

## The Drug Problem:

### What is Known? What is to Be Done?

#### I. What's the Problem?

Everyone agrees that the nation is beset by a drug problem. But the problem wears different faces.

Most threatening is drug violence. Daily, one reads of murders attributed to drug feuds. More frightening are accounts of innocent citizens murdered for their opposition to drug dealing, or caught in the crossfire between warring gangs.

Closely related is the fear spread by flagrant drug dealing. On streets where drug dealers congregate and lure potentially larcenous users, ordinary pedestrian traffic dries up. Shopowners, who anchor those streets socially and economically, make plans for early retirement. City sanitation workers hurry through their rounds, and teachers seek assignment elsewhere.

As neighborhoods yield, parents worry that they will lose control over their children's environment. They worry that their children will become trapped in spiralling drug use. They worry about the accidents, fights, and arrests that could occur as part of any drug abuse episode. The greater worry, however, is that their children will be knocked off the ordinary paths of social development, and find themselves doomed to a life of dependence, danger, and hopelessness.

Finally, wider drug use in the society creates hazards at work and on the road, and undermines the performance of key social institutions. The society has already experienced rail disasters linked to drug abuse. Many employers are worried that drug use among workers will degrade economic performance just as they are struggling to compete more effectively against foreign firms untouched by drugs. And past experience tells us that we cannot be sure that our law enforcement agencies will remain effective in combatting drugs against the corrupting influence of drug use, and the lure of drug money.

This is the phenomenology of the drug problem - the way it is reported in newspapers, discussed on television talk shows, and analyzed in legislative hearings. It is these images that are now mobilizing the society to take action, and that guide the action. An important question is whether society's actions are being guided by accurate information about the problem and successful approaches. That is where science comes in - or at least where one might expect it to be of use.

## II. Science and Drug Policy

Over the last several decades, science has, in fact, made important contributions to drug policy. Despite these contributions, science has failed to provide society with the certain knowledge that can light the path to success. Indeed, in drug policy it seems that science increases rather than reduces society's uncertainty about how best to deal with the problem.

The reason for this paradoxical result is simple. Science proceeds towards certain knowledge in two different stages: first by using thorough-going skepticism to lay waste to assumptions masquerading as proven truths; and second, by painfully constructing proven hypotheses from the rubble of ruined assumptions. When science succeeds in proving a hypothesis, uncertainty is clearly reduced. When science is laying waste to assumptions, however, science is accurately experienced by the society as increasing rather than reducing uncertainty. The reason is that, in mobilizing itself to act, society has assumed to know more than scientific standards of proof would ordinarily allow. Scientific sternness undermines the unearned confidence.

To the extent that the skepticism of science exposes the real contours of the society's ignorance about a problem, that process is wholly benign. The society gains an appreciation of what could be true as well as what it now assumes to be true. Policies can be designed to hedge against the uncertainties, and to gather additional information that can reduce uncertainty in the future.

To the extent that the skepticism of science wipes out all reasonable, prior knowledge in the society, however, the effect of science might well be pernicious. The reason is that science's skepticism destroys too much. Science easily makes the distinction between unproven and proven. It finds the distinctions between plausibly true, probably true, and certainly true much harder to make. Yet it is

precisely these kinds of discriminations that distinguish prudent policy decisions from reckless ones in the all too common periods in which science has not yet produced certain answers to the most important policy questions.

Because science cannot resolve all the important questions about drug policy, one must rely on prudence and judgment as well as science. This essay stakes out a prudent position on four key issues in drug policy:

First, what is the problem that lies beneath the phenomenology of the problem?

Second, would it be a wise social policy to legalize drugs such as heroin, cocaine and marijuana?

Third, is it better to attack the problem on the supply side or the demand side?

Fourth, what particular set of actions taken by the society holds the greatest prospect for ameliorating the worst aspects of the current problem?

### III. The Immediate Problem is Cocaine

One way to pierce the phenomenology of the drug problem is to observe it against the backdrop of the past. Today's problem is different than the one we faced in the late sixties and seventies. Then, we worried about ghetto heroin addiction, psychedelic drugs on university campuses, and marijuana in the suburbs. Now we worry about crack violence on city streets, and the dangers of drug use on the job.

It is not so much that the old problems disappeared. Instead, they were surpassed. The numbers indicate that levels of heroin use have remained about constant, and the

use of marijuana has actually declined. Cocaine, on the other hand, has increased dramatically. Viewed from this vantage point it becomes evident that the United States is experiencing a very specific problem: it is in the middle of a serious cocaine epidemic - including crack.

To a surprising degree, the epidemic crept up on us. The first indications were reports in the mid-seventies by enforcement agents that they were encountering determined, violent cocaine traffickers from South and Central America. Shortly thereafter, reported levels of cocaine use began to rise in the household surveys that are used to gauge drug abuse trends.

These indicators should have set off alarm bells. But other indicators were more reassuring. Until the early eighties, the systems that monitored the adverse consequences of drug use (e.g. deaths, visits to emergency rooms, entrances into treatment programs, arrests for street crimes) did not reveal a substantial cocaine problem. The price remained high - well out of reach of poor urbanites or teenagers. Cocaine seemed to be held firmly within America's upper and middle-classes.

Suddenly, in the early eighties, the situation deteriorated. The measures that reflect the adverse social consequences of cocaine use began to escalate rapidly. In retrospect, that change was probably the result of two distinct trends. On one hand, the middle-class users who began cocaine use in the late seventies had now been

involved with the drug long enough to have become dependent, and to have exhausted their resources. For the first time, they appeared in these public records. On the other hand, as cocaine use moved into poorer, more disorganized groups, and as powder cocaine use shifted increasingly to crack, publicly visible adverse consequences appeared much more quickly. The demands of crack shattered the limited resources of the poor, and the consequences spilled out into public institutions.

In sum, it is cocaine and crack rather than heroin, marijuana and hallucinogens that are now shaping both our conception and the underlying reality of the drug problem. The key issue facing policy-makers is whether they can stem the cocaine epidemic at current levels, rather than allow it to accumulate additional casualties before the society once again learns the painful lesson that cocaine is dangerous.

#### IV. The Legal Regime

A cornerstone of America's drug policy is the law that prohibits the use of some psychoactive drugs and regulates the use of others. Recently, an old debate about whether it is wise to prohibit the use of popular, widely used psycho-active drugs has been re-opened. The issue is typically joined by asking whether the psychoactive drugs that are now legally proscribed (heroin, marijuana, and hallucinogens) should be "legalized" in the interests of ending state paternalism, reducing the crime associated with illegal distribution and use, and encouraging the

development of informal mechanisms of control that might regulate drug use more effectively than formal state controls now do.

Those favoring legalization do so on the basis of a series of predictions about the likely consequences. First, they claim that drug use would not increase by very much if at all. Their reasoning is that drug use is determined by factors influencing demand rather than supply. Moreover, they assume that the laws have no impact on citizens attitudes towards drugs. Indeed, they sometimes argue that the laws make the drugs more rather than less appealing - at least for some specially vulnerable populations.

Second, they argue that even if drug consumption increased, the social consequences would be less serious than those we now face. Illegal suppliers would be driven out of business, and the users would have access to low cost, predictable, pure doses of the drugs. The result would be less crime (as illegal dealers disappeared and drug users felt less economic pressure), and improved health and welfare for the drug users (as they gained control over their own drug consumption). Informal norms, like those now governing the society's use of alcohol, would develop to teach people how to use the drugs safely, and would prevent widespread use.

Third, they claim that social institutions would be strengthened by legalization. Instead of spending money on fruitless efforts to control the problem, the society would

be able to tax the industry to develop revenues to cover the costs of treatment, and produce a surplus that might be available for other purposes. The nation's criminal justice system could be disengaged from the dangerous and demoralizing task of enforcing drug laws, and could focus its limited resources on crimes of violence.

There is force behind these arguments, but the case is far too confidently made. The predictions are, in fact, quite uncertain.

By far the shakiest prediction is that the drug use would remain unaffected by legalization. That prediction flies in the face of common sense and empirical experience. It stands to reason that if the opportunities for drug use are distributed more widely through the population, with less stigma associated with the use, more people will exploit the opportunity.

Given this commonsense observation, it should not surprise us that the most widely used psycho-active substances are tobacco and alcohol - the drugs that are now legal. Moreover, it seems fairly clear that reducing accessibility to drugs has had an impact on levels of consumption: when alcohol was prohibited, alcohol consumption fell by a third; when states have raised taxes on alcohol, alcohol consumption has fallen; when England restricted the prescription of heroin to a small number of physicians in 1968, the rate at which new addicts appeared in England slowed; when Vietnam veterans who used drugs



heavily in Vietnam under conditions of ready availability returned to the United States where drugs were less readily available, many abandoned their use; when cocaine traffickers arrived in the United States with tons of cocaine, an epidemic of cocaine use was launched.

Such observations do not "prove" that levels of drug use will increase dramatically if drugs are "legalized", but they certainly influence the betting odds. The odds must favor an increase in drug use over a decrease. Moreover, some long odds would have to be given to very large increases in levels of use.

The claim that criminal violence would decrease is also more uncertain than is suggested by advocates of legalization. The prediction that the black markets will dry up is undermined by the fact that most "legalization" regimes propose to retain some restrictions on who can have access to the drugs. For example, minors are generally excluded. In more stringent schemes, only those who can show legitimate medical need for the drug can obtain it, and then can obtain it only in limited quantities. Insofar as some potential consumers are excluded, or some restrictions are placed on the amount that users can legally obtain, conditions favorable to the creation of a black market are created.

It is true, of course, that the form of the black market would change in a regulatory environment. As the legitimate sector of drug use becomes large relative to the

illicit sector, the residual black market will change from one that is dominated by large, durable criminal enterprises engaged in wholesale production and importation, to one that is increasingly populated by much smaller and more transient enterprises engaged in diverting drugs from the legitimate sector. This change might well be viewed by the society as a substantial improvement in terms of its desires to shrink the power of organized crime. But the point is that some form of black market will remain. The only way that it could be entirely eliminated is to make drugs available without restriction, and that risks dramatically increased levels of use.

The claim that drug users will commit fewer crimes is based on the assumption that drug users are now committing crimes only to to pay for their habits. If the mechanism that links drug use to crime is different than this, then it is less clear that legalization will control crime. If, for example, drug users commit crimes because it is the best way that they know to get money, and if they don't have to spend it on drugs, they will spend it on other things, then there is no particular reason to expect large reductions in crime as a result of legalization. Or, if the mechanism linking drugs to crime is a physiological mechanism that stimulates excitability or aggression on the one hand, or dulls the psychological inhibitions to violence on the other, then any increased level of drug consumption associated with legalization will produce an increase in drug-related crime.

The first possibility is supported empirically by evidence indicating that criminal activity often precedes drug use, and is sustained even after drug use declines. The second argument seems implausible when one is discussing heroin, but far more likely when one is talking about cocaine. Moreover, the example of alcohol and its important relationship to violent crime serves to remind us that mere intoxication can be strongly associated with violence.

Again, these observations do not prove that legalization will fail to reduce crime; they simply shift one's estimate of the likelihood of different results occurring.

The most optimistic prediction made by advocates of legalization is that informal social controls will arise to guide individual users in the proper use of drugs, and to shield the society from the adverse consequences of drug use that now occur. There is an effect of legalization that might very well make it appear that this result has occurred. In a world in which drug use has become legal, one will see a great many more people than one now sees who are using the drug in controlled ways and absorbing little damage. That effect will occur partly because the drug users in a legal regime will be psychologically and sociologically quite different - generally sturdier - than those who use drugs under a prohibitionist regime, and partly because informal controls will arise to give them guidance about safe drug taking behavior.

What this observation ignores, however, is the fact that while the proportion of drug users who are in trouble with a drug will diminish as a fraction of all drug users, the absolute number of users in trouble will increase by substantial amounts. Moreover, even those who use drugs relatively safely will have accidents. And while the probability of such accidents may be low (due to the fact that they are using drugs safely), the absolute burden on the society will be large (because there are more people now using drugs.)

In sketching these possibilities, I am drawing heavily on an analogy with alcohol. What one sees in examining the alcohol problem is a broad distribution of drinking practices - many of which are pretty safe. In this sense, one can say that the society's informal social controls are working well. On the other hand, one also sees a small fraction but huge absolute number of people who are in serious trouble with alcohol - a number that dwarfs our estimates of the number in serious trouble with drugs. Moreover, one notices that a significant portion of what society views as the alcohol problem - namely, traffic accidents, domestic fights, even lost jobs - are generated by the large group of drinkers whose consumption patterns are fairly benign, but cannot entirely eliminate the risks associated with being intoxicated at the wrong place and the wrong time. There is no reason to exclude this pattern in making predictions about patterns of drug consumption and consequences under a legal regime.

In confronting the question of whether the society would be better off if it widened legitimate access to drugs such as heroin, cocaine, and hallucinogens, I would come down against such proposals. My judgment is that one would have to anticipate substantial increases in levels of consumption, and while that increased consumption would in many ways look more benign than the drug use we now see, that appearance would be an illusion because it would hide significant absolute increases in the damages associated with drug use. Indeed, this seems like a particularly reckless move at a time when the society is trying to cope with dramatic increases in the use of a drug that has proven its capacities to attract unwary users, and inflict significant losses over a decade on vulnerable societies.

V. Supply versus Demand Reduction

If legalizing drugs does not solve the problem, what is the alternative? The current policy debate generally focuses on the wisdom of supply reduction strategies versus demand reduction strategies. The question of which approach works best is hard to answer.

In recent years, we have clearly witnessed the limitations of supply side strategies. We have more than doubled the resources on the supply side efforts, focused them increasingly on cocaine, and nonetheless seen violence increase and the price of cocaine fall to historically low levels. One can argue, of course, that the situation would have been even worse but for the heroic supply side interventions, but the argument rings hollow.

On the other hand, two pieces of empirical data suggest that supply reduction efforts can - at least to some degree and in some circumstances - produce a useful result. One is that the price of drugs in illicit markets is much higher than the same drugs in legal markets. Heroin is sixty times more expensive than equivalent doses of morphine; cocaine is fifteen times more expensive in illicit markets than in legal markets. The price elasticity of demand for these drugs does not have to be very great for such huge price effects to have significant impacts on the consumption of these drugs.

The second is that when one examines the prices and quantities of drugs consumed by the United States population over approximately the last two decades, one can find three periods in which supply reduction efforts seemed to succeed. Those were periods in which the measured price of drugs was increasing even as the indicators of demand were falling. One such period was in the early 1970's as crop control efforts in Turkey, and enforcement actions against the "French Connection" produced a shortage of heroin on the East Coast. A second was in the late 1970's as crop eradication programs in Mexico seemed to produce a national reduction in the supply of heroin. A third has been recently as expanded interdiction efforts seemed to have produced a reduction in the supply of marijuana. These successes must be compared with a clear failure: for the last 10 years, the price of cocaine has been falling as the quantity consumed has apparently increased.

On the demand side, we are accumulating evidence that treatment programs do succeed in reducing drug use and improving the behavior and condition of drug users who participate - at least as long as the drug users remain in the programs. Drug treatment programs rarely produce "cures" in the sense that those treated reduce their drug use to zero and stay that way for the rest of their lives. Instead, they produce reductions in drug use and criminal conduct, and improvements in health and social functioning while the user remains in treatment. The effects even last for a while after the users leave treatment. While such results are not cures, they are nonetheless valuable in the way that successful efforts to manage chronic diseases are valuable: they improve the patient's quality of life and their social functioning as long as one continues to supply the services.

The fact that treatment programs improve users' behavior as long as they remain in the treatment programs makes the issue of retention critically important. A significant finding now emerging is that legal compulsion helps to retain users in treatment, and does not adversely affect the improvements that can be made. In fact, it seems that coerced treatment programs can produce greater short and long run reductions in crime per dollar spent than jail or prison.

The evidence on prevention programs is much harder to come by. It is true that the society's attitudes are now becoming more hostile toward cocaine, and that that effect

follows a mass media campaign to alert people to the hazards of the drug. But it is also true that the society was accumulating real, immediate experience with the drug during the same period. So it is not clear what produced the result.

With respect to the effectiveness of more focused drug prevention programs targeted on high risk youth, the jury is still out. We do not know whether they work. If one can extrapolate from experiments in health promotion and disease prevention, it seems that programs that combine mass media appeals with specific training programs are more effective than either alone. It is as though the message must be communicated through the broader environment as well as in one's individual life, and that individuals must learn how to behave consistently with the message as well as simply hear it.

The conclusion, then, is that there is some room for optimism about demand side approaches, but they do not offer a certain success any more than supply reduction approaches do. On balance, it is probably fair to say that the society's portfolio of responses to the drug problem is too heavily invested in supply side efforts, and not heavily invested enough in demand side efforts.

What also seems clear, however, is that thinking in terms of supply side versus demand side approaches might not be the best way to think about the problem. Indeed, this categorization may obscure some important interactions between the two approaches.



For example, one of the important reasons to concentrate on supply reduction and drug law enforcement is to create an environment in which it is difficult and inconvenient for not-yet users to acquire drugs, and in which life for experienced users is sufficiently uncomfortable that they are motivated to seek treatment. In this sense, supply reduction/law enforcement efforts support prevention and treatment programs.

Another point: the laws prohibiting the use of certain kinds of drugs can be viewed as an important educational program that shapes the public's views of the various drugs. A law is not just something that creates a liability for criminal prosecution; it is a powerful normative statement. That statement may not be particularly valuable to those who have already begun using drugs, or who define themselves in opposition to the broader society. But for those who have not yet started, and who have not firmly settled into an oppositional stance, the fact that the society has legislated against some drugs may have some useful educational impact.

Finally, at local levels, in the cities where drug use is now producing such devastating effects, there is the opportunity for communities to combat drugs by combining law enforcement, preventive education, and treatment. Law enforcement at street levels are needed to help parents maintain control over the environments which their children encounter, and to reinforce the message produced in

educational programs that drugs are dangerous - and particularly so for kids. Law enforcement at street levels is helps to control drug related crime and improve the condition of drug users by motivating the users directly or indirectly to seek treatment. Treatment programs are valuable because they are more effective, less expensive, and more available than jails in controlling crime and re-integrating offenders into the community. That opportunity is obscured by a categorization that seems to reflect the organization and responsibilities of the federal government rather than state and local governments.

#### VI. A Specific Strategy

My bet is that the current drug problem might best be handled by an approach that combined supply side/law enforcement strategies and demand side/medical approaches at the local level. One might thing of this as a "community strategy" for dealing with drugs. Specific steps to be taken would include the following:

First, reduce our current reliance on federally supported crop eradication programs in foreign countries and interdiction along the border since these efforts seem to have produced little impact on the current problem.

Second, increase enforcement against international trafficking organizations and reduce the number of "safe havens" in which they can operate to insure that those who flout the law cannot do so with impunity, and to shrink the supply of drugs reaching illicit markets in the United States.

Third, increase the level of street level drug enforcement against open drug dealing to control the property and violent crimes committed by users, to rescue neighborhoods in decline, to make it more difficult for teenagers to find drugs, and to give parents a sense of control over their children's environment.

Fourth, use urine screening in jails to identify drug users among those arrested for robbery, burglary and drug dealing, and place them under tight supervision on the street through mandatory drug testing and obligatory treatment.

Fifth, expand drug treatment facilities to capture the drug users motivated by enforcement to seek treatment, to improve their behavior and condition in the short and long run, and to stop the spread of AIDS in the drug using population.

Sixth, organize partnerships among schools, parents, police and recreational programs to create consistent, reliably enforced community norms against drug use.

Seventh, develop effective programs for treating crack and cocaine use, and devise the financing schemes that will make such treatment available to the poor, unemployed and uninsured as well as those already covered by medical insurance.

This approach, rather than legalization or continued reliance on federal efforts to reduce the supply of drugs, holds the best chance for containing the current cocaine epidemic. That is the work that must now be done.