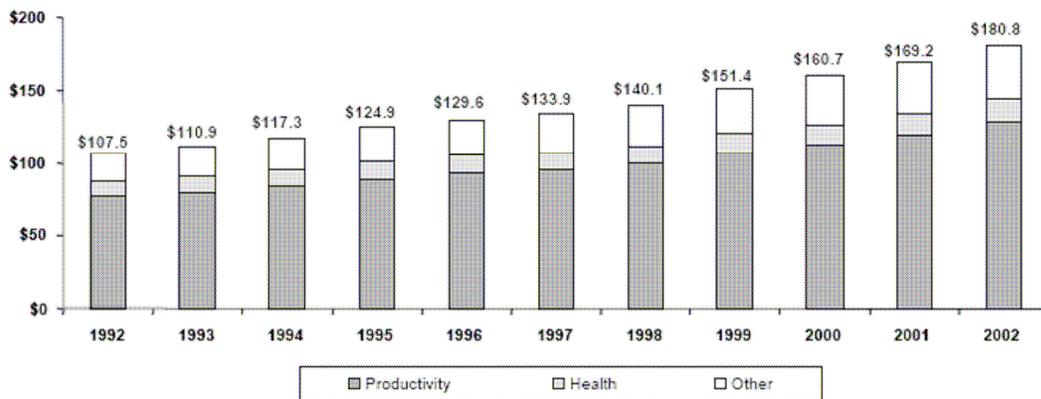


The data supplement to the 2009 NDCS shows that total drug episodes rose from 403,578 in the year ONDCP was created to 670,307 in 2005. The total number of drug mentions rose from 668,153 to 1,209,938 during the same time period.²³ ONDCP does not explain the

significance such trends have for its drug control policies – why are more people dying, getting sick and going to hospitals under prohibition if use is declining? This is a logical question to be addressed in the NDCS. Figure C shows that emergency room visits due to illicit drug use have consistently increased over the years, in spite of the nation’s drug control policies.

ONDCP also does not show accurate data with regard to spending on the drug war. How much does the drug war cost American taxpayers, including law enforcement, court, and punishment costs? And are these costs worth the efforts? These are critical questions to be addressed in any costs-benefits analysis. The NDCS — which leaves out almost all data on drug policy costs — is simply not useful for policy analysis. Incidentally, in its data supplement to the NDCS, tables show that costs associated with drug abuse have consistently increased over time, including health care costs, costs associated with drug abuse-related illnesses, incarceration costs, criminal career costs, as well as other costs.²⁴ ONDCP’s Figure 1, from its report, *The Economic Costs of Drug Abuse in the United States*, shows the increased costs known to NDCP.

Figure 1
Overall Cost of Drug Abuse, 1992-1998
(in billions of dollars)



Given these data, a logical question for policy-makers is, “Why are costs associated with drug abuse rising every year in spite of increased spending on the drug war?” Further, “What are the costs of our national drug control policy?” “Are these costs outweighed by the benefits provided by the drug war?”

Conclusion

The Office of National Drug Control Policy’s National Drug Control Strategy reports are ill-suited to assist in a complete and truthful assessment of the nation’s drug control efforts. The data presented by ONDCP do not thoroughly address each of the goals of national drug control policy as stated by ONDCP. Further, the NDCS does not contain sufficient data on which to conduct meaningful costs-benefits analyses.

Ironically, ONDCP stresses the importance of “the systematic collection of data on drug use prevalence, consequences, arrests, cultivation and production, and other indicators.” It also stresses that such data are needed to permit “policymakers to assess the effectiveness of programs and policies” (NDCS 2009: 10). Such data are available. For whatever reason, ONDCP simply does not present or analyze them.

The Office of Management and Budget’s (OMB) Program Assessment Rating Tool (PART) scores have been released for more than 20 drug control programs.²⁵ PART rates a program’s purpose, planning, management, and results to determine its effectiveness on a scale from 0 to 100. The scores for ONDCP’s results are: 42 (Drug-Free Communities Support Program); 33 (High Intensity Drug trafficking Areas); 11 (Counterdrug Technology transfer Program); 7 (Counterdrug Research & Development); and 6 (Youth Anti-Drug Media Campaign). *Yes, that is out of 100.*

ONDCP does mention OMB's PART program but strangely only uses it to comment on the effectiveness of drug courts. It writes:

Over a decade of drug court research shows that these courts work better than jail or prison, better than probation, and better than treatment alone. A recent study found that parents enrolled in family treatment drug courts were more likely than parents in traditional child welfare case processing both to complete treatment and to be reunited with their children. Comprehensive research has also proven the cost effectiveness of drug courts.

In 2008, the President's Office of Management and Budget (OMB) conducted a review of SAMHSA's Adult and Juvenile Treatment Drug Court grant program. OMB's rating showed the program is effective in enhancing treatment services to break the cycle of criminal behavior related to alcohol or other drug use. (NDCS 2009: 20)

However, PART scores show that most components of our drug control policy are not effective. Instead of trying to improve on its low scores, ONDCP concludes that its drug war is effective.

Given the absence of evaluations by ONDCP of its own drug war, ONDCP must commit itself to regular evaluations of its ability to meet its goals. Relevant questions would be what works, what doesn't work, what is promising, and why? This is a format established by researchers at the University of Maryland who evaluated federally funded crime prevention programs (Sherman et al 1997).

ONDCP should also conduct regular costs-benefits analyses of the drug war. Relevant questions would be what are the benefits of various aspects of the drug war, what are the costs, and why? This is a format used effectively by researchers who have already analyzed the drug war (Manski et al. 2001; Miron 2004). Further, ONDCP ought to seriously consider alternatives to its current drug war policies, paying special attention to those strategies that appear to be more effective based on the empirical evidence.

These evaluations should be done fairly and honestly, in a transparent way. Claims-making by ONDCP also should be accurate, honest, transparent, and justifiable based on the data on which they are based.

In its evaluations, ONDCP must present all the relevant statistics to the consumers of its data, not just those that support its case. Further, ONDCP also ought to be less concerned with justifying how it allocates the drug war budget and more concerned with critical analyses of how drug war money is spent. The National Academy of Science's Committee on Data and Research for Policy and Illegal Drugs also characterizes the ONDCP Strategy reports as insufficient for sound policy analysis. It asserts the Strategy reports "are largely concerned with setting policy and describing the results of federal activities." Further, they "focus on policy goals and implementation strategies, and there is relatively little analysis of the underlying trends and data sources" (124). We concur that "[i]t would be useful to have an annual report on illegal drugs in the United States that presents and assesses the most important statistical series" on "health, law enforcement, international, and economic facets of illegal drugs and related issues along with an appropriate commentary" (124).

Since the NDCS will logically be the main document through which ONDCP presents relevant information on national drug control policy and conducts its evaluations of the drug war, the NDCS must be reformed in order for it to be more useful and relevant for policy-makers. In this paper, I suggested that the NDCS be evidence based; be honest in its characterizations of drug control budgets; be honest in its characterizations of the effects of drugs on users and society; be honest in its assessment of drug control policies; focus on the long-term; focus on all drugs for all age groups; present all relevant data on market disruption; and present all relevant

data on the costs of drug use, abuse, and the drug war. Following these recommendations would make the NDCS a more useful document for policy-makers.

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Notes

¹ US Department of Health and Human Services. Substance Abuse and Mental Health Administration. Office of Applied Statistics. Treatment Episode Data Set (TEDS).

<http://www.oas.samhsa.gov/2k2/TEDS/TEDS.cfm>

² See Office of National Drug Control Policy (2009). Drug-Related Tables. Table 47.

http://whitehousedrugpolicy.gov/publications/policy/ndcs09/ndcs09_data_supl/ds_drg_rltd_tbls.pdf

³ Office of National Drug Control Policy (2009). The National Drug Control Strategy Data Supplement, 2009. (Table 54)

http://whitehousedrugpolicy.gov/publications/policy/ndcs09/ndcs09_data_supl/index.html

⁴ Student Drug Testing Institute. <http://sdti.ed.gov/>

⁵ ExpectMore.gov (2009). <http://www.whitehouse.gov/omb/expectmore/summary/10000356.2003.html>

⁶ Office of National Drug Control Policy (2009). The National Drug Control Strategy Data Supplement, 2009. (Tables 2, 5-7)

http://whitehousedrugpolicy.gov/publications/policy/ndcs09/ndcs09_data_supl/index.html

⁷ Monitoring the Future (2008). Figure 5-3. An illicit drug use index: Trends in 30-day prevalence in grade 12, p. 232. http://monitoringthefuture.org/pubs/monographs/vol1_2007.pdf

⁸ For example, as part of the 2009 NDCS, ONDCP reports a data supplement which includes measures of student attitudes toward drug use. See Office of National Drug Control Policy (2009). Drug-Related Tables. Tables 16-18.

http://whitehousedrugpolicy.gov/publications/policy/ndcs09/ndcs09_data_supl/ds_drg_rltd_tbls.pdf

⁹ National Survey on Drug Use and Health (2007). Table G.8. Types of illicit drug use in the past month among persons aged 18 to 25: Percentages, 2002-2007

<http://www.oas.samhsa.gov/nsduh/2k7nsduh/AppG.htm#TabG-8>.

¹⁰ National Survey on Drug Use and Health (2007). Table G.9. Types of illicit drug use in the past month among persons aged 26 or older: Percentages, 2002-2007

<http://www.oas.samhsa.gov/nsduh/2k7nsduh/AppG.htm#TabG-9>

¹¹ See Office of National Drug Control Policy (2009). Drug-Related Tables. Table 51.

http://whitehousedrugpolicy.gov/publications/policy/ndcs09/ndcs09_data_supl/ds_drg_rltd_tbls.pdf

¹² See Office of National Drug Control Policy (2009). Drug-Related Tables. Table 50.

http://whitehousedrugpolicy.gov/publications/policy/ndcs09/ndcs09_data_supl/ds_drg_rltd_tbls.pdf

¹³ See Office of National Drug Control Policy (2009). Drug-Related Tables. Table 52.

http://whitehousedrugpolicy.gov/publications/policy/ndcs09/ndcs09_data_supl/ds_drg_rltd_tbls.pdf

¹⁴ See Office of National Drug Control Policy (2009). Drug-Related Tables. Tables 53-54.

http://whitehousedrugpolicy.gov/publications/policy/ndcs09/ndcs09_data_supl/ds_drg_rltd_tbls.pdf

¹⁵ See Office of National Drug Control Policy (2009). Drug-Related Tables. Tables 55-56.

http://whitehousedrugpolicy.gov/publications/policy/ndcs09/ndcs09_data_supl/ds_drg_rltd_tbls.pdf

¹⁶ Monitoring the Future (2008). Table 13. Trends in availability of drugs as perceived by 12th graders.

<http://monitoringthefuture.org/data/08data/pr08t13.pdf>

¹⁷ Monitoring the Future (2008). Table 13. Trends in availability of drugs as perceived by 12th graders.

<http://monitoringthefuture.org/data/08data/pr08t13.pdf>.

¹⁸ Monitoring the Future (2008). Figure 9-5a. Various drugs: Trends in perceived availability in grade 12, p. 438. http://monitoringthefuture.org/pubs/monographs/vol1_2007.pdf

¹⁹ See Office of National Drug Control Policy (2009). Drug-Related Tables. Table 96. http://whitehousedrugpolicy.gov/publications/policy/ndcs09/ndcs09_data_suppl/ds_drg_rltd_tbls.pdf

²⁰ See Office of National Drug Control Policy (2009). Drug-Related Tables. Table 97. http://whitehousedrugpolicy.gov/publications/policy/ndcs09/ndcs09_data_suppl/ds_drg_rltd_tbls.pdf

²¹ See Office of National Drug Control Policy (2009). Drug-Related Tables. Table 93. http://whitehousedrugpolicy.gov/publications/policy/ndcs09/ndcs09_data_suppl/ds_drg_rltd_tbls.pdf

²² See Office of National Drug Control Policy (2009). Drug-Related Tables. Table 30. http://whitehousedrugpolicy.gov/publications/policy/ndcs09/ndcs09_data_suppl/ds_drg_rltd_tbls.pdf

²³ See Office of National Drug Control Policy (2009). Drug-Related Tables. Tables 32. http://whitehousedrugpolicy.gov/publications/policy/ndcs09/ndcs09_data_suppl/ds_drg_rltd_tbls.pdf

²⁴ See Office of National Drug Control Policy (2009). Drug-Related Tables. Tables 28 and 29. http://whitehousedrugpolicy.gov/publications/policy/ndcs09/ndcs09_data_suppl/ds_drg_rltd_tbls.pdf

²⁵ Office of Management and Budget (2009). Assessing Program Performance. <http://www.whitehouse.gov/omb/part/>