DRUGS: THE PROBLEM AND THE OPTIONS

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I. INTRODUCTION: DRUGS, PUBLIC POLICY, AND THE FORD FOUNDATION

How society views drugs shapes the nature of the problem. Society's current view is simple: drugs such as heroin, cocaine, and marijuana are too readily available and too widely used. The inevitable bad consequences are crimes, social dependency, and wasted youth. The solution is to suppress the supply and the demand for these drugs: the supply by eradicating illegal crops, immobilizing international traffickers, interdicting drugs at the border, and pressuring street level dealers; the demand by teaching children to say no and offering treatment to drug dependents.

This simple view has much to commend it. It is consistent with common intuitions about the problem and its solution. It establishes a coherent framework within which foreign governments, federal police forces, physicians, and parents can contribute to the war on drugs. And it has stood the test of time, operating as a useful framework for the last decade.

It risks inaccuracy, however. Other drugs (such as barbiturates, tranquilizers, or alcohol) may exact a greater social toll than heroin, cocaine, or marijuana. The problem may not be the use of drugs per se, but the bad consequences of use. Some of the bad consequences might be produced by the very policies designed to discourage use. It may be that the society should recognize and accommodate some legitimate uses of psychoactive drugs even as we try to eliminate the abuse and misuse of the drugs.

This report will test society's current view of the drug problem. Throughout, our assumption is that the society is already in motion in dealing with the problem. The society's actions are broadly

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decentralized: some stimulated by laws and government spending, but others being produced by civic spirit or economic opportunity. The question before the Ford Foundation Board, then, is not how to stimulate action in this area. Nor is it to create a master plan for the society. The challenge is to consider how the Ford Foundation might usefully change the trajectory of public policy toward drug use. In principle, this could include efforts to change the current view of the problem, or finding ways to emphasize values that would otherwise be neglected, or giving impetus to promising but controversial programs.

II. THE DRUG PROBLEM

It is hard to get an accurate fix on the drug problem. Good numbers on levels of use are scarce. Perceptions of the worst consequences of drug use vary widely. This chapter relies on two different tacks to illuminate the problem. The first is coldly analytic: it discusses which drugs are problems, whether the problem is use or consequences, the role of the drugs in producing the consequences, and the potential legitimate uses of drugs. The second tack is more phenomenological: it identifies several distinctive drug problems that seem to be on society's mind. Together, these approaches set the stage for considering alternative approaches.

A. An Analytic View of the Drug Problem

In identifying the drugs that cause the greatest social problem, the current emphasis on cocaine, heroin, and marijuana is at least incomplete and arguably off-center. Amphetamines, barbiturates, hallucinogens, tranquilizers, and methadone are all broadly similar to the prominent illegal drugs. Alcohol and tobacco could also reasonably be added to the list. While these substances differ significantly, each threatens the society in at least one of the dimensions that qualify heroin, cocaine, and marijuana for public concern. They are either intoxicating, or dependence producing, or health threatening, or status degrading, or some combination of these.

1. Which Drugs Are Problems?

Harder than completing the list of dangerous drugs is deciding which deserve priority. Such judgments are inevitably controversial. They depend on uncertain factual questions concerning levels and consequences of use, and contentious normative issues about the

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significance of the varied consequences. Nonetheless, to many, the current emphasis seems misguided.

More specifically, the fact that marijuana appears prominently on the list while tranquilizers and alcohol do not, strikes many as odd. Tranquilizers and alcohol are as intoxicating and dependence producing as marijuana. Alcohol and tobacco are similar to marijuana in that they operate as "gateway" drugs introducing young users to more serious drug use. Yet none of these drugs is viewed in the same terms as marijuana.

The prominent place of cocaine also seems puzzling. It is clear that cocaine is the most rapidly changing component of the problem. It also presents many deeply troubling aspects including the allure of "crack," the jagged violence of the international trade, and its widespread use among professional athletes. Yet, for all its widespread use, it has not yet produced the sorts of aggregate damage to users that would allow it to compete with heroin, alcohol, or tobacco.

The point of making these comparisons is not to insist (much less prove) that the current focus on heroin, cocaine, and marijuana is misguided. No one could know this for sure. The point is simply to emphasize the importance of making this judgment on the basis of facts rather than reflexively on the basis of legal status.

In making such judgments, comparisons are helpful as benchmarks. Table 1 offers some rough estimates of the size and character of the threats associated with psychoactive drugs. One's conclusions from examining this table can differ. But surely it is not obvious that marijuana is a greater social problem than the "dangerous drugs."

Table 1
Threats Associated With Different Drugs

	Heroin	Cocaine	Crack	Marijuana	PCP	Other illicitly manufactured dangerous drugs (Hallucinogens, Barbiturates, Amphetamines)	Dangerous drugs derived from licit channels (Synthetic opiates and opioids [Percodan], tranquilizers [Valium])	Alcohol
Number of users	500,000 - daily 1.5 million - total	500,000 - v. heavy 5,000,000 - use cocaine in any given month 10 million - total	500,000	1,000,000 - more-than-daily 20,000,000 - regular users	200,000 - total concentrated in Mid-Atlantic states	1,250,000 -- 2,500,000 combined		
Age of participant	25-45 (Aging)	25 and up	same as cocaine but heavy kids	12-40 heavy kids (Accumulating population)	15-25	15-40	Varies: Includes more 40-and-ups than do other categories	
Social status of users	low	mixed (some v. wealthy)	mixed (some v. poor)	everybody	low	low	low	Across the Population
Damage to users (Physical/psychological damage)	high 75,000 emergency room visits for 500,000 users (150/1,000)	low 25,000 emergency room visits for 5,000,000 users (5/1,000)	high	low 112,500 emergency room visits for 20,000,000 users (5.6/1,000)	high very long-lasting damage from use. high accidents while on drug	125,000 emergency room visits for 2,000,000 users (60/1,000)		High: Traffic Accidents Cirrhosis
Damage to users (Risk of progression to compulsive use)	high physically addicting	medium tolerance builds slowly, but symptoms of an abstinence syndrome are missing. --acute dependence syndrome with both---	high dose must be repeated many times per hour and tolerance builds quickly	low	unknown	hallucinogens - low barbiturates - very high amphetamines - like cocaine	opiates & opioids - high tranquilizers - low to medium	Low
Linkages with crime (crimes committed by users)	high daily heroin users commit 100-100 non-drug crimes per year	unknown causal linkage unknown	possibly high expensive habit and heaviest users tend to be young, poor, urban	low	high violent behavior encouraged by PCP use	hallucinogens - low barbiturates - high amphetamines - high	low	High
Linkages with Organized Crime (aspects of Distribution)	Medium-High Support to Traditional O.C. Groups New Traffickers Become Rich and Powerful	High Very Violent & Corrupting Distributions in U.S. and Abroad	Unknown	Medium to Low Largely De-centralized, Non-Violent Systems	Unknown	Unknown	Low	Low

2. Drug Use or Adverse Consequences?

The current view of the problem also focuses too much on _use_ of the drugs and not enough on the consequences. To some, drug use itself is a problem. In their view, citizens must remain sober to fulfill their social duties and remain accountable for their conduct. To others, occasional intoxication is not a problem, but dependence is. Dependence is a special problem because the bad consequences of intoxication are magnified if a person becomes intoxicated often, and (increasingly) in inappropriate contexts. In addition, drug dependence seems special because the social status of the user changes. The user gives up the freedom and responsibility that are the privilege and the obligation of citizens in a liberal society.

Most people, however, do not hold these views - or at least do not think they do. The majority thinks drug use is a problem because it produces bad consequences. The consequences can be bad for the users themselves: they can become sick, unemployed, dependent, or wind up in jail. Or, the consequences can be bad for others: the drug users can fail as breadwinners, spouses, or parents; they can claim more than their share of public services; or, they can commit crimes against others. It is to avoid these problems, then, that society seeks to eliminate drug use - not simply to insist on a sober, drug-free society.

If the principal concern about drug use is bad consequences, then the objective of reducing consumption is undermined. We can no longer be sure that reduced consumption is the same as solving the problem. For example, if policies to reduce consumption significantly worsened the consequences of drug use without substantially reducing levels of use, then those policies would exacerbate the problem. On the other

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hand, if society could find a way to control the bad consequences without controlling levels of consumption (if, for example, people could be educated to use cocaine, marijuana, tranquilizers, or alcohol only in moderation, and only at places and times when it was safe to do so), then society could ameliorate the drug problem without necessarily reducing consumption.

3. The Causes of the Adverse Consequences?

The extent to which policies directed toward drug use can succeed in ameliorating the drug problem depends on the causal relationship between drug use and the apparent consequences. There is little doubt that drug users (particularly chronic, intensive drug users) are in trouble. What is unclear is what is causing them to be in such a state.

One possibility is that their bad behavior and condition can be attributed directly to the physiological effects of the drugs they use. Hallucinogens sometimes disorient people sufficiently to cause them to jump out of windows, confident that they can fly; barbiturates produce belligerent behavior similar to that of aggressive drunks; intensive users of amphetamines sometimes become temporarily psychotic; and sustained alcohol use eventually rots the liver. If these direct physiological effects account for a large fraction of the bad consequences, then reduced use will improve the problem.

A second possibility is that the "bad state" is simply an expression of the drug user's personality and social position. Perhaps people who despair use drugs to ease their worries. In this conception, drug use is not the cause of a drug user's poor condition but a symptom. Thus, heroin users who commit crimes may be criminals

who also use heroin rather than ordinary people forced into a life of crime by their addiction. Similarly, the marijuana-using adolescent who is failing in school may be someone who finds relief from his failure in marijuana rather than someone who became dependent on marijuana and then began to fail.

A third possibility is that the condition of users is the product of the legal status of the drug. In this conception, the legal regime affects the terms and conditions under which the drug is available. That, in turn, affects use patterns (as a result of either economics or sociology). And the use patterns are what produce the disastrous results. Thus, if heroin were legally available in inexpensive, sterile, dependable doses for people under the supervision of physicians, heroin addicts would behave differently, and be in much better shape, than they are in a regime where they must buy expensive, unpredictable heroin from illegal entrepreneurs. Similarly, if marijuana were legal, it might lose some of its allure for adolescents, and might be used in a less aggressive and reckless manner.

This idea is closely related to a fourth possibility: that the observed behavior and consequences of drug use are shaped by cultural patterns. In this conception, neither the pharmacology of the drug, nor the personality of the drug user, nor the legal regime is determinative. What matters is how drug users are taught by others about how to behave. Thus, the link between heroin use and crime might be created by a shared cultural idea that the career of a heroin user involves committing larcenies, burglaries, and robberies; and the hazards of marijuana use may be created principally by a culture of potheads who allocate status within their peer group according to the frequency of use.

The law conditions the cultural settings by influencing the character of the social settings within which drugs become available, and the instruction that people receive about drugs. Even in families headed by aging hippies, parents are more reticent in offering marijuana to their children than their first glass of wine. Similarly, while one can easily imagine physicians lecturing their patients on the abuse of methadone, barbiturates, tranquilizers, and alcohol, it is hard to see how physicians, under the current legal regime, could offer useful advice about heroin or marijuana use.

On balance, it seems best to think of the drug problem as partly a problem of consumption and partly a matter of adverse consequences. To see drug consumption by itself as irrelevant to the problem is wrong; it _is_ a problem in itself and both presages and causes other problems. On the other hand, to think of drug consumption as the _only_ problem is also wrong; much of what disturbs us about drug use are behavior and conditions that are assumed to be the consequences of drug use, but which may have other causes.

4. Benefits of Drug Use

A further challenge to current drug policy is that drugs may benefit as well as threaten society. This is clearly true for morphine and tranquilizers. It also seems true for methadone, barbiturates, and amphetamines. And it is sometimes asserted that there are benefits, or at least little harm, in proper uses of heroin and marijuana.

In deciding to recognize legitimate uses of drugs (even at the risk of abuse), the society has generally responded only to evidence that the drugs have important _medical_ uses. Thus, by virtue of their alleged medical benefits, methadone, barbiturates, amphetamines, and

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tranquilizers, have all won footholds despite their potential for abuse. The argument that a drug has important recreational benefits has generally failed to gain a place for that drug. This is true even when one can show convincingly that the adverse consequences of the drug's use are minimal.

The reluctance to grant any important status to drugs that offer no benefits other than recreational ones seems entirely consistent with our somewhat puritanical traditions. It seems quite inconsistent with two other deeply rooted traditions, however.

One is the common view that adults ought to be allowed to do what they want as long as they do not harm others. In this conception, if people wish to use a drug for recreation with few bad consequences, they should be allowed to do so.

The second is our traditional view of alcohol. While fragmentary evidence indicates potential health benefits associated with alcohol use, no one really thinks of it as being medicinal. The plain fact is that alcohol is the nation's most popular recreational drug. In this case, history and tradition seem to outweigh puritanism. While that observation helps us to understand our current alcohol policies, it does not make the disparity between our stance toward alcohol and our stance toward drugs any less glaring.

The recognition of legitimate uses for psychoactive drugs commits the country to a somewhat schizophrenic policy: its goal must be to allow the maximum legitimate uses of the drugs while suppressing the bad uses. Ordinarily, this complex objective requires regulatory rather than prohibitionist policies.

B.   A Phenomenological View of the Drug Problem

A different way to grasp the character of the drug problem is to view it in phenomenological terms: to see it the way that it presents itself to different elements of the society at this particular time. Viewed from this perspective, the drug problem becomes six distinct problems.   Some of these are likely to get a great deal of attention, some are likely to be neglected, and some are going to be confused with other drug problems.

1. Heroin Addiction, Crime, and Poverty

The most important drug problem the society now faces is heroin addiction, crime, and poverty. In the past, this problem was acknowledged as the most urgent drug issue. Indeed, to many heroin and street crime constituted the essence of the problem. Others saw heroin addiction as the major threat at the end of the road of other drug use, and feared that result.

Over the last decade the objective characteristics of the heroin problem have not changed much. Per capita consumption (as indicated by population surveys and overdose deaths) seems constant or declining. Heroin addiction, now often supplemented by the use of other drugs and alcohol, remains principally a problem of the urban ghetto.

Evidence of the link between heroin use and property and violent crime is now stronger than before. A large portion of the offending population uses heroin. The most active and dangerous offenders are likely to be heroin users and dealers. A close connection has been established between levels of heroin use and rates of criminal offending.

What seems new about the heroin problem is the destructive effect

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heroin has on poor urban communities. In the past the heroin problem and its link to crime was seen primarily as a threat to middle-class communities - which it was. Now, however, the impact of heroin use on poor communities has come much more clearly into view.

Ghetto children are trapped in the drug culture. Some are swept up into drug consumption as a way of life or a means of escape. Others, inspired by the images of successful local drug dealers, enter the business. Some do both. But the net result is that adolescents are lost from school, work, and the streams of social mobility.

In addition, the crime associated with heroin use devastates commerce and civil life in the ghetto. Merchants and residents who feel vulnerable are less likely to invest in their neighborhoods, so the cycle of despair continues.

What is surprising is that the heroin and crime problem is now underemphasized. The reason seems to be that it has been superseded by a second, fast-growing problem: cocaine.

2. The Uncertain Future of Cocaine

The hottest current issue in drug policy is what will happen to cocaine. A decade ago, cocaine use seemed to be growing, but no adverse consequences were yet visible. The situation is now much more threatening. As Mark Kleiman reports:

> Since 1976, there have been four changes of fundamental importance in the cocaine market, all in dangerous directions. The price has fallen by three quarters. The number of users and the quantity of the drug consumed have soared. Cocaine use has spread from the wealthy all the way down the social and economic ladder and from the youthful (late 20's and 30's) to the young. Cocaine snorting has been displaced by cocaine smoking.

What is dangerous about these trends is that they portend not only more cocaine use but worse consequences for the users. It seems likely

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that at least some of those who have been using cocaine over the last five years will lose some of their discipline and control. They will use more, and more often in inappropriate places and times. Losses in terms of unemployment, failed parenting, and neglect of other duties will mount.

Moreover, the shift from snorting cocaine to smoking crack portends higher levels of chronic, intensive use. That, in turn, will lead to new, stronger links between cocaine use and crime. Again, as Kleiman notes:

> Anyone who finds himself with a drug habit beyond his means - and a serious cocaine-smoking habit is beyond the means of anyone but a rock star - is subject to temptation. If he is a poor teenager, temptation may take the form of snatching purses. If he is a prosecutor, it may take the form of stealing from the evidence locker and selling cases.

Finally, since cocaine use has now reached poorer populations that are less well insulated from social disaster by private resources, cocaine use will produce worse public consequences. While the problems of cocaine might be contained and absorbed by the middle class, they can explode the lesser capacities of poorer families. Thus, whatever effects cocaine has will spill out into the general society.

In addition to these problems on the demand side, problems on the supply side have also become quite visible. Cocaine dealers seem particularly vicious, determined, and corrupting. Moreover, sometimes the dealers enjoy the protection of foreign governments. These facts change the stakes and the form of control efforts in profound ways. They elevate drug control issues to important matters of foreign policy. They spawn para-military operations and forces. And they force us back to protecting our own borders.

In sum, cocaine is beginning to look like and be treated as a

major drug problem. The difficulty is that cocaine's future is unclear. Broadly speaking, there are three scenarios - each with quite different implications for current control efforts.

One is that cocaine use, or its worst manifestations, will disappear. David Musto reminds us that this occurred at least once before in this country. An early scare associated with crack has already faded. And we have seen epidemics of methedrine, methaqualone, hallucinogens, and PCP appear and die out as consumers discovered the hazards of the drug. So, the cocaine problem may be self-limiting.

A second possibility is that the cocaine problem will come to resemble the heroin problem, but with a larger and more diverse group of chronic, intensive users. This could occur if the current distribution of use patterns shifts slightly in the direction of more chronic, intensive users. Cocaine addicts, on average, will look different from heroin addicts because they are currently drawn from a different portion of the population. But there are so many current cocaine users that small changes in use patterns could worsen the problem very quickly.

A third possibility is that the cocaine problem will come to resemble the alcohol problem. The drug will be widely used. Most people will learn how to use it safely and stay within these bounds. A few will end up in trouble as a consequence of occasional ill-timed use. Others will end up in much more serious trouble as a result of compulsive use. For the most part, the consequences will be privately borne and linked to social and economic roles rather than to criminality.

So the problem of cocaine is to predict its future, and to learn

how to cope with a drug that society now views as the equivalent of heroin, but which might turn out to be more like alcohol. In the short run, cocaine poses an additional threat to the society: It may distort society's conception of the drug problem. The special features of cocaine have shifted the supply-reduction effort in the direction of high-level diplomacy, pitched battles with traffickers, and interdiction and away from the immobilization of international traffickers. They have also shifted society's attention from the ghetto streets where the heroin problem lies to the nation's workplaces where cocaine is more threatening. Indeed, it is unlikely that the nation would now be discussing drug testing in workplaces were it not for the worries about cocaine. This skew on drug policy in general may be one of the most important consequences of the cocaine problem.

3. Drugs as Traps for Adolescents

A third drug problem is the worry that drugs will inflict significant damage on adolescents. One concern stems from an analogy with drunk driving. Young people, intoxicated by alcohol or drugs, become vulnerable to many physical and social disasters. They can end up in automobile accidents, fights, or crimes. A deeper concern is that early involvement with drugs will deflect children from normal trajectories of social development. They will drop out of school, come into chronic conflict with their parents, and acquire a criminal record. What gives these worries such electricity in the society is the sense that they involve enormous, irretrievable loss.

Concerns about youthful drug use are not focused on any one drug. The imagery includes marijuana and even alcohol as well as heroin and cocaine. Still, marijuana plays a special role in this drug problem. Marijuana seems to play an important role as a "gateway drug." This

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may be the worst social consequence of marijuana. So, this problem of trapped adolescents is closely linked to marijuana.

The worry that children will be trapped by drug use has always been important - both objectively and politically. In recent years, the fears have been supported by empirical evidence indicating that it is right to worry about early drug use. Early drug use is highly correlated with advancing to dangerous patterns of drug use, poor school performance, and increasing delinquent activity. Controlling adolescent drug use is, therefore, an important social objective.

What is surprising is that the intensity of concern about early drug use is growing at a time when objective measures indicate that the problem is lessening. Youth surveys repeated over the last decade indicate declining levels of drug use. One way to understand the paradox that concern is rising while the problem is diminishing is that it is the parental concern galvanized into action that is already reducing the adolescent drug problem. In exploiting parental concerns about early drug use, the society should be careful not to let its responses discriminate against poor or minority children by allowing only middle-class parents to control the debate, and the funds. The movement to control drug use among youth must reach out to poorer communities as well as to middle-class ones if the promise of upward mobility is not to be a hollow one.

4. Marijuana: Managing Widespread Illegal Use

Of all the currently illicit drugs, marijuana poses the knottiest puzzle. It is by far the most widely used. It is second only to cocaine as a source of revenue for drug dealers. It is generally the first illicit drug used by most people who use any illicit drug, and is

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used by large numbers of high-school students, a population whose drug use is a source of particular worry.

All of these facts seem to nominate marijuana as an important target for drug-control strategy. Yet marijuana seems to produce remarkably little observable harm to its users and to involve them in remarkably little observable harm to others. By many standards, its use is markedly more benign than alcohol.

This relative benignity, coupled with widespread use among adolescents, makes marijuana a problem for drug-education programs, particularly ones in schools. The topic is too obvious to skip, but an excessively vigorous anti-pot message may be disbelieved and threaten the credibility of other messages, while a weak or equivocal message seems to condone lawbreaking. Enforcement agencies face a similar problem. On the one hand, marijuana is a big market in terms of dollars and attracts substantial public concern. On the other hand, the sheer size of the market, the drug's low current price, and the infrequency of transactions (the typical retail quantity, the ounce, represents a month's supply for at least 90 percent of users) all tend to make the marijuana market relatively impervious to enforcement pressure.

Marijuana also vastly complicates drug-testing programs in jails, workplaces, and schools. Including marijuana as a drug to be tested for vastly increases the number of positive results, both because of its wide use and because, alone of the mass-market drugs, it remains detectable for about a month rather than two or three days. But most of those positive marijuana findings will be in people who do not need and will not benefit from treatment and whose drug use is not doing them or anyone else particular harm.

It is hard to decide whether marijuana is a big problem or a little problem, and it is equally hard to decide what to do about it.

There are powerful arguments for legalizing the drug: eliminating enforcement costs and the black market, raising several billions of dollars in government revenues, controlling potency (which has risen sharply as enforcement cut imports and boosted domestic production) and eliminating adulteration (particularly with PCP), and putting millions of otherwise innocuous citizens back on the right side of the law and away from the users and dealers of more dangerous illicit substances. A legal regime might even reduce marijuana abuse, both by encouraging the development of informal social norms about safe use of the drug and by imposing quantity limitations on each user. (The latter is not hard to do if purchasers need to present driver's licenses and clerks -- possibly at state-monopoly stores -- enter the license number in a central computer that will refuse the transaction after some preset limit on annual purchases is reached.)

Legalization presents two problems: one fundamental, and one superficial, but virtually insoluble. The fundamental problem is that legalization might -- I stress might -- lead to enormous increases in problem use, as the repeal of Prohibition seems to have done for problem alcohol use. The superficial problem is that heavy marijuana use is concentrated among teenagers. "Legalization" that kept the drug illicit for most of its users would lead only to confusion. On the other hand, making marijuana legal for those younger than twenty-one -- now the virtually universal age for the purchase of alcohol -- would be politically impossible.

Marijuana could use much less social attention than it now

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receives -- but such a change of focus seems unlikely. This is an issue on which policy analysis is much less useful than politics.

5. Drugs as Traps for Poor Communities

A fifth drug problem (already alluded to above) is that drug use is especially disabling to poor communities. This point was an important part of the discussion of heroin and crime. Still, it is worth emphasizing for two reasons.

First, from the point of view of poor communities, the drug problem is not just heroin. They feel immobilized by a general drug culture. As Ronald Ferguson observes in one of the supplementary papers prepared for this report, the worst aspect of drug use in poor communities is that drugs and the social and economic apparatus surrounding them so effectively solve the immediate problems of individuals in those communities that they distract the community from the task of creating nurturing environments for children and adolescents.

Second, for these communities the drug problem is not a problem for individuals alone; it is a community problem. The community as a whole suffers. Only concerted community action can deal effectively with the problem. In this respect, the community is the client for assistance, the principal agency for effective action, and the principal beneficiary.

6. Drugs at Home, at Work, and on the Road

The last drug problem worth considering can be called the middle-class drug use problem: drugs at home, at work, and on the road. The risks associated with this problem are not those of crime and extensive social dependency. Instead, they are risks of the potentially bad consequences of intermittent intoxication that interferes with the

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users' ability to perform their social roles. This problem shows up in trauma wards as automobile, home, or work-site accidents. It shows up in chronic shortfalls in performance: lower rates of productivity at work, less vigilant supervision of children at home. And it sometimes shows up as the precursors to suicide, or other forms of mental illness.

It may not matter a great deal which particular drug is involved. The sketch of the problem is one we associate more with marijuana, tranquilizers, and alcohol than other drugs. But changing patterns of usage may mean that many other drugs will cause these problems. The cocaine problem, for example, might well take this form. And to a certain extent, it is an accurate description of the condition of methadone patients when compared to normal expectations rather than the standards of behavior associated with illegal heroin use.

The crucial objective in this domain is to minimize the bad consequences of use by teaching people about safe patterns of drug use and the warning signs that portend serious problems. This is quite easy to do for legal drugs such as methadone, tranquilizers, and alcohol. It is much harder to do with drugs that are illegal such as cocaine and marijuana.

7. Summary

Among these varied drug problems, it seems likely that much of society's efforts will go into coping with the threat of cocaine and trying to delay or eliminate drug use among adolescents. Heroin and crime may continue to attract some attention from the criminal-justice and drug-abuse treatment communities, but they are unlikely to be given the emphasis they deserve, and society is unlikely to view this problem

as a significant one in the development of poor urban communities. The problem of marijuana will be given more action than thought; and the issues of middle-class drug use at home, at work, and on the road will be widely neglected - except for the introduction of some potentially dangerous drug testing programs.

This social ordering of the drug abuse problems may be the right one. But we find this conception off-base. We think the principal drug abuse problem at the moment is one of poor communities, upward mobility, and crime. We worry that the society will be drawn away from those issues by the glamor of cocaine abuse and the political power of the general concern for all children, but middle-class children in particular.

Which of the six problems the society emphasizes will not necessarily be decided explicitly. It will be revealed implicitly by the specific investments and actions the society takes in dealing with the drug problem. To familiarize ourselves with the possibilities, and to see how the various options are deployed against the different problems, is the next task.

III. THE POLITICAL/LEGAL REGIME GOVERNING DRUG USE

The conventional view locates the important public policies toward drugs in the formal actions of governmental bodies: laws enacted by legislatures; enforcement strategies pursued by police departments; media campaigns sponsored by government agencies; and treatment programs subsidized by governmental appropriations. A less conventional view finds public policy in the broadly decentralized, informal actions of individuals, families and communities: how individuals - influenced by the views of family and friends, and the material conditions of drug availability and use in their communities - confront their own drug use (or nonuse), and the drug use of others.

To a large degree, these separate domains depend on one another for their effect. The formal, collective policies must be aligned with the informal, decentralized policies to give them force. Laws are most effective when they oblige people to do what their better part wants to do anyway. Enforcement strategies, however clever, cannot succeed without the active assistance of witnesses. Treatment programs fill up and produce results when spouses pressure their partners to seek treatment, and support them in treatment. National media campaigns succeed when they resonate with the individual experiences of their audience. Similarly, the informal, decentralized policies often require the supporting infrastructure of the formal policies. It is hard for parents to object to drug use among their children without a law that offers some basis for opposing their drug use, enforcement efforts that support their efforts to keep drugs away from their children, and without treatment programs that offer a way out. So, alignment between these separate domains is a virtue.

Moreover, a democratic political system naturally tends to produce some degree of alignment between these domains. It is the job of a politician to represent the accumulated experience, and express the collected views of constituents. Through this mechanism, the informal, private domain makes a claim on the formal, collective domain. Formal policies and programs, in turn, affect material conditions in communities, and thereby affect individual experience. In addition, the rhetoric used by politicians to explain and justify governmental policies shapes as well as reflects the informal community sentiments. Through these mechanisms, the formal and collective policies influence the informal, community domain.

In seeking an effective alignment between these two domains, it is tempting to focus attention on the intelligent design of governmental policies and miss the important role of political discussion. The aim of policy planners often seems to be to design policies that minimize the society's reliance on the private, informal mechanisms, or that take the existence and direction of those policies for granted, and then design the formal collective policies to fit around them. The alternative is to see that the private, informal mechanisms are the key ingredients of success, and that discussion is an important device for mobilizing and guiding action in this domain. In this second view, discussion is important not just to legitimate public actions in the formal domain, and not just to insure that ideas and experience are drawn from the society so that decisions will be well made, but also because wide discussion mobilizes actions within the private domain, and produces an effective alliance between the two separate domains.

Such discussion arises when consideration is being given to using

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the resources of the government - either legal authority or financial assets - to improve the drug problem. These opportunities are in many shapes and sizes ranging from a legislative hearing on the legalization of marijuana to a debate within a local school committee about the budget for drug education in the local high school.

While all such discussions are important, perhaps the most important are those establishing or amending laws intended to establish the foundations of a regime governing drug use. Such discussions are important for two different reasons.

The most obvious is that these discussions might result in the establishment of a new legal regime that is more effective in managing the drug problem than the old one. For example, if we learned that deterrence and incapacitation were really effective in controlling drug trafficking and use, then stiffer sentences might solve the problem. Alternatively, if we learned that addicts could be treated effectively with maintenance doses of drugs, and that no people were deterred from use by the moral disapprobation, or high prices associated with the existing prohibition, then legalization of heroin might solve the problem. We can call these things the "technical" effects of the legal regime. For many, the point of discussing the legal regime is to pursue such opportunities. If the laws are not changed by new discoveries, nothing important has occurred. This corresponds to the view that emphasizes formal, governmental action as the essence of public policy.

A less obvious, but potentially more important result is that discussion changes the views and actions of individuals without the government having to do anything. For example, if the discussion

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produced an overwhelming consensus that drug use of any kind was dangerous, then many people might decide to avoid drugs, and laws would be primarily to ratify and sustain that agreement. Or, if the discussion revealed important differences among drugs in terms of the risk they posed, then many might be persuaded to restrict their drug use to the less dangerous drugs. These effects can be described as the "political" effects of the discussion. These effects could be important even if the law never changed. Viewing discussion in these terms corresponds to seeing the informal private efforts as the important element of public policy.

Lest this discussion seem too abstract and too far from the issue of what concrete policies and programs should be recommended, two points are worth noting. First, to many in the society, a proper legal regime is a complete answer to the drug problem. Proper laws and effective enforcement will win the war against drugs by eliminating both the supply and demand for drugs. Those who think this way are relying on some combination of moral disapprobation, general deterrence, and individual incapacitation to stop the supply and the demand of drugs. Second, to many others in the society the establishment of community norms regulating drug use is a key element in both preventing use and treating users. They are counting on some general social norm to regulate drug use along less dangerous paths than it is now taking.

While there is much that divides the two different groups, the insight that they share is that the political/legal regime governing drug use is a cornerstone of the nation's fight against the drug use problem. I say political/legal because it is not just the laws that are important, but the attitudes and values that lie behind them. The

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first step, then, in considering how the society should confront the drug problem is to consider the adequacy of the current political/legal regime, and the existing forums for discussing changes. If the regime and the discussions seem weak, the society is less well equipped to deal with the drug problem than it would be if these were strong. An important way of strengthening the society's response would be to strengthen the regime - perhaps by changing the laws, but even more importantly by discussing them in an effective forum.

A.   A Prohibitionist or Regulatory Regime?

A key issue in evaluating the country's political/legal regime is whether it is conceived as prohibitionist or regulatory. Most citizens now think of the legal regime as prohibitionist: it seeks to eliminate drug use through tough criminal sanctions directed at dealers and users. The society is less inclined to view it as regulatory, within which heroin, cocaine, and marijuana are considered alongside other psychoactive substances such as barbiturates, tranquilizers and alcohol, refined judgments are made about the relative balance of risks and benefits associated with each drug, and controls are adjusted accordingly.

The tendency to view the legal regime as prohibitionist is curious for two reasons. First, for the last two decades the federal laws governing psychoactive drugs have embodied a regulatory rather than prohibitionist spirit. The Controlled Substance Act of 1970 established a comprehensive framework of controls covering barbiturates, amphetamines, and tranquilizers as well as heroin, cocaine, and marijuana. Its specific provisions (including the licensing of dealers, the definition of proper medical uses,

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manufacturing quotas for legitimate production, and so on) owe far more to the spirit of Food and Drug laws than to the criminal laws directed against murder, rape, or robbery. The prohibitionist spirit survives in the Act by singling out heroin and marijuana as drugs with no legitimate medical uses, and exposing those who violate the laws to serving criminal penalties. But the dominant thrust is regulatory.

Second, not only is the spirit of the regime regulatory, but so are its effects. A prohibitionist regime never entirely succeeds in achieving its objectives. Drug use is simply too attractive, and conducted in settings too intimate, to be easily exorcised by criminal laws. Since some illicit use always remains, realistic thinking about the ultimate effects of drug laws requires one to think in terms of minimizing or regulating drug use rather than eliminating it altogether.

The misunderstanding of the legal approach to drug use signals a deep political problem: the society's current stance towards drugs is undifferentiated and moralistic rather than probing and rational. This has some virtues. It mobilizes the society to take broader and more effective action than would be true if no passion were involved. But there are liabilities as well. An overly ambitious, passionate goal can drive out useful thought about how to channel social energies. It can also lead to disillusionment and frustration when the goal is not achieved.

The trick, then, is to find some way of mobilizing the society to take reasoned and focused action against drugs. That means coming to view the legal regime governing drugs as a regulatory rather than a prohibitionist regime. This need not be a counsel of despair. Nor need it signal a social tolerance of drug use. After all, no one

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thinks that the failure of criminal laws to eliminate murder, rape, and robbery implies that we should be less indignant about their occurrence. The point is to become as dogged and determined in confronting drug use as we are in confronting these other social problems.

B.   Institutional Arrangements for Deliberation About Drug Policy

To accomplish the political work of shifting society's understanding of the legal regime governing drug use, some institutional forum must be available within which the deliberation can occur. The ideal would be to rely on current governmental institutions. If they are not adequate, however, it would be valuable to create an alternative. Three principles provide guidance in evaluating current forums for changing the political/legal regime.

First, attention should focus on the institutions that engage in political and legislative discussion as well as those that execute or implement the laws. Oversight committees of the U.S. Congress, state legislatures, and national and local media are as important as the executive branch of the federal government. Indeed, for broadly political purposes, these are much more significant than executive branch agencies.

Second, the forums will be more effective if they deal with many different kinds of drugs rather than focus exclusively on the wholly illicit drugs: heroin and marijuana. The reason is that knowledge of each drug can establish a benchmark in analyzing the others. This reasoning lay behind the inclusion of barbiturates, amphetamines, and tranquilizers in the Drug Enforcement Administration's responsibility. It also lay behind the creation of an organization within the

Department of Health and Human Services that had jurisdiction over mental health, alcohol, and drug abuse. It would be harmful to have some organization come to identify its mission solely with the elimination of heroin, cocaine, or marijuana.

Third, the institutional arrangements should be designed to foster an effective working partnership between justice-oriented enforcement agencies and scientific-oriented regulatory agencies. Currently, institutions such as the Drug Enforcement Administration, on the one hand, and the National Institute of Drug Abuse and the Food and Drug Administration, on the other, are divided by deep differences in culture, professional training, and values. These differences are reflected outside the organization in different political ideologies. Enforcement agencies gain support from those who see the drug problem as one of trafficking and consumption that can be eliminated by tough enforcement. Regulatory and treatment agencies gain support from those who see the problem's root in the demand for drugs and aim at ameliorating rather than eliminating the problem. To develop a more integrated conception of the situation and more effective cooperation in improving it, the society must find some institutional arrangements that force these agencies into useful partnerships.

When one examines the existing forums for discussing drug policy against these criteria, one finds significant weaknesses. At the federal level, few places host broad deliberations about drug policy. The White House Drug Policy Office has been weakened in its mandate and its staff, and has become principally a vehicle of parents' groups concerned about adolescent drug use. The Drug Enforcement Policy Board has a stronger political and administrative base, but its focus is inevitably on combatting the supply of drugs. It exaggerates the

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current focus on cocaine and marijuana through enforcement efforts and neglects other drugs and other approaches. The National Institute of Drug Abuse tends to concentrate on issues of research and treatment, and to view these as competitors rather than complements to enforcement or prevention efforts.

Outside the executive branch, one finds a few prominent congressional committees championing one approach over another. But nowhere is the debate really joined on issues of fact and value. Advocates never have to confront one another because there is no institutional framework that forces them to do so.

These weaknesses are mirrored at the state and local level where enforcement, prevention, and treatment agencies are deeply divided, and where it is hard for the poor communities that are the most obvious victims of drug use to make their concerns felt. Given these institutional weaknesses, it is not surprising that the society is confused about its drug policies: there is little opportunity for discussion or leadership.

C.   Specific Issues Needing Attention

The institutional vacuum is particularly troubling because some specific issues need to be resolved. Moreover, their discussion and resolution would help to rationalize and re-order the society's overall drug policy.

1. Recognizing Recreational Uses of Drugs

An important and potentially explosive issue is what to do about drugs that have no accepted legitimate medical issues, but no particularly bad medical or social consequences either.

Under the current regulatory regime, a drug that has some abuse

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potential and no recognized legitimate medical use is assigned to Schedule I, the highest level of control. This is true regardless of the _degree_ of its abuse potential. On the other hand, a drug that does have a legitimate medical use receives a more finely graded judgment about its abuse potential. Its degree of risk is weighed against its importance in medical practice. Depending on the weighting, it is assigned to higher or lower levels of control.

The question posed by these legislative provisions is this: Should the legal regime governing drugs reflect differences in abuse potential (and social damage) among drugs that have _no_ legitimate medical uses as well as among those that _do_ have legitimate uses? If one believes that the absence of any legitimate medical use immediately disqualifies a drug from any further social consideration, the question is uninteresting. The drug has been consigned to the realm of the unwanted, and it no longer matters how unwelcome it is.

If, on the other hand, one believes that recreational uses of drugs are legitimate and that drugs with no medical uses still have recreational possibilities, then the question of which drugs in this group represent real abuse threats and which don't becomes important. It is important for the same reason that it is important to distinguish levels of abuse potential among drugs with legitimate medical uses: Society would like to get the most advantages from its drug use while paying the lowest cost in terms of abuse.

It might also be important to make this distinction among the drugs that have no legitimate medical uses and very high abuse potential from those that have no legitimate medical uses and very low abuse potential to insure that enforcement resources are focused on the most dangerous of the useless drugs. Resources should not be wasted on

drugs that are useless but not particularly dangerous.

The advantage of raising this issue is that it will force the society to clarify its thinking about recreational drug use. More specifically, it will allow a discussion of whether drug use per se is bad, or whether it is the consequences. And, if it is the consequences that are bad, which ones in particular. It will also invite a comparative analysis of policies toward drugs and alcohol. All this might lead to a more rational political/legal regime governing drug policy.

2. Regulating Cocaine and Marijuana to Minimize Adverse Consequences

A second, equally explosive issue that would benefit from discussion is how best to regulate the use of cocaine and marijuana. The society now wants to deal with these drugs through more effective enforcement. But it has not yet faced up to three painful facts: 1) enforcement has so far produced no significant reduction in their price and availability; 2) despite prohibition and aggressive enforcement, large numbers of citizens now use these drugs; and 3) the harmful consequences of this use, while serious for some who become deeply involved, are quite modest for the vast majority of the users. What these facts imply for the more effective control of these drugs is by no means clear. What is clear is that society has avoided a serious discussion of the issue.

Public discussion of marijuana and cocaine could be greatly aided by developing more accurate, comprehensive information than is now available. It is crucial that we obtain more detailed information on patterns of consumption including rates of use, mode of administration, transactions made, and prices paid for these drugs. We also need to

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know how the populations adjust their consumption to changes in supply

and availability, and whom they depend on to instruct them in safe uses

of the drugs. We need this data particularly for the chronic intensive

users rather than for the general population. We also need a great deal

more information about market structures to determine the potential

efficacy of enforcement efforts.

Gathering such data will be expensive - not only in financial but

in political terms;   for the answers are likely to be discouraging.

Nonetheless, society must confront the issue of how it would like to

manage these drugs, for it now spends a great deal of its moral

authority and treasure on an enterprise that seems to be failing.   We

might succeed in a more limited mission, which is to minimize the

adverse consequences. The question is probably not whether these drugs

should be legalized.   Instead, the issue is whether the mechanisms of

control can become more effective and less expensive in managing the

use and consequences of these drugs.

3. Legitimating Some Uses of Heroin

A third issue often nominated for discussion in the context of

possible changes in the legal regime is whether some uses of heroin

should be recognized as legitimate. The proposed uses vary.   Some

propose legitimating heroin use for research purposes, but this is

already a feature of the regulatory scheme. Others propose that heroin

be made available to terminally ill patients because heroin is superior

to morphine.   Still others propose that intravenous heroin be made

available to addicts for a limited period of time as a device for

luring them into a therapeutic relationship with a physician and

increasing the chance that they will be cured of their addiction. And

some recommend that intravenous heroin be made available to addicts through government-sponsored clinics.

The idea of solving the heroin problem by legitimating its distribution and use has long been debated. It was the principal theme of the final report of the Drug Abuse Council. And, no doubt, it will be discussed again as the debate about drug policy heats up. Our view, however, is that this issue is not ripe for discussion. In fact, we regard the issue as a distraction and a waste of society's capacity to think and learn about the drug problem. Our objections are based partly on the merits of the issue and partly on the politics.

On the merits, the arguments for legalization look worse now than they did a decade ago, and they had severe weaknesses then. These are summarized briefly in Appendix A. Even without these problems on the merits, this seems to be the wrong time to debate the issue. The Drug Abuse Council had difficulty getting a hearing ten years ago, when society's views about drugs were much more liberal. For these reasons, then, we recommend letting the issue of heroin legalization alone: there is little to be gained, and much to be lost.

4. Controlling "Designer" and "Orphan" Drugs

The fourth issue is the least controversial. It concerns a technical gap in the legal regime that allows some abuseable drugs to remain unregulated. "Designer drugs" are new chemical substances produced by illicit manufacturers who hope to find a better "high." "Orphan drugs" are new chemical compounds produced by legitimate pharmaceutical companies who hoped to find a better tranquilizer or analgesic, but have since been abandoned because their legitimate uses were not immediately apparent. Because these drugs are chemically related to drugs already scheduled under the CSA, both "designer drugs"

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and "orphan drugs" are likely to be psychoactive. But neither their legitimate value nor their abuse potential is known, for the drugs have not previously existed and have not been subjected to clinical testing.[6]

Under current law such substances are essentially unregulated. If illicit designers develop and sell them, they are guilty of selling a compound that has not been nominated to the FDA for testing. This is an offense punishable under the Food and Drug Laws, with a maximum punishment of one year in prison. The manufacturers are not guilty of illicitly selling a drug regulated by the Controlled Substances Act because the designer drug cannot be scheduled until FDA tests for "safety and efficacy" have been completed.

This gap in the regulatory regime can be closed, but not without raising some important philosophical questions about the current legal regime. One way would be to schedule broad classes of chemical compounds rather than specific drugs. Thus, "designer drugs" would be caught in the broad net.

A second way would be to presume psychoactive potential (on the basis of chemical features), and an absence of legitimate uses (on the basis of indifference among legitimate drug companies), and automatically assign the drug to Schedule I. This presumption would last until a legitimate drug company expressed an interest in the drug.

A third way to close the gap would be to give the government some emergency powers to place the drug in Schedule I until it could make its own tests to determine the drug's safety, efficacy, and abuse potential.

All these approaches shift the presumption away from the position that a drug represents no abuse threat until there is evidence that it

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does to a presumption that some drugs, particularly those for which there is no legal sponsor, have significant abuse potential and should therefore be banned. The interesting philosophical implication of developing these stances is that it would establish the regime for regulating psychoactive drugs as an independent regime rather than one which "piggy-backs" on existing FDA procedures. The society would declare, in effect, that it has a special, comprehensive approach to the regulation of psychoactive substances. This would elevate the importance of abuse potential as distinct from safety and efficacy. These broader implications make what is essentially a technical issue a politically significant one, since it can educate and change the public's thinking about drugs.

D.   Summary: Establishing an Effective Political/Legal Regime

In sum, establishing and operating an effective legal regime governing drugs is an important instrument of drug policy. To exploit the potential of this instrument, society needs some institutional forum within which issues about the legal regime can be usefully debated. Ideally, the forum would be within the political and legislative institutions of the government and would have a mandate that embraced many different drugs. If these institutions are not up to the task, and we believe they are not, then some alternative such as a commission or advisory council should be created.

Three important issues need to be resolved: 1) Whether the control regime should respond to differences of abuse potential in drugs with no legitimate medical uses or treat them all as equivalently noxious; 2) how the current illegal use of cocaine and marijuana can be more effectively controlled in a world where enforcement against the suppliers has little impact; and 3) how society can control newly

created abusable drugs that are not submitted to FDA for review as drugs with claimed medical use. The issue of heroin legalization, often nominated as a question worth debating, does not seem to us to be timely, and will waste an already limited social capacity to think accurately about drugs.

IV. CONTROLLING THE SUPPLY OF DRUGS

It has become customary to view the drug laws as instruments operating primarily on the "supply side" of illegal drug markets. This is generally correct, for these laws are the principal instruments targeted on the illicit supply. The problem is that the drug laws are imperfectly effective. They leave behind a residual illicit market composed of particularly determined dealers and users. Moreover, for the most part, the behavior of the remaining drug dealers and users is worsened as a result of their illicit status.

A.   The Objectives and Instruments of Supply Reduction Strategies

The illicit supply system creates several different problems - more or less salient depending on one's point of view. Coping with the different problems defines the objectives of supply reduction efforts.

From the perspective of those interested in minimizing illicit drug use, the principal problem created by the illicit industry is that it continues to supply drugs. As a result, old users continue their drug use, and new users are recruited into dangerous patterns of consumption.

From the perspective of those concerned about organized crime, the illegal drug industry presents a different problem: the dealers become rich and taunt society with their ill-gotten wealth. Moreover, the drug business spawns violence, which sometimes spills out into the general population. Even when the violence remains within the industry, however, its sheer viciousness creates a sense of lawlessness that threatens the community's well-being. The illicit dealers also undermine the society's institutions through corruption. To the extent that the illicit drug business nourishes existing criminal

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organizations or gives birth to new criminal enterprises, then, the drug laws create (or exacerbate) an organized crime problem.

From the point of view of those concerned about urban ghettos, illegal street-level trafficking creates four different problems. First, as an all-too-convenient source of supply, it threatens parental capacities to control their children's drug use. Second, to the extent that the markets draw crime-committing drug users into a community or raise the level of crime among community members, the local drug markets increase levels of victimization and fear. Third, as a generally blighting influence on community life, drug business saps the morale of the neighborhood's good citizens, and discourages social and economic investment. Fourth, insofar as the problem is alternately ignored and attacked as a result of larger political forces beyond the local neighborhoods, their inability to control the forces that shape their environments is emphasized.

From the perspective of foreign policy types who seek good relations with foreign governments, encourage effective democratic institutions in developing countries, and support the growth of a coherent international legal order, the existence of an illegal international drug network creates dangerous temptations. On the one hand, the U.S. demand for drugs spawns the development of institutions and practices within foreign governments that are dangerous to those regimes. Revolutionaries can use drug dealing as a financial base for their operations. Alternatively, the drug trade may corrupt existing governmental institutions. On the other hand, unilateral U.S. efforts to deal with the problem can fray bilateral relationships and disrupt orderly legal relationships with other countries. Or, if no effective action is taken, American public opinion against governments that

provide "safe havens" to drug dealers threatens amicable relations in explosive ways.

The diverse problems created by an illicit international supply system complicate the design of a supply reduction strategy. It is hard to design a strategy that simultaneously minimizes the supply of drugs to illicit markets, prevents the growth of powerful criminal groups, restores the quality of life in the nation's ghettos, advances the cause of fair democratic governance in developing countries, and avoids foreign policy debacles. Moreover, the problem is further complicated by the fact that different drugs pose different kinds of problems. (For a discussion of this issue, see Appendix B.) Still, without risking too much distortion, one can make some broad observations about the relative value of alternative approaches to supply reduction objections.

Basically, society has four different instruments to deploy in managing the supply of drugs to illicit markets. The first is the international supply-reduction program principally led by the United States Department of State. This includes controlling crops through eradication, crop substitution, or enhanced regulatory efforts; strengthening international law enforcement through negotiation of extradition treaties, training of foreign enforcement officials, and sharing of intelligence; and the encouragement of an international regime opposed to drug production and distribution.

The second is the interdiction program designed to prevent drugs and drug traffickers from crossing the United States' borders. Responsibility for interdiction efforts are distributed among the U.S. Customs Agency, the Immigration and Naturalization Service, the United

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States Coast Guard, and, increasingly, the Armed Forces of the United States.

The third is the criminal investigation program directed at high-level traffickers operating within and outside the U.S. borders. This is primarily the responsibility of the Drug Enforcement Agency and the Federal Bureau of Investigation. It also involves the international program when enforcement targets are foreign nationals.

The fourth is the street-level enforcement capability of the nation's thousands of local police departments. No coordinating mechanism other than professional standards guide this vast, decentralized force.

The important questions in designing the supply-reduction strategy is how the nation's efforts should be distributed across these varied programs, and what effects they are likely to have on the supply of drugs, as well as the other objectives and concerns of supply-reduction efforts.

B.   The International Program

The international drug control program has two principal liabilities. First, the program is necessarily hostage to the interests and capabilities of foreign governments: The U.S. can do no more than other governments will allow it to do. Of course, the U.S. government can increase the motivation and capacities of foreign governments. To increase motivation, the U.S. can indicate the importance it attaches to drug control among other interests it is pursuing within a given country; or it can appeal to obligations a country has under international treaties; or it can appeal to the country's self-interest by documenting the extent of the country's domestic drug problem. To increase capacity, the U.S. can contribute

money, or particular kinds of equipment, or technical assistance, or generalized training of drug control officials. These specific measures constitute the daily activities of the international program. In the end, though, they run up against more or less fixed constraints: the limited control of central governments over outlying areas of a country, or the inefficiency and corruption of government agencies. Faced with these obstacles, the U.S. government often has little room to maneuver.

Second, the international program targets primarily the raw materials for heroin, cocaine, and marijuana. Arguably, this is ineffective in minimizing the supply of drugs since there is no evidence that raw materials for these drugs are in long-run short supply. Indeed, our experience and intelligence indicate that these crops can be grown in many different places, and that fields eliminated in one place can eventually be replaced by cultivation elsewhere.

These limitations are severe enough to make reliance on the international program as the primary instrument in a supply-reduction strategy a mistake. The program is simply not broad enough or strong enough to merit that position. With this caveat, however, the international program can make two important contributions to the overall effectiveness of the supply-reduction strategy.

First, the routine efforts of the international program can, on occasion, become effective when an important source suddenly becomes highly motivated to control drugs. When this occurs, support from the United States can produce a significant shortage of the drug. Typically, the shortage lasts no longer than several years. But even a brief shortage is worth producing, for the shortage creates an interval

within which a cohort of children in the ages of maximum vulnerability can grow up with much lower probabilities of dependence. This scenario occurred in the early 1970s, when Turkey suddenly shut down its legitimate production of opium and helped to produce a two- to three-year shortage in the supply of heroin.

Keeping such opportunities open, and being in a position to exploit them when they come along, are the principal contributions of the international drug program. But one cannot count on such successes. It is important that the international program be in the field, try to increase the likelihood of such a success, but not rely on it as the principal supply-reduction instrument.

Second, the international program can be helpful by stepping up its efforts to support international criminal enforcement. The focus of the international program might usefully shift from crop eradication to efforts to deny international traffickers "safe havens" anywhere in the world. In concrete terms, this would mean increased progress in negotiating extradition treaties with countries that now harbor traffickers, and improving operational coordination between foreign and U.S. police agencies to take advantage of both extradition and investigations and prosecutions within the host country.

Such a policy shift has potential for two reasons. First, it is a narrowly focused program with none of the logistical and bureaucratic difficulties of massive crop-control efforts. Second, it targets the aspect of production and distribution that is probably in long-run short supply: individuals whose reputation for both reliability in successful transactions and viciousness in betrayals enables them to become primary people with whom large drug deals can be made. If these people are in long-run short supply in the illicit industry, and if the

international program could squeeze them even more by denying notorious dealers safe havens anywhere in the world, then the international program would make a more reliable and more powerful contribution than it can by cultivating the motivations and capacities of foreign governments to control illicit crops.

C.   Interdiction

In recent years the interdiction program has probably been the fastest-growing component of the supply-reduction effort. This growth is primarily the result of engaging the U.S. Coast Guard and other military agencies in pursuit of smugglers on the ocean and in the air. The results of this effort can be seen in the dramatic difference between the price of drugs landed in the U.S. and the price of drugs off-shore, or in foreign source countries.

The main problem with interdiction as the dominant instrument of supply-reduction efforts is that its principal focus is on a single drug - marijuana. Supply-reduction efforts concentrate on bulk shipments clandestinely landed between ports of entry, and marijuana is the only drug whose volume restricts smugglers to such methods. Smugglers of heroin and cocaine have many more options, and much more of these drugs seem to come across in relatively small containers through ports of entry. So, the engagement of the Coast Guard, the Navy, the Air Force, and the Federal Aviation Administration turns out to be an initiative targeted primarily on marijuana. To the extent that one thinks marijuana is a high-priority drug to control, this may be counted a benefit rather than a problem. But to the extent that one thinks other drugs are higher priority, or to the extent that one wants flexible supply-reduction instruments that can be used for controlling

several different drugs, the current interdiction program has important limitations.

The interdiction program has one further limitation: It is principally targeted on finished inventories of drugs. There is a certain concrete satisfaction in capturing drugs that would otherwise reach illicit markets. But as in the case of crop elimination, one wonders whether the inventories are what is in long-run short supply. When we think about legitimate firms, we do not think of their inventories of finished goods as being particularly important. Obviously, the inventories have value, and to the extent they are eliminated, the firm has less capital than it otherwise would. But the inventories usually reflect only a small portion of the total value of the firm. When Tylenol had to be taken off the market, for example, no one expected the company to go out of business, even though a month's worth of production had to be written off, and their reputation had been seriously tarnished. It is hard to understand why policy makers believe that seized drugs are so important.

D.   Domestic Criminal Investigation

The standard criticism of the criminal investigation program is that it is "too far from the source" of drugs to achieve effective control. By this reckoning, the international program and the interdiction program are preferred instruments because they attack the chain of production and distribution at an earlier stage. A second criticism is that the quantity of drugs seized in the domestic enforcement program is too small to have much impact. A third criticism is that too much of the effort within the domestic enforcement program goes into low-level cases.

These criticisms rely on assumptions about the best way to control

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the supply of drugs - assumptions which have little supporting evidence. True, if one stops the drugs earlier rather than later one need not worry about the later stages. And drugs may be at their maximum concentration of volume at the point where they are processed into finished products. But neither of these facts indicate that the source is the most important point to attack. As we have seen, it may be quite difficult to mount an attack at that point. Both arguments make too much of the drugs and not enough of the entrepreneurs and firms whose continued determination and adaptability keep the drugs coming even if production runs are spoiled and inventories seized.

If the principal difficulties that confront dealers in producing and distributing drugs are risks posed by enforcement agents and other criminals, then the crucial factors of production and distribution are not raw materials, technology, and warehouses but the determination and capacity to complete transactions in this risky environment. And those may be qualities possessed by specific individuals or trafficking networks. If these observations are accurate, then any instrument that attacked the capacities to complete risky transactions would be more effective than those that attacked raw materials or inventories.

It is here that domestic enforcement operations have advantages as an instrument in a supply-reduction strategy. For one thing, the principal targets of domestic enforcement are the traffickers themselves. The drugs are important only as evidence that will be sufficient to jail, and therefore presumably immobilize, the traffickers. In addition, the tactics of domestic enforcement operate mainly on the dealers' capacity to execute transactions. These tactics include informants, undercover agents, and wiretap investigations. The

first two undermine the ease of transactions by forcing dealers to be wary of associates, employees, and customers, since any of these might become an informant or be an undercover agent. The third makes communication between traffickers and associates, employees, and customers difficult. So, criminal investigation presses hard on the factors of production and distribution that seem in long-run short supply.

E.   Street-Level Drug Enforcement

For the last two decades street-level drug enforcement had been disparaged as a waste of police resources and an invitation to corruption, but recently, street-level enforcement has been reassessed more positively. Essentially, four new virtues have been claimed.

The first is that street-level drug enforcement has become valuable as part of local police efforts to improve the quality of life in poor neighborhoods. When the police began asking citizens what problems they wanted solved in their community, open drug dealing was often mentioned. When the police went after street-level dealing through observation sale arrests and shallow undercover investigations (called "buy and bust" operations), they succeeded in driving dealers and customers away from street corners and out of city parks. If the pressure was maintained, the areas stayed clean, and neighborhood morale and satisfaction with the police increased substantially.

A second virtue is that street-level enforcement may succeed in encouraging those who have been using drugs to give up their use, and in discouraging those who have never started from experimentation. Sometimes the old users give up drugs "voluntarily" as it becomes increasingly difficult and inconvenient to maintain levels of consumption in disrupted street markets. Other times they seek

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treatment to ease their transition. Still other times, they are arrested (as either dealers or users) and diverted to treatment, or abandon their drug use in jail. Potential new drug users are discouraged by the difficulty of knowing where they can "score" drugs and the uneasiness associated with searching out wary drug dealers in dangerous neighborhoods.

A third virtue of street-level drug enforcement is that it may turn up leads valuable to more sustained domestic criminal investigations. A large part of this advantage comes from the fact that street-level operations compensate for an important weakness in the basic logic of sustained criminal investigations. Criminal investigation proceeds by making links between something previously known to be significant and something just discovered.

Just as it is important for an army to send out pickets to look for the enemy where he is least expected (since that would probably be the worst possible place to find him), it is important for drug investigations to examine areas where currently known drug dealers are not active, for it is in those areas that one might find a big, previously unheard-of drug dealing operation. In this way, street-level drug enforcement may usefully complement sustained criminal investigation.

The fourth virtue is that street-level drug enforcement seems directly to reduce property and violent crimes in the locations where its operations are large relative to the size of the local heroin markets. The reasons seem to be that heroin users reduce their use, and with that, their criminal activity.

F.   Summary: Priorities in Supply-Reduction Activities

We believe that the priorities in supply-reduction efforts should be the opposite of what is usually recommended. In the short run, street-level enforcement efforts seem most valuable to the objectives of drug policy. These can contribute to the reduction in the crime problem, the protection of poor communities, and the prevention of drug abuse among the young. These activities seem more appealing than they did a decade ago because data now exist indicating that these approaches can work. Another part of the explanation is that the other supply-reduction strategies have lost some of their luster. Controlling supplies in foreign countries looks less attractive now that the international supply networks have proliferated and now that we have understood the magnitude of corruption problems in foreign governments. Interdiction is already operating at very high levels without apparent effect, and is principally focused on marijuana. Sustained international criminal investigations are handicapped in the short run due to the technical difficulties of transnational enforcement, but may look more attractive as the international enforcement apparatus gains in strength.

V. MANAGING THE DEMAND FOR DRUGS

In the end, the drug problem will be measured by the losses suffered by drug users. The focus on consumption and its consequences implies that persuading potential or current users not to use drugs, or to use them in ways that produce fewer adverse consequences, is an alternative to supply side interventions. This is the logic behind "demand side" interventions, commonly referred to as prevention and treatment programs.

A. Defining Drug Abuse Prevention and Treatment

In confronting consumers of drugs, society faces a continuum. At the left end are those who have not yet experimented with drugs, but are at risk of doing so. At the right end are people who are now chronic, intensive drug users. In the middle are those who have experimented and those who are now using regularly but moderately.

To a degree, prevention and treatment programs can be distinguished from one another by the particular portion of this continuum they address. Prevention is directed principally at the left-hand portion of this continuum. Treatment is directed principally at the right-hand side.

Another important difference between prevention and treatment is that there are many more candidates for prevention than there are for treatment. The reason is that many more people are "at risk" of serious drug abuse than actually experience it. Indeed, everyone in the society might be viewed as "at risk" of drug abuse. Those who urge effective supply reduction and a "drug free society" hold this view — at least implicitly.

Because there are many candidates for prevention, and because

their current involvement with drugs is (so far, at least) quite superficial, it makes sense to spend far less on each of the prevention clients than on the treatment clients. As a result, the forms of the programs will differ. Prevention efforts will involve less intensive, sustained contacts with individual clients than will treatment programs. Or, prevention programs will try to mobilize "third parties" - those in close, sustained relations with the prevention targets - to help with the effort, so that the largest population can be reached with minimal expenditures. In less abstract language, this means that prevention programs will rely extensively on the law and on education programs broadcast over large populations, while treatment programs will rely on intensive personal services such as medication, counseling, and other forms of close supervision.

Note that while the target population and forms of prevention and treatment programs differ, the objectives of such programs are arguably the same. Or, more precisely, the debates over what the objectives should be are carried on in the same terms.

To many, the objectives of these programs should be to eliminate drug use altogether. In the case of prevention, this means persuading those who have not yet used drugs never to do so. In the case of treatment programs, this means instilling in chronic, intensive users a will and capacity for abstinence.

To others, the objective is to suppress drug use as much as possible without necessarily eliminating it entirely, forever. Thus, prevention programs should be considered successful if they reduce the fraction of the population that experiments with drugs or advances to regular use during some period of time. Treatment programs should be considered successful if they suppress drug use not only for a period

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of time following treatment but also during treatment. The point is that any reduction in use is considered valuable.

To still others, the purpose of drug-abuse prevention and treatment is not to suppress drug use per se, but to reduce its adverse consequences. If new users can be taught to experiment safely, that could be considered an important prevention success. Similarly, if chronic, intensive drug users could increase their job holding, reduce their criminal activity, and perform effectively as parents, spouses, or students without eliminating their drug consumption, then that would be considered a benefit of treatment. Indeed, this is the explicit rationale for methadone maintenance programs.

Ideologic battles equivalent to those over the issue of "no sex" versus "safe sex" in discussions of the problem of adolescent pregnancy are fought over the appropriateness of these different goals. What lies behind the battle is a fear among some that any acknowledgment of "safe" drug use will result in dramatic increases in levels of drug use both within and outside the prescribed safe practices, and a conviction that the problem can be handled best if society simply decided to allow no drug use. The reciprocal fear is that unless society speaks accurately about the real risks of drug abuse, its credibility will be compromised, and so will its capacity to teach the difference between safe and unsafe drug practices. These fears animate much heated discussion.

B.   Macro-Prevention: The Crucial Role of Norms

What lies beneath these fights about the goals and methods of drug abuse prevention and treatment is a dense network of conflicting social norms concerning drug use. Some parts of the population are

hostile to all drug use. Others fear particular drugs. Still others fear particular consumption patterns.

These norms are extremely important in drug abuse policy for two reasons. First, they provide the basis for citizens to evaluate the appropriateness of governmental efforts. If their views of appropriate actions are reflected in the government's efforts, they are satisfied. If the government's efforts do not reflect their norms, they are frustrated. Conflict about the norms within the society are reflected in conflicts over government policy.

Second, the norms do much of the society's work in preventing and treating drug use. By marking out the boundaries of appropriate and inappropriate drug use, they provide users with benchmarks of their own progression into drug use. They also provide a platform from which a spouse, neighbor, or parent can complain about or praise an individual's drug use. Because these boundaries mark out progress and create opportunities for praise or blame, they influence the drug consumption practices of both experimenters and chronic drug users.

One can see the effect of those norms in the shape of the marijuana and cocaine problems. Indeed, the emerging norms governing use of these drugs seem to be the principal bulwarks now standing between these drugs and even worse social consequences. Nothing else seems to be restraining or controlling use.

History tells us that these norms change: sometimes swiftly, sometimes slowly; sometimes across the nation, and sometimes in only a few subcultures. Where the norms come from and how they change remain elusive.

One possible source of the norms is the accumulating, objective experience of drug users. This seems to have been decisive in halting

a previous epidemic of cocaine abuse just after the turn of the century. It also seems to have been important in limiting the use of hallucinogens, methedrine, and PCP in the seventies.

A second possible source of norms is pre-existing community attitudes. In this conception, users learn from their peer groups and communities not only how to use drugs but what consequences to attribute to them. That, in turn, shapes their patterns of use. Similarly, potential users learn of drugs by their social reputation - not their objective characteristics. That determines whether they will decide to experiment.

A third possibility is that the norms are shaped by governmental actions: laws that contain judgments about appropriate and inappropriate uses of drugs, messages communicated by the actions of government agencies, and special education programs. This influence is by no means perfect, nor is it exactly what the government intended. Governmental action is always subject to the actions and interpretations of others. The point is that governmental action may have some direct and indirect effects on the norms governing drug use.

Our judgment is that norms are created by a complicated interaction among all three of these kinds of forces. We think that drug users learn from objective experience, and that that experience shapes their practices and the practices of those around them. We think that informal community networks play an important role in creating opportunities for use, in conveying attitudes about use, and in offering interpretations of the experiences while using. And we think the government's management of conditions of supply and expression of views about the appropriateness of use generally reflect, but sometimes

influence, the prevailing social norms. Moreover, we think that at any given moment society sustains many different ideas about drug use. Finally, because these populations have different levels of objective experience with drugs, and different orientations to the dominant culture and the government, the degree of their receptivity to messages communicated by government varies widely.

C. Micro-Prevention: Drug Education Programs

Drug education programs seek to take advantage of the potential power of the norms by working directly on their content. By communicating a message broadly across the population, drug education programs hope to change the attitudes of individuals and communities. But to talk about drug education programs against the backdrop of a broader discussion of the norms rooted in different subcultures is to reveal how limited these instruments really are.

In general, society thinks about drug education either in terms of national, mass-media advertising, or in terms of individual education of school children - the younger the better. Yet, when one thinks seriously about trying to shape norms in a community, these seem like extremely frail instruments. The problem with national advertising is in achieving a consensus about the message. Even if one could agree on a message, it would be heard so differently by the populations that its impact would be vitiated.

The difficulty with school-based education is, again, partly that society as a whole cannot agree on the message. (Should it be anti-drugs, or should it be about reasoned choice?) The more serious problem, however, is that the message from the school is one instrument, playing for a limited amount of time. To the extent that the school's tune is only one instrument in the chorus of one's own

experience, the blandishments of peers, and the advice and views of parents, it will undoubtedly be lost. And if it is not lost this year, it will be forgotten next year if not repeated.

It may be more promising to think in terms of community mobilization rather than national advertising or individual education. The problem is to bring the different sources of information on the subject closer into alignment. A message will be powerful if one gets it from one's peers, one's school, and one's parents. If radically different messages come from the different sources, all are diluted.

The price of making the messages congruent within a community is that messages may well differ from community to community. A message and a style of communicating that are right for one community will not necessarily be right for another. But that is the glory of a decentralized political system. It makes a virtue of the differences among communities - if we have the discipline and the tolerance to let each community work out its own approach. In any case, when education programs are being designed, communities, rather than individuals, should be considered the clients.

D.   Drug Testing and Early Intervention

When existing norms and community education fail to discourage experimentation among potential users, the next obvious option is to seek to identify users at an early stage of their careers and provide them with treatment. Thus, technologies are developed to screen people for early signs of drug use, and these are deployed within populations where drug use is suspected and troublesome, if not rampant.

Screening programs tend to come in two different forms. In one form, they are designed to deter drug use by threatening Draconian

penalties if people are discovered to be using drugs. In the second, they are designed to rehabilitate drug users by finding them early enough to provide successful treatment. Heated battles are fought over the question of which of these approaches is appropriate. Many others argue that the second approach cannot really be distinguished from the first, since both stigmatize and control drug users.

While empirical evidence on the efficacy of these programs is scarce, it seems likely that they will turn out to be effective in reducing drug use. The mechanisms of deterrence, early identification, and rehabilitation are pretty sturdy devices. The important question is the size and nature of the price of these interventions relative to the benefits of reduced drug use.

The price of drug testing is paid in at least four different currencies. First, financial outlays are associated with managing the program - including whatever treatment is offered alongside the testing mechanisms. Second is the cost of stigmatizing and labeling those identified as drug users. Arguably, a price must be paid for this even when the tests accurately identify drug users. No one can dispute that the price of falsely identifying someone as a drug user is extraordinarily high. Third, there is a price to be paid in terms of the relationship between employee and organization; both trust and privacy are eroded by a mandatory drug-screening program. Fourth, if drug use is unevenly distributed over the population, the institution of widespread drug-testing will become an additional piece of the machinery of discrimination that disqualifies those populations that use drugs more than others from holding a job. This might not be so bad if the drugs tested included alcohol and thereby exposed older, whiter populations to similar liabilities on similar grounds. But it

seems particularly unfair that the testing would focus on those drugs used principally by the young, the poor, and the nonwhite. This is not an easy focus to change, for the existing technologies are accurate primarily for heroin, cocaine, and marijuana.

The high prices of these programs suggest that they be used only in situations where the benefits are also likely to be very high. For example, drug testing may make sense in professional sports, because professional athletes are important role models. It may make sense in police departments, not only because the police must remain sober and agile to perform their jobs well but because they, too, must stand as moral exemplars for the community and must be invulnerable to temptation or blackmail from illicit drug suppliers. Drug-screening programs might make sense in some high schools where drug use has become so widespread and so damaging to the educational environment as to necessitate drastic efforts to reconstitute the school community.

The point is that while we have a new technology and an unexpected degree of interest in drug screening, we have so far given little thought to when and how to use these programs, nor have we systematically accumulated operating experience. The task, then, is to think in greater detail about the varieties of such programs, their operating characteristics, and the places where their benefits can plausibly outweigh their very high costs.

E. Treatment: Voluntary and Coerced

The last component of the demand-side strategy - the one directed primarily at chronic, intensive users, where most of the current problem lies - consists of a wide assortment of treatment programs. These programs range from informal counseling and recreational and

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employment programs for drug users, through intensive, residential drug-free treatment, to methadone maintenance programs.

In a world in which we have become accustomed to the general failure of social programs, drug abuse treatment comes as something of a surprise. The programs are not universally or entirely effective, but much of the evidence suggests that they do produce measurable gains in the social, economic, and health status of drug users who participate in them.

In addition, society now benefits from a great deal of social learning about the nature of drug treatment. Not only do we understand the technologies better, we also understand the goals better. We are now prepared to evaluate drug treatments not only in terms of whether they reduce drug usage, but also in terms of whether they improve the general behavior and condition of users. We are willing to look not only at complete success but at marginal gains. And we are willing to look at gains made during treatment as well as following treatment. In short, society is prepared to see chronic, intensive drug use as a multidimensional chronic disease, where the aim of treatment is simply to improve functioning as much as possible for as long as possible. This is quite different from a decade ago, when ideological battles were raging among advocates of different treatment modalities. This loss of ideological fervor has increased our ability to supply services tailored to individual users. A great deal has improved in the treatment business.

An unexpected and particularly welcome development has been the discovery that coercion may be an aid rather than a hindrance to treatment. A common conviction among drug therapists a decade ago was that users would have to decide on their own to seek treatment. If the

state pressured them to seek treatment (either indirectly, by making conditions in drug markets very uncomfortable, or directly, by arresting users and diverting them to treatment); then the treatment would fail because users were not truly internally motivated to get better. Recent evidence suggests that this assumption is wrong. The reality of the threats represented by the illegal market and the courts becomes an important feature of the world to which users must adjust. That is what motivates many to seek and remain in treatment.

This is good news for several different reasons. First, society does not have to wait for users to decide to save themselves. It can give them reasons to want to improve, and can draw a larger portion of the chronic using population into a more sustained engagement with treatment programs. Second, society can focus at least some of its publicly supported treatment capacity on those for whom treatment can be expected to make a big difference. The worry in a voluntary treatment system is that its services will be used by people who want only a respite, or who would get better without treatment. If some treatment goes to people who did not think they wanted it until they got arrested, then a new segment of the drug-using population may be drawn into effective treatment. Third, it offers a less expensive, more humane, and more effective way to respond to drug-using criminal offenders than throwing them in jail. Almost any treatment program now available dominates jail in terms of its ability to control crime at low cost.

F.   Summary: The Potential of Demand-Side Strategies

Demand-side strategies can make a significant contribution to drug policy.   They can stand alone as alternatives to enforcement and supply-side efforts. But it is probably better to see them as important complements to the supply-side efforts.

With respect to prevention, the drug laws are part of the process of creating norms about drug use in the general population. Similarly, enforcement actions affect the cumulative experience of drug users. At the same time, drug education programs can help tailor the legal message to an individual community and give it content for an individual child. So, laws, supply reduction, and education are key elements of prevention.

Treatment also has an important complementary relationship with enforcement.   It   is   unconscionable to discourage   use   through enforcement activities and not supply sufficient treatment so that those who wish to abandon drug use can ease their way out. But treatment programs would probably be much less effective in attracting and retaining users if there were no enforcement.

Thus,   supply-reduction   and demand-reduction strategies   are complements rather than alternatives in dealing with drugs. When both are deployed in concert, the problem lessens.   When one is developed without the other, the efforts of the one are wasted, and the problem remains as it was.

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VI. TRENDS IN DRUG POLICY: ERRORS OF COMMISSION AND OMISSION

The nation's long history of dealing with drug abuse has left a bureaucratic legacy that insures a diversified strategy. Powerful institutions have significant stakes in exploiting the varied opportunities for dealing with the drug problem. When one talks about changes in drug abuse policy, then, one is really talking about relative changes of emphasis in a complex portfolio of responses - not a clear, single line of attack. Nonetheless, the portfolio of responses can shift in emphasis and can include more or less risky initiatives. From this perspective, one can see important changes in the nation's drug policy over the last decade.

A.   Initiatives and Changing Emphases in Drug Policy

Perhaps the most important shift is in the articulated objective of the enterprise. In the mid-seventies, the goal was understood as "managing the drug-abuse problem." The society was constantly being cautioned to "keep the problem in perspective." In short, the elites who interpreted and guided the nation's response to drugs were seeking to moderate the political forces unleashed by concern about drug use. The Drug Abuse Council was instrumental in maintaining this disciplined perspective.

1. The Rhetoric and the Political/Legal Regime

Today, the goal seems to have changed. The rhetoric now focuses on a "drug-free society." Even moderates talk in terms of "drug-free schools by 1990." One can view this as mere rhetoric. In guiding social action, however, rhetoric matters a great deal. An ambitious goal, sustained by a supporting political chorus, authorizes a great deal of mischief. Money will be spent on dubious enterprises. A mood of

intolerance will be created. Drug users, and those thought to be drug users, will be exposed to discrimination. And, if the goal is not achieved, the society can become frustrated. Frustrations can in turn generate recklessness, and sometimes viciousness, in dealing with those judged responsible for society's frustrations. This is a high price to pay for a badly chosen piece of rhetoric.

2. The Prominent Role of Interdiction

Another striking feature of the emerging drug policy is its emphasis on interdiction as an element of the supply-reduction effort. In the past interdiction was important as a deterrent to smuggling and as a way of discovering trafficking networks previously unknown to narcotics investigators. The government sometimes made efforts to strengthen interdiction by tying it more closely to intelligence gathering and by proposing to merge the Immigration and Naturalization Service and the U.S. Customs Agency into a single Border Management Agency. But nothing on the scale of current schemes was put forward. The recent proposals to beef up interdiction efforts with expensive equipment for Customs and to add the nation's military capabilities to the interdiction effort will increase the scope of interdiction activity enormously.

From one point of view, this initiative is not terribly important. After all, it is only money, and it might do some good in reducing the supply of drugs. Indeed, it might not even be new money. By drawing an otherwise idle military capability into the interdiction domain, society might get some additional benefits from an expenditure already made. Besides, a nation should be able to guard its borders. So the effort is justified by a basic principle of sovereignty, not solely

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for its potential impact on the drug problem.

But three things are wrong with this perspective. First, by any measure, the effort is expensive. Millions of new dollars are going into the improvement of drug interdiction. Moreover, using the military is by no means free. They are deflected from their basic mission and invited into domestic police operations in a way that is inauspicious for the future.

Second, the benefits are near zero. Interdiction seems to be ineffective in increasing the price or decreasing the availability of the drugs that become the focus of its efforts. Current estimates indicate that the government was seizing about a third of the marijuana headed for the United States before the increase in interdiction efforts, and this level of effort produced no effect on the price or availability of marijuana. Similarly, the aggressive action taken by the South Florida Task Force against cocaine smuggling resulted in an apparent decrease in the price of cocaine in Florida.

Third, the imagery sustaining the political commitment to interdiction strategies is misguided. It locates the problem in foreign countries rather than within the United States, and in the drugs themselves rather than in the use of the drugs. It holds out the hope that by deploying enough force, America can wall itself off from the world, and that America can control its destiny without concern for the actions of other nations.

3. Worksite Drug Testing

Yet another new emphasis in drug policy is enthusiasm for drug testing, particularly at worksites. Governmental efforts and the power of suggestion have dramatically increased the level of drug-use testing in the nation's workplaces. Apparently, employers throughout the United

States were concerned about employee drug use.

As discussed above, these drug-testing programs may succeed in reducing ·drug use in the population. The price is likely to be high, however. The costs will be reckoned in terms of: 1) the substantial economic costs of screening (and treating or punishing) large numbers of people; 2) the breach in the trust relationships between the agency that commissions the screening (generally employers) and those that are screened (generally employees); 3) the risk that people will be stigmatized and hardened in their current conduct, and that some people will be falsely identified as drug users; and 4) the risk that these drug tests will increase the effective discrimination against the young, the poor, and the minority populations.

The worst of all possible situations would be one in which these programs were widely and indiscriminately launched. That is the world toward which we now seem headed.

4. Parents and Drug Education

A fourth area that has gained in relative importance in the nation's portfolio is the parent organizations' efforts to create drug-free schools and to prevent drug abuse more generally. Such groups have always been important in drug policy. Recently, due to the leadership of Nancy Reagan, these groups have taken on new life. They have been aided as well by new studies indicating that educational efforts can have some impact, and by the fact that community organizing efforts shifted in this direction when other sources of funding disappeared.

These groups have been important to drug policy in three ways. First, they are a political constituency that keeps the nation's attention focused on the problem. Without them, the issue would have

corruption) by focusing their efforts on "Mr. Big." But law enforcement officials now have several reasons to think that street-level enforcement can be effective in dealing with serious local heroin problems. Such programs are justified by improving the "quality of life" within the community, and by preventing new drug use among populations without close social linkages to drug dealers.

Perhaps most important, street-level enforcement contributes to controlling burglary and robbery as a result of two different mechanisms. First, the indirect pressure associated with street-level enforcement encourages many users to seek treatment or abandon drug use. Second, street-level enforcement results in criminal cases against many drug sellers and users. On average, such people are particularly active criminal offenders. To the extent that these offenders are specifically deterred by the prospect of court action, or incapacitated by jail or coerced treatment, crimes will diminish. Sometimes the combined effects of these two mechanisms will be enough to eliminate local drug markets. Consumption may fall to levels that will not sustain a local market. When this happens, crime in a local area may decline dramatically. Something like this seems to have happened in Lynn, Massachusetts, as a result of a sustained operation against a small, isolated heroin market.

The second element of an effective local response to heroin-related crime is more extensive use of drug-screening programs. Drug-screening programs can be used with offending populations in two different contexts, with two different aims: in jails at the time of arrest to help diagnose the condition of the offender and to guide judgments about bail, the potential for diversion, and the like; or, as part of the process of treatment or supervision that accompanies

court diversion or probation. These programs take advantage of two important characteristics of drug-using offenders. First, because strong evidence indicates that criminal offenders who use drugs are particularly likely to be very active offenders, these drug-using offenders identify themselves as relatively high-rate, sustained criminals. Second, other strong evidence indicates that levels of criminal activity among heroin users varies directly with levels of drug consumption. Consequently, if a program can succeed in nothing more than suppressing consumption among heroin-using offenders, crime is being controlled to some degree. Indeed, drug screening alone might succeed in suppressing criminal activity among heroin users if the supervision of drug use is backed by a credible threat of sanctions. It is as though the heroin-using offenders gave society a special sign and a special lever to use in managing their criminal activity.

This observation leads to the third element of an effective local response for dealing with heroin use and crime: the creation of alternative forms of supervision and treatment to which heroin-using offenders may be diverted, or within which they can be placed as a condition of probation or parole. These options are likely to be as effective as jail or prison in suppressing crimes committed by heroin-using offenders, and they come with much lower prices in terms of money, ruined connections between the offender and his community, and deprivations of liberty. In short, they represent a superior way of managing the criminal conduct of heroin-using offenders.

Obviously, there are objections to this three-pronged approach to heroin use and crime. Depending on how street-level enforcement is managed, it can exacerbate tensions between the community and the

police rather than strengthen their partnership in controlling the streets for the citizens of the community. Street-level enforcement also risks corruption in the form of abuses of citizens' rights and discriminatory enforcement. Drug-screening programs raise the same problems within the context of the criminal justice system as they do in worksites or schools. The question of coerced treatment as an alternative to jail raises complicated issues of both justice and effectiveness.

The points are these. First, in the past, much of the concern about drug use was focused on the criminal conduct of heroin users. Second, society's accumulated experience has shown that heroin-related crime is an important problem and that there are potentially effective ways of managing it. Third, public discussion of the drug problem has shifted away from this issue. The important question these points raise is whether the heroin problem should go back on the public agenda and be acted on more effectively.

2. Drugs as Traps for Poor Communities

The second area of concern now suffering from neglect is the possibility that drug use is an important factor frustrating the social and economic development of poor communities. In a paper prepared for this report, Ronald Ferguson indicates that drug use is a threat to poor communities precisely because it is adaptive for so many people in those communities. Once it gains a foothold, and begins to condition the environment of the communities, drug use becomes a major obstacle not only to individuals within the community but to the community as a whole.

This problem is an old story; what is new is the degree to which it is now disregarded. In the past, when the problem was principally

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heroin and crime, society's attention was focused on poor communities - not always to their advantage, since they became the targets of exacting social control measures valuable mainly for the protections they provided to middle-class communities.

But there were some advantages to poor communities. They received a large share of the benefits of crime control, for they had always suffered more from crime than did middle-class communities. In addition, some prevention and treatment programs and local community organizing efforts received support in the name of drug prevention and crime control.

As the perceived problem has shifted away from heroin and to cocaine, and as our view has shifted from city streets to workplaces and schoolrooms, the perception of the drug problem has become decisively more middle class. This may insulate the ghettos from repressive control measures, but it means that their claims for assistance in ridding themselves of the yoke of drug use are less clearly heard.

Such assistance is always a two-edged sword, of course. The need for assistance may exacerbate feelings of dependence even as the assistance offers material benefits to the communities. But the important point is that in poor communities the forces inclined to attack drug use and its consequences do need outside support. How to give support that strengthens rather than weakens the independence and resourcefulness of local communities is an unresolved question - at least in the domain of drug-abuse prevention. But as long as society fails to experiment with alternative methods of giving support, we are not likely to make much progress toward a satisfactory answer. In

short, no theory is available to guide poor communities' efforts to become less crippled by drugs, and little accumulating experience.

Compared with these two glaring omissions, all other gaps in emphasis or initiative are small or long-range problems. Still, two additional areas are worth some recognition.

3. Weak Political Institutions

No national organization effectively coordinates the political discussions and operational efforts that make up the nation's drug policy. In the late sixties and mid-seventies drug policy development was facilitated by the existence of some centralized staffs whose jurisdiction cut across the traditional cleavages in drug policy: they were concerned about legitimate drugs as well as wholly illicit drugs; supply reduction as well as treatment and prevention; and they were concerned with politics and legislation as well as administration and operations. This gave them a vantage point for discussion and action that is missing from today's structure.

The structure today divides supply-reduction from demand-reduction efforts. The elements in the White House are principally allied with the concerns of the parent groups. As a result, the capacity for reasoned deliberation and coordinated action has greatly declined.

We do not need a drug czar. Such things never fit very well in our governmental structure. But for policy development, operational coordination, experimentation, and accountability, it is desirable to have some central staff keeping an eye on the evolution of the nation's drug policy. That need is currently unmet. If it is not supplied within the government, it should be supplied from without.

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4. An International Control Regime?

The last area worth recognizing is a serious investigation of the potential for creating an effective international regime controlling the production and distribution of narcotics and dangerous drugs. In a supporting paper, Ethan Nadelmann makes a strong argument that, at least in the short run, the international regime can make little useful contribution to the improvement of the U.S. drug problem. Moreover, he also argues that features intrinsic to the drug problem make it a harder one to solve on an international basis than slavery, piracy, or border incursions; and even these took a century or so to solve. So perhaps international solutions have little potential in the long run as well.

Still, slavery and piracy are interesting examples of the emergence of effective international regimes. Whether a similar international consensus on drugs might be developed over the next two or three decades is a potentially interesting question. The principal stumbling block to an effective international regime will probably be the objections or incapacities of a few countries. These may be worked on within the context of bilateral relations, laying a foundation for the emergence of an effective multilateral regime. Possibly, skillful, sustained work by the United States could constitute an effective international regime. The crucial next step in exploring this possibility would be to look more closely at other effective international regimes and compare them to the current or emerging drug regime situation.

VII. CONCLUSIONS: OPTIONS FOR THE FORD FOUNDATION

The issue before the Ford Foundation Board is whether and how the Ford Foundation can help the society deal more effectively with drug abuse. Clearly, the Board is more qualified than we to make this judgment. Still, our review of the problem and the response disclosed three clear opportunities for the Ford Foundation to exercise a salutory influence:

> -It can organize efforts to improve policy discussion, and strengthen the political/legal regime now governing the use of drugs.

> -It can stimulate, evaluate, and improve community-based prevention programs - particularly in poor urban communities.

> -It can monitor and insure the quality of street-level enforcement activities that are sure to increase throughout the country.

Why these are important areas and what specifically the Ford Foundation can do are discussed below.

A.   Improving Drug Policy Debates and Strengthening the Political/Legal Regime

As noted above, society's views about drugs, and the legal regime that reflects and influences those views, are cornerstones of the society's ability to deal with drugs. The society's views - its norms about drug use - are principal instruments for preventing drug abuse as well as the ground on which governmental responses are built. Its laws establish the conditions under which private individuals and government agencies operate. So, it is important that this cornerstone be laid accurately.

Currently, the society's conception of the problem is askew: it is prohibitionist rather than regulatory, focused on cocaine and marijuana rather than heroin and cocaine, obsessed with international

supply rather than domestic demand, and neglectful of poor communities
that are bearing the brunt of the damage. Moreover, there are no
effective forums within which drug policy issues can be usefully and
accurately debated.

Twenty years ago, the Ford Foundation responded to a similar
situation by establishing the Drug Abuse Council. That institution
played a very important role in producing a response from government
that was balanced between enforcement and treatment, and in fostering a
high degree of coordination within the federal government. Its
weaknesses lay in appearing to advocate changes in the legal regime
that were well beyond the society's tolerance (e.g., legalization of
heroin and marijuana), in failing to sustain a close, on-going dialogue
with drug policy makers, and in failing to stimulate and test program
innovations that could be successful. In short, the enterprise became
too "academic."

We believe that the right way to focus society's attention on the
drug problem is to force comparisons among heroin, cocaine, marijuana,
tranquilizers, and alcohol in terms of the character of the problem
these substances represent and the appropriate methods of control. On
the broader questions of legalization and recreational drug use, the
society has already spoken: it is not interested in either. On the
other hand, the country might now be ready to hear a more pragmatic
discussion of the differential nature of the threat represented by
these different drugs, and the alternative means of control. Society
also needs to learn more about its own regulatory regimes for handling
these various psychoactive substances.

Specific issues to be addressed within a useful policy-making
forum would include the following:

-The trajectory that cocaine use seems to be taking in the society, and the implications for control.

-The variety of prevention models, along with whatever information can be gathered about their efficacy.

-Comparative analyses of the costs and social responses to psychoactive drugs, alcohol, tobacco, and other dangerous commodities.

-The importance of drug distribution in the political economy of ghetto communities.

-The impact that AIDS will have on the drug problem, and how its toll among drug users (and others) can be minimized by changes in drug policies.

-Others that we have not yet imagined.

In addition to sponsoring or conducting research on these questions, other activities of the forum would include regular meetings with representatives of the drug policy-making community, seminars for media people designed to improve press coverage of the "war on drugs," and assistance to similar forums constructed at state or local levels. The ultimate objective would be to change the opinions of leaders in the drug policy "issue network." This could be observed by direct opinion polls, or by analyzing speeches and newspaper commentary.

Options in establishing this forum are essentially three. First, the Ford Foundation itself could become the forum. This offers Ford the advantages of control and sponsorship, but has the disadvantages of distracting Ford from its basic mission and identifying it too closely with the results of this operation.

Second, it would once again establish a free-standing institution like the Drug Abuse Council. This has the advantage of creating an entity with a clear mission and an opportunity to assemble a critical mass of experts. It has the disadvantages of being expensive, requiring a long lead time for development, and becoming too absorbed

with its own views and disconnected from discussions within the broader policy-making community.

Third, Ford could create a relationship' with an existing institution by establishing a program within that institution. The advantages and disadvantages of this approach depend a great deal on the institution. If the institution is already substantively strong and has the proper relationships established, then the advantages include a fast start-up and less overhead. If, on the other hand, the institution is weaker, then the advantages of this approach compared to a free-standing institution are much smaller.

Obviously, we are biased on this question. But we think that establishing an "Executive Session on Drug Policy" at the Kennedy School would be a good choice. An Executive Session is an on-going meeting of key policy makers focused on specific policy issues, and supported by research, publications, and educational programs. The assets that Harvard brings to this effort include the following:

-Harvard's general reputation and its capacity to convene policy makers. (This has been successfully exploited before in areas such as juvenile justice, community policing, energy policy, and business/government relations.)

-Specific substantive expertise in drug policy lodged in people such as Mark Moore, Mark Kleiman, and Frank Hartmann.

-Recent successful experience in the joint Ford/Harvard management of an important program (the Innovations Program).

The existence of these assets suggests that the advantages of establishing a relationship with an existing institution would be maximized.

B.   Strengthening Community-Based Prevention Programs

A second substantive area in which the Ford Foundation could make an important, distinctive contribution is in keeping attention focused on the problems of drug use in poor communities and in developing successful strategies for ridding communities of the special liabilities created by drug use. As noted earlier, poor, minority communities run a real risk of being forgotten in drug policy as the focus shifts to interdiction, cocaine, and middle-class parents' groups. There is the further prospect that poor communities will have things done for and to them rather than develop their own initiatives. In either case, an important piece of the drug problem will have been neglected.

This is an area of long-term interest for the Ford Foundation. It is also an area of distinctive competence. No other institution in the country stands for the independent mobilization of poor communities in the way that the Ford Foundation does. Drug abuse policy as it affects the poor needs Ford's interest, expertise, and support.

We do not now know the specific features of drug prevention programs that will be successful. We do have some biases, however. First, we believe that programs that engage and align community organizations will be more effective than operations that work through single agencies. The key institutions to be engaged include schools, parents, police, recreation programs (public and private), neighborhood churches, and local business. They must provide opportunities and activities for adolescents, and must communicate a coherent message about the community's limited tolerance for drugs.

Second, we believe that adolescents themselves will play a

decisive role in educating one another, and the rest of the community. An effort to "de-market" drugs in Boston plans to have adolescents create the media campaigns for their local areas - including the creation of video tapes.

Third, we believe that the focus of prevention programs should not be narrowly on drugs, and should not focus only on adolescents. The RAP program in Washington suggests that programs which work on the race-related causes of low self-esteem may be an effective route not only to reduce drug use, but also to promote healthy development. We also think that drug abuse can be prevented by discouraging early use of tobacco and alcohol. And we believe that it will be hard to prevent drug use among adolescents in communities where adults are deeply involved in drugs and drinking. So, it is important to use the community's interest in its children as an entree for mobilizing the community more generally against drug and alcohol abuse.

These biases are strong enough to suggest a general direction, but are too weak to impose a particular forum on prevention efforts. Too many interesting possibilities and too little information make it unwise to now propose a rigid protocol.

To stimulate and guide these crucial community prevention efforts, Ford has three different options. First, it could go through a systematic effort of identifying and evaluating different program models that are now being tried, and use that information as the basis for supporting particular kinds of programs throughout the United States. This is the program development and technical assistance approach.

Second, it could operate something like the Innovations project with a special focus on drug abuse prevention in ghetto communities.

APPENDIX A

WHY IT IS WRONG TO LEGALIZE HEROIN

We will sum up the difficulties briefly with respect to each of the arguments for legalization below.

We have no particular objection to the use of heroin for terminally ill patients. If heroin is in fact a superior analgesic, and if the issue is not exploited as a symbolic attack on drug policy in general, there can be no objection. If the problem of soothing the pain of terminally ill patients can be managed by the wise use of morphine, and if the real purpose for raising this issue is to generate a discussion of the legalization of heroin, we would be opposed. The reason is that this debate will absorb the limited learning capacities of the society for a marginally useful purpose. It is unlikely to change general attitudes toward heroin or drug use. To the extent that its specific goal is achieved, only marginal value will have been created for the society.

With respect to the use of heroin as a lure for treatment, the proponents have never been able to solve satisfactorily the problem of how (or why) to end heroin maintenance when the specified period concluded, and how (or why) to keep drug users from coming back for another try once they had failed to graduate to another treatment regime. In addition, the evidence from England has revealed that it is difficult to woo intravenous heroin users from their drug. Obviously, if most people fail, and if the failures keep reapplying, one has essentially produced a heroin-maintenance program under the guise of a heroin lure. Finally, the heroin-maintenance lure might well undercut rather than strengthen the ability of other treatment regimes to

recruit and retain heroin users.

The principal objections to a full-scale heroin-maintenance program are essentially three. First, it is not clear that such programs would improve the health and social functioning of heroin users, nor help to reduce their criminal activity. The English have not found that their I.V. heroin users behaved like physicians or diabetics once they were supplied with regular doses of heroin. They have remained unemployed, dependent, criminally active, and in bad health.

Second, while such programs might substantially reduce the black market in heroin, they would spawn a "grey market" fed by diversion from the legitimate programs. These markets would be less violent and corrupting than the black market, but they would be equally bad and conceivably worse in terms of their ability to fuel the continued spread of heroin use to new elements of the population.

Third, the existence of heroin-maintenance programs might severely undercut the effectiveness of other treatment programs, and the attractiveness of the maintenance program might slow the rate at which users voluntarily abandoned heroin. Indeed, society would have to ask itself painful questions about the appropriateness of maintaining a large population, many of whom would be young, poor minorities, on addictive drugs. Community objections of genocide would be voiced -- and would have to be taken seriously.

So there are reasons to doubt the efficacy of legitimating the regulated distribution of heroin.

APPENDIX B

CHARACTERISTICS FOR SUPPLY SYSTEMS
FOR DIFFERENT DRUGS

Any strategy that aims to control the supply of illicit drugs to minimize drug use, discourage the growth of organized crime, enhance the morale of poor communities, and promote honest, democratic governance in developing countries must begin with the fact that different drugs pose different kinds of problems.

1. Heroin

Heroin is primarily a problem of wholly illicit production and distribution. Opium poppies grow in illicit fields in countries that cannot adequately enforce existing laws. The processing of the raw opium into heroin also occurs principally in foreign countries - probably to reduce the bulk and facilitate smuggling. Because the volume of heroin is so small, it comes into the United States through many different routes - in the carry-on luggage of pilots, hidden in cans of tomatoes and olive oil, concealed in secret compartments of autos, and so on.

Once in the United States, the distribution systems seem rather tightly concentrated, with significant local monopolies but little vertical integration. Perhaps the few largest firms in any given city control more than two-thirds of the total volume of heroin in that city, with some cities in the U.S. serving as trans-shipment points for other cities. This relatively tight, concentrated structure results from the fact that enforcement pressures are probably still the heaviest against heroin dealers.

2. Cocaine

The cocaine supply system seems quite similar to the one for heroin. It is principally a problem of wholly illicit production and distribution. The raw materials and finished products are primarily foreign. The physical volumes to be handled are small enough to make concealment a relatively trivial matter and to allow smugglers to use a variety of methods. The average size of the deals measured in terms of financial requirements seems to be approximately the same as those that occur in the heroin market.

The major difference between the heroin and the cocaine supply systems seems to be that the cocaine system is less concentrated and more violent than the heroin market. Many more entrepreneurs seem to enter the cocaine business on a short-term basis. Moreover, none of the groups operating on a more permanent basis seems to have established dominance in the industry. Thus it is not surprising that this market is more violent than the heroin market. Cash, drugs, and market position are now up for grabs in a way that they are not in the heroin market.

3. Marijuana

Marijuana is similar to heroin and cocaine in that it is a wholly illicit system with predominantly foreign sources of raw materials. But three features distinguish the marijuana supply system. One is that marijuana is much bulkier per dollar of value than heroin and cocaine. A hundred thousand dollars of heroin or cocaine can easily be held in a suitcase. To carry a hundred thousand dollars worth of marijuana, one needs a small truck, boat, or plane. Because marijuana is so much more visible than heroin or cocaine, the primary mode of

smuggling is in large loads landed <u>between</u> ports of entry. Marijuana dealers cannot infiltrate their shipments through the ports of entry in the large volume of traffic that daily arrives in the United States.

A second difference is that the enforcement pressures on the illicit industry are weaker. Not that marijuana dealers escape financial risks. Indeed, the opposite seems true. The best current estimates indicate that marijuana dealers lose from a quarter to a third of their shipments to enforcement agencies. The important difference seems to be that other criminals do not prey on marijuana traffickers as they do on heroin and cocaine dealers. Moreover, even if the government seizes property and arrests the dealers, the prison terms meted out to marijuana traffickers are less severe than those for traffickers in other drugs. Since the marijuana dealers face less drastic threats from the government and other criminals, the marijuana market seems less preoccupied by the problems of secrecy, discipline, and security than the heroin and cocaine markets. The net result is a less concentrated and less violent industry.

The third important difference shaping the marijuana industry is that small-scale domestic production and distribution exist alongside foreign. Indeed, the potential for small-scale domestic cultivation of marijuana makes the marijuana market more like the barbiturates and tranquilizers market than the heroin markets, because some portion of the overall illicit demand will be met by those who grow their own. This fact guarantees that the overall industry will not become very concentrated, just as the widespread availability of barbiturates and tranquilizers through small-scale diversion from legitimate sources prevents the development of a concentrated illicit industry in these drugs.

4. Hallucinogens, Barbiturates, and Amphetamines

The primary supply system for hallucinogens seems to be domestic illicit production, though some of these drugs may come from Mexico or Canada. There is some degree of concentration in this industry as a result of specialized knowledge and the creation of brand names to which consumers become loyal. It seems to operate with relatively little reliance on either violence or bribery, probably because the industry is sufficiently small to be generally ignored by both enforcement officials and other criminals.

The industry that supplies barbiturates to illicit markets seems to depend primarily on diversion from the legitimate market. Its structure thus mirrors the character of the leaks from the legitimate system. This seems to produce a highly atomistic market composed of small or transient firms. Again, there is little reliance on either violence or corruption, because the economic stakes may seem too small to warrant such risky conduct.

The amphetamine industry seems to be a combination of the supply system for hallucinogens and barbiturates: small-scale illicit production and distribution that are primarily domestic, but also from our near neighbors. And there is also diversion from the large legitimate supply system. The net result is an industry that is efficient, relatively atomistic in structure, and relies little on either violence or corruption.