

PART ONE

Confronting Denial



"Gentlemen, the fact that all my horses and all my men couldn't put Humpty together again simply proves to me that I must have more horses and more men."

Figure 1. Drawing by Dana Fradon; © 1978 The New Yorker Magazine, Inc. Reprinted by permission.

I The Drug War Syndrome

Despite convincing, publicly available evidence that the war on drugs has not addressed the nation's problems of drug abuse and addiction, the U.S. government has consistently refused to engage in a serious reevaluation of the strategy or a search for a different approach. What we face is a politics of denial. This book aims to figure out why.

For all the public debate about drugs, a singular goal lies behind decades of American drug wars: stopping all drug use through a strategy of tough enforcement. The strategy is deceptively simple. Its main targets are cocaine, heroin, and marijuana, although other drugs are addressed as well.¹ Its primary aim is to prohibit supply, so that Americans cannot find or cannot afford drugs to use; its secondary aim is to discourage those who do consume drugs, mainly by penalizing them.

Concern with reducing the supply of drugs has long dominated the drug war effort. If law enforcement can restrict the growing, manufacturing, distribution, and sale of illicit drugs, the strategists suggest, these illicit drugs will become scarce, their prices will soar, and drug consumption will drop. The policy mix often changes—at times emphasizing a crackdown on domestic dealers and traffickers, at other times concentrating on foreign growers and international traffickers—but the underlying logic has remained constant.

The war on supply is reinforced by policies that target users. Since early in this century, drug policies have sought to discourage people who consume drugs by imposing sanctions against drug possession. If the war on supply aims to discourage consumption by raising the economic cost

of drug use, the war on users seeks to raise the risk of drug use by imposing punitive measures ranging from jail terms to fines to loss of jobs, licenses, or housing.

Beginning in the late 1960s, drug-control efforts expanded to include programs of treatment and preventive education. These programs generally seek not to punish but to provide care for people who are drug-dependent and to dissuade potential users through education about the harmful effects of drugs. Although such efforts have helped many individuals avoid or reduce drug abuse, they have not altered the punitive thrust of the U.S. drug strategy. They have been at best a minor sideshow in the larger drug strategy, a limited supplement to the war on supply and on users that fundamentally defines the U.S. approach to drug control.

The logic behind the war on supply and users is compelling. Yet overall the strategy has reaped failure and a range of other social harms. Drug-enforcement agents seize more drugs each year, but they have not stemmed the supply of drugs coming into the country. Drugs are relatively cheap and readily available on our nation's streets. Despite a decline in casual drug use since the late 1970s, and despite the billions of dollars spent to fight the drug war, the number of people suffering from drug abuse or addiction, the level of violent drug-related crime, and the spread of diseases linked to drug abuse have all increased in recent decades. (For figures on levels of drug use and spending see appendixes 1 and 3.) Confronted with the evidence of failure, our policymakers have responded with renewed determination to fight harder—generating a maddening cycle of failure and escalation.

The pattern is not new. It began after 1914, when Congress passed the Harrison Act, which prohibited the sale of heroin, cocaine, and their derivatives except by doctors' prescriptions. In time, aggressive efforts by narcotics agents in the Treasury Department effectively ended this system of medical control of such psychoactive substances and made their sale or possession illegal. By the end of the 1920s, those who sold and used these drugs were considered criminals and were subject to vigorous, punitive law enforcement. In 1937 marijuana was added to the list, and soon after World War II the Federal Bureau of Narcotics (FBN) joined with Congress to press for even stiffer criminal penalties against those who sold heroin, cocaine, and marijuana.

Under President Richard Nixon a fierce, rhetorical campaign was launched to define drugs as a major source of crime in America and to

make a war on drugs and crime a national priority. The drug war, which had been waged as a low-intensity conflict for decades, was thus born in its modern, expanded form. The battle against the drug supply continued under Presidents Gerald Ford and Jimmy Carter, though with less fanfare and public attention. When Ronald Reagan and then George Bush entered the White House, they revived and dramatically escalated Nixon's drug war as part of a broader effort to roll back what they saw as liberal, unpatriotic, and immoral social transformations wrought in the 1960s and 1970s. Bill Clinton inherited this intensified Reagan-Bush drug war when he came to office in 1993; he lowered the rhetoric but largely continued the strategy.

Over the years, the tenor of the debate has shifted, the foreign and domestic targets have been slightly altered, and the rate of escalation has varied. But the basic approach to the drug war remains the same—and the cycle of failure and escalation continues. The more U.S. policy encourages the eradication of coca crops in the Andes, for example, the more peasants simply expand production in new areas—yet time and again, drug-enforcement officials have responded by intensifying crop eradication. The result of closing one trafficking route into the United States has been the creation of new routes and more inventive smuggling techniques—yet somehow policymakers believe that more money and greater determination are the solution. The more dealers are locked up, the more potentially jailable dealers there seem to be—yet the official response is simply to build more prisons for more people arrested on drug charges. National and state leaders bemoan the spread of AIDS through intravenous drug use—and yet they outlaw proven programs that could stem AIDS transmission by teaching safe use and distributing sterile needles.

Do public officials insist on pursuing such unworkable and harmful policies because they do not see the record of failure or the flaws in the strategy? Is it that law-enforcement agencies see it as a way to demand bigger budgets? Is it that the public is demanding more force against and punishment of users and dealers?

It is not as if public officials and other critics have not put forward alternatives: in the second and third decades of this century, and repeatedly since the 1960s, reasoned critiques and plausible reforms have been advanced by policy analysts, members of the legal, medical, treatment, and prevention communities, and even presidential commissions.² But sound criticisms and bright ideas have generally fallen on

deaf ears; they have routinely been dismissed or sidelined in public debate over policy.

We are left with two related puzzles: Why does the United States continue to pursue the same policies in the face of failure? And why have the debate and the policy prospects become so narrow and circular, denying consideration of valuable alternatives? A number of excellent books address critical questions of drug policy and drug use: some look at the sources of drug use and addiction; others look at what has failed and what has worked in the drug war. We seek to explore equally important, less familiar territory: the politics of the drug war.

We also believe that there is a better approach to thinking about drug problems, one drawn from the tradition of public health in America. But it is idle speculation to advance such a public-health alternative before we understand how the politics of denial has made an open, informed public debate about alternatives such as public health so difficult for so long.

Part 1 of this book is designed to expose the pattern of denial. Denial takes different forms. Some Americans think the failure of the drug war is due simply to lack of effort, lack of resources, or bad management; they deny the fatal defects at the heart of the strategy that systematically undermine the prospects for success at home and abroad. Other people deny the wide-ranging damage that the drug war itself is causing, damage that is often misleadingly attributed to drug use and dealing. In particular, many Americans fail to see the ways in which the drug war helps create and exacerbate problems of abuse, addiction, and crime. These issues are taken up in chapters 2 and 3.

Exposing the pattern of denial frames the question for Part 2: what are the politics behind this pattern? Evidence of the flaws and harms of the drug war strategy is publicly available for elected officials to consider—and yet they persist in the current policy. Is there another agenda at work? Are some political officials reaping benefits—symbolic gains or hidden purposes—from the continued war? To some extent, the answer is yes—but this merely begs other questions. It does not explain the persistence of the drug war for so many decades, nor does it explain how so many Americans have been convinced to support a patently unsuccessful policy for so long.

If neither well-intentioned ignorance nor conscious deceit by public officials is sufficient to explain the persistence of policy, what else is at play? We will argue that no single factor explains policy persistence in the face of failure. Rather, a number of pieces fit together, each piece

working, as in a jigsaw puzzle, in relationship with the others to create a coherent picture of why we are mired in a politics of denial.

In chapters 4 and 5 we will see how a particular way of thinking about drugs—which we identify as a punitive drug war paradigm—frames the way drugs, addiction, and the connection to crime are understood. This “conventional wisdom” about drugs makes it difficult to recognize the flaws in drug policy and the damage it causes, and marginalizes many sound alternatives as politically unacceptable. The ways in which current understandings about drugs and crime were created out of political struggles and were sustained against challenges in the 1960s and 1970s provide clues to what a struggle for drug reform entails.

These punitive ideas and values became embedded in the operations of key political institutions—in the federal bureaucracy, in the presidency, and in Congress. In chapters 6 and 7 we will see how presidents and elected representatives have been able to draw on these ideas and images to mobilize popular support for expanded drug wars, how conservative groups and social forces have been able to use them to push political officials in this direction, how Democrats and Republicans have been tempted to “out-tough” each other, and how few officials have had an interest in reevaluating the failed and harmful policies. In chapter 8 we will look closely at the ways the punitive paradigm, operating through these powerful institutions, narrows the scope of public debate about drugs, ties the hands of moderate reformers who seek to shift budget priorities from punishment toward treatment and prevention, and ultimately undermines the effectiveness of existing treatment and prevention programs.

What, then, are the alternatives? We begin part 3 with an examination of the legalization approach in chapter 9. Despite its important critiques of the punitive paradigm, that approach is itself conceptually flawed: in particular, it tells us how some of the damage created by drug policies could be reduced but offers little guidance on how to heal the suffering caused by drug abuse and addiction. These flaws make it unacceptable to a broad segment of the American population. We will argue that a far better alternative is a public-health paradigm, which reconceives the problem of drug abuse and addiction in ways that offer some hope for those who are suffering and minimizes the damage created by current policies. In chapter 10 we look at the ways treatment, prevention, and law enforcement take on entirely different meanings and lead to different policy choices under a public-health paradigm.

As important as such a paradigmatic change in conventional wisdom might be, it will never come about simply through force of argument. Only a sustained political struggle will yield genuine drug-policy reform. In chapter 11 we look at current struggles for drug reform and consider the ways some of these might facilitate a transformation from a strategy that harms without healing to one that heals without harm.