

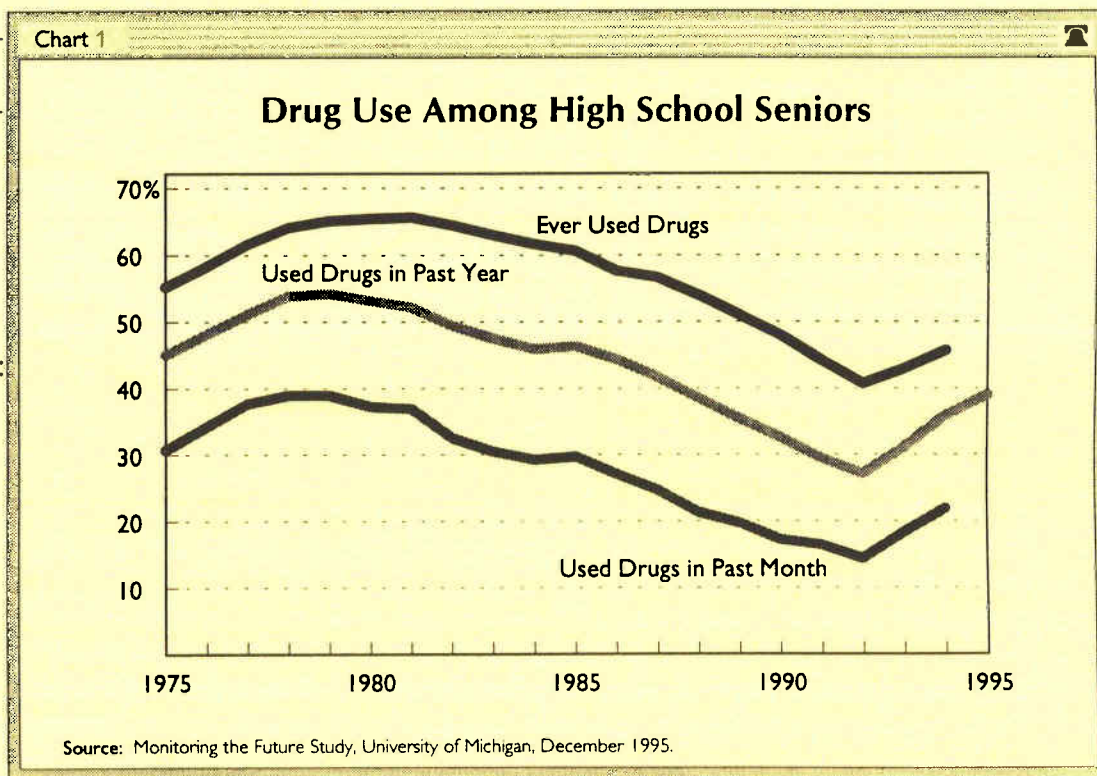
THE CLINTON ADMINISTRATION'S CONTINUING RETREAT IN THE WAR ON DRUGS

(Updating *Backgrounder* No. 989, "How the Clinton Administration Is Abandoning the War Against Drugs," June 16, 1994)

INTRODUCTION

The Clinton Administration continues to retreat in the war on drugs. After a decade of consistent progress during the Reagan and Bush Administrations, almost every available indicator today shows the United States is losing—some would say surrendering—in the prolonged struggle against illegal drugs. Consider the evidence:

- X Since President Clinton took office, the number of 12-to-17-year-olds using marijuana has almost doubled—2.9 million compared with the 1992 level of 1.6 million.¹ One in three

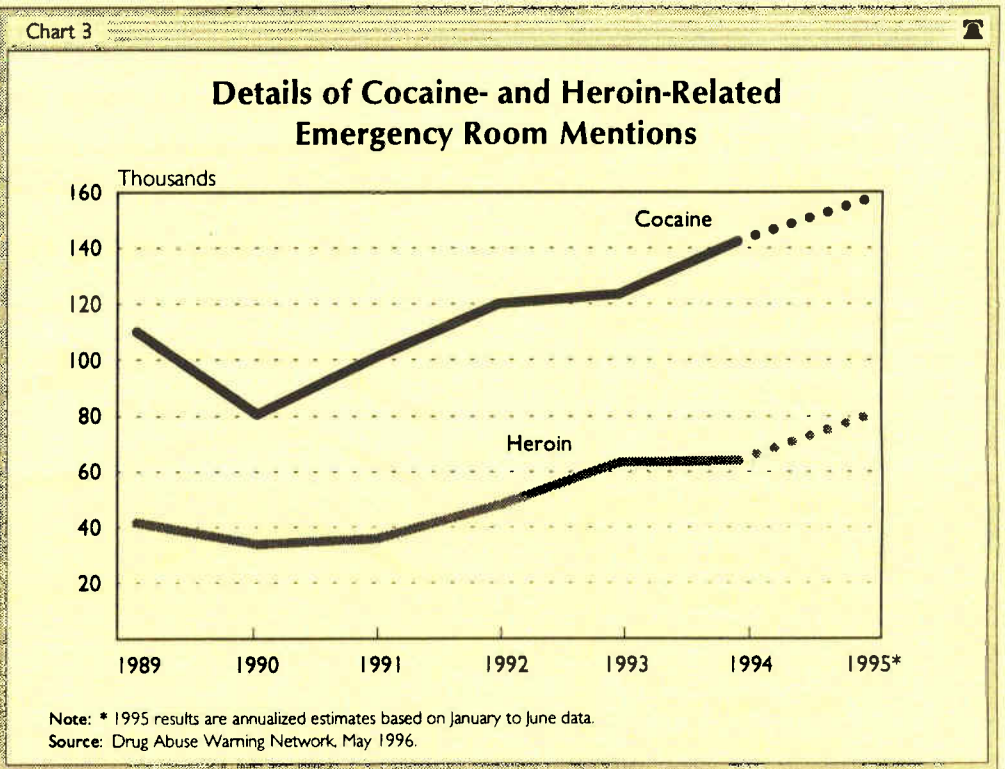
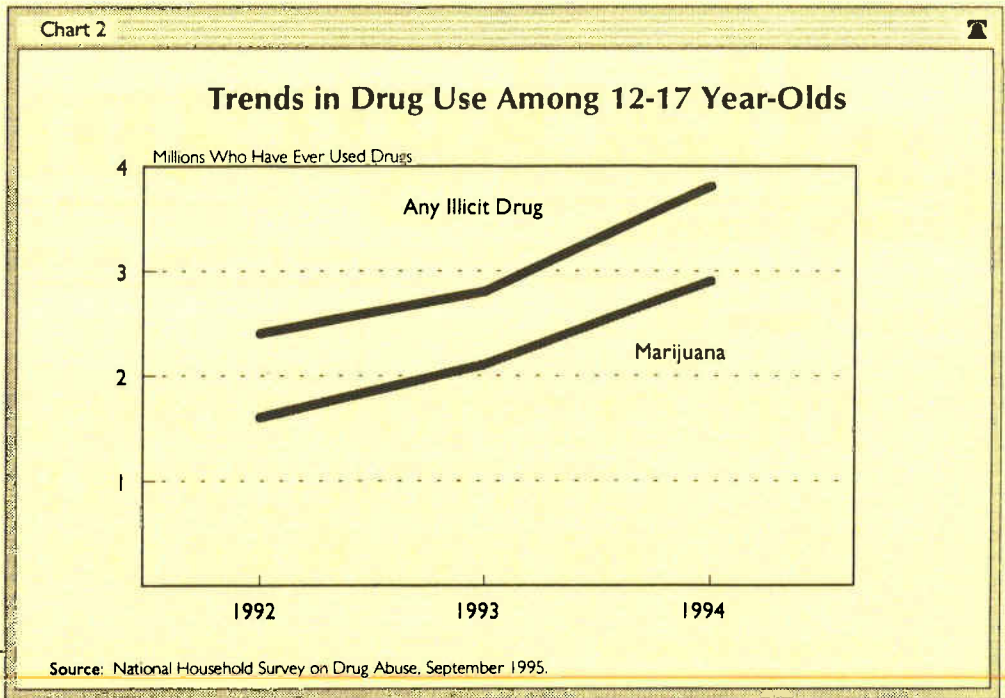


1 U.S. Department of Health and Human Services, *Preliminary Estimates from the 1994 National Household Survey on Drug Abuse*, September 1995.

high school seniors now smokes marijuana, and 48.4 percent of the Class of 1995 had tried drugs by graduation day.²

- X LSD use has reached the highest rate since record-keeping started in 1975. Fully 11.7 percent of the Class of 1995 had tried it at least once.³
- X The number of cocaine- and heroin-related emergency room admissions has jumped to historic levels. In the first half of 1995, cocaine-related emergency room cases were 65 percent above the level in the first half of 1991. Heroin admissions soared 120 percent over the same period.⁴
- X Methamphetamine use has turned into a major problem, particularly in the western United States. In the first half of 1995, meth-related emergency room cases were up by 321 percent compared with the first half of 1991.⁵

While there are many different reasons for this deterioration in America's resistance to illegal drugs, part of the explanation is a failure in federal policy. President Clinton and his Administration have demonstrated little leadership on the issue and have failed to send out an unambiguous message of disapproval to young Americans. The President's personnel appointments in this area have ranged from the virtually in-



2 University of Michigan Institute for Social Research, *Monitoring the Future*, December 15, 1995.
 3 *Ibid.*
 4 U.S. Department of Health and Human Services, *Preliminary Estimates from the Drug Abuse Warning Network*, Advance Report No. 14, May 31, 1996.
 5 *Ibid.*

visible, as in the case of former “drug czar” Lee Brown, to the embarrassing, as in the case of Dr. Joycelyn Elders, former Surgeon General of the United States. Staffing at the Office of National Drug Control Policy was cut by 80 percent—from 147 to 25. Moreover, although the President’s election year budget reverses this cut and requests major increases for drug law enforcement, his FY 1995 request would have eliminated 621 drug enforcement positions.

The Clinton Administration’s policy initiatives have been similarly ineffectual, especially their focus on hard core drug users at the expense of stronger law enforcement and interdiction. The evidence is in: Federal illegal drug caseloads fell by 10.3 percent from FY 1992 to FY 1995; the government-wide interdiction budget has been cut 39 percent since 1993; the impact of interdiction programs has dropped off sharply; and drug-related hospital emergency room admissions have hit record levels.

Instead of pursuing ineffectual anti-drug policies and giving the impression that curbing drug use is not a priority, the President and Congress should demonstrate leadership in this deadly contest. If the United States is serious about combating the infiltration of illegal drugs across America’s borders and into the nation’s cities, towns, neighborhoods, and schools, several steps need to be taken:

- ✓ The President must use the “bully pulpit” of his office to send out a clear message that drug use is unacceptable.
- ✓ America must assist its allies in Latin America and elsewhere in their efforts to take on the drug cartels.
- ✓ The President must propose budgetary, personnel, and policy initiatives that make it absolutely clear that Washington means business in curbing the flow of drugs into America.
- ✓ Congress should pass legislation to close loopholes that result in excessively lenient sentences for marijuana smugglers.
- ✓ Congress should continue to block the United States Sentencing Commission’s proposals to lower sentences for crack cocaine dealers.
- ✓ Washington must get serious about promoting rehabilitation that works, such as religion-based programs, instead of simply funding programs that promise to rehabilitate drug addicts and fail to deliver. Congress should re-evaluate all treatment programs carefully. The basis of federal funding for drug rehabilitation should be a clear track record of success.

America succeeded in reducing the rate of drug use, especially among vulnerable teenagers, in the 1980s because local efforts were reinforced by a serious program of law enforcement, interdiction, and hard-headed demand reduction policies, and because the Reagan and Bush Administrations made it very clear that they were determined to win the war against drugs. Unfortunately, the Clinton Administration has adopted a very different posture, and America is now losing the war.

THE FAILURE OF LEADERSHIP

The illegal drug problem is admittedly complex, but complexity is no excuse for inaction. President Clinton began derailing the successful approaches of prior administrations from the earliest days of his presidency. After promising to “reinvent our drug control programs” and “move beyond ideological debates,” the President announced a new approach to drug policy, de-emphasizing law enforcement and effecting a “controlled shift” away from interdiction. More important, in a message to Congress, he promised to “change the focus of drug policy by targeting chronic, hardcore drug users.”⁶ This ineffectual policy—the

6 President Clinton’s message accompanying Office of National Drug Control Policy’s *National Drug Control Strategy*, February 1994, p. iii.

latest manifestation of the liberals' commitment to a "therapeutic state" in which government serves as the agent of personal rehabilitation—seems to have been rejected even by the President's new drug czar, General Barry McCaffrey, who has moved to elevate the profile of prevention programs.

Cuts in the interdiction system and the dismantling of other programs with records of success have been accompanied by the increased availability of drugs. Ironically, as illustrated in Figure 3, the Clinton drug policy has been most harmful to its intended beneficiaries—the very hard-core drug addicts who are cycling through emergency rooms at record rates.

The President's lack of visibility on the drug issue has drawn criticism from prominent congressional supporters of drug control programs, including leading Democrats in the House and Senate. Senator Joseph Biden (D-DE) admits he has "been openly critical of this President's silence."⁷ And Representative Charles Rangel (D-NY) has gone so far as to declare, "I've been in Congress over two decades, and I have never, never, never found any Administration that's been so silent on this great challenge to the American people."⁸

In fact, since taking office, President Clinton has been significantly engaged in only one aspect of the drug problem—drugs in schools, which arguably is not even the federal government's responsibility. In June 1995, Clinton promised to veto any attempt by the 104th Congress to cut the Safe and Drug-Free Schools and Communities program, which Congress had evaluated and found to be ineffective. Bob Peterson, former Michigan drug czar, described the program as a "slush fund," and even former ONDCP Director Lee Brown acknowledged "abuses of the program" in testimony before a House subcommittee.⁹

The Disturbing Change in the Trends. During the 1980s and early 1990s, the United States experienced dramatic reductions in casual drug use—reductions that were won through increased penalties, strong presidential leadership, and a clear national anti-drug message. Beyond the substantial investment of resources, engaged commanders in chief used the bully pulpit to change attitudes. Because Ronald Reagan and George Bush visibly involved themselves in the effort to combat illegal drugs, they helped rescue much of a generation. Overall, casual drug use was cut by more than half between 1977 and 1992. Casual cocaine use fell by 79 percent, while monthly use fell from 2.9 million users in 1988 to 1.3 million in 1992.¹⁰ Strong presidential leadership had tangible effects.

Against this backdrop of accomplishment, Bill Clinton promised to get even tougher than his predecessors. Indeed, while campaigning for the presidency, then-Governor Clinton appeared to take an even harder line on illegal drugs than Bush, declaring that "President Bush hasn't fought a real war on crime and drugs ... [and] I will." On the link between drugs and crime, Clinton said, "We have a national problem on our hands that requires a tough national response."¹¹

Despite the tough rhetoric, however, the President's performance has been disappointing. Perhaps the first solid indication that rhetoric and reality would not fit neatly in the same policy box was the appointment of Dr. Joycelyn Elders of Arkansas as Surgeon General of the United States. Dr. Elders, among other things, offered the taxpayers the tantalizing theory that legalization of drugs might "markedly reduce our crime rate" without increasing drug use.¹² As for the President himself, his image of rhetorical toughness

7 Hearing before the Senate Caucus on International Narcotics Control, April 25, 1996.

8 CNN News, January 31, 1994.

9 Hearing before House Subcommittee on National Security, International Affairs, and Criminal Justice, April 7, 1995.

10 See note 1, *supra*.

11 *The New York Times*, March 26, 1993, referring to previous Clinton statements. Unfortunately for the President, his most memorable public statement in connection with the drug issue still was "I didn't inhale."

12 Wolfgang Munchau, "Clinton's Team Split on Drugs," *The Times* (London), December 8, 1993.

was compromised on occasion by remarks that could at best be described as indifferent, at worst as flip-pant.¹³

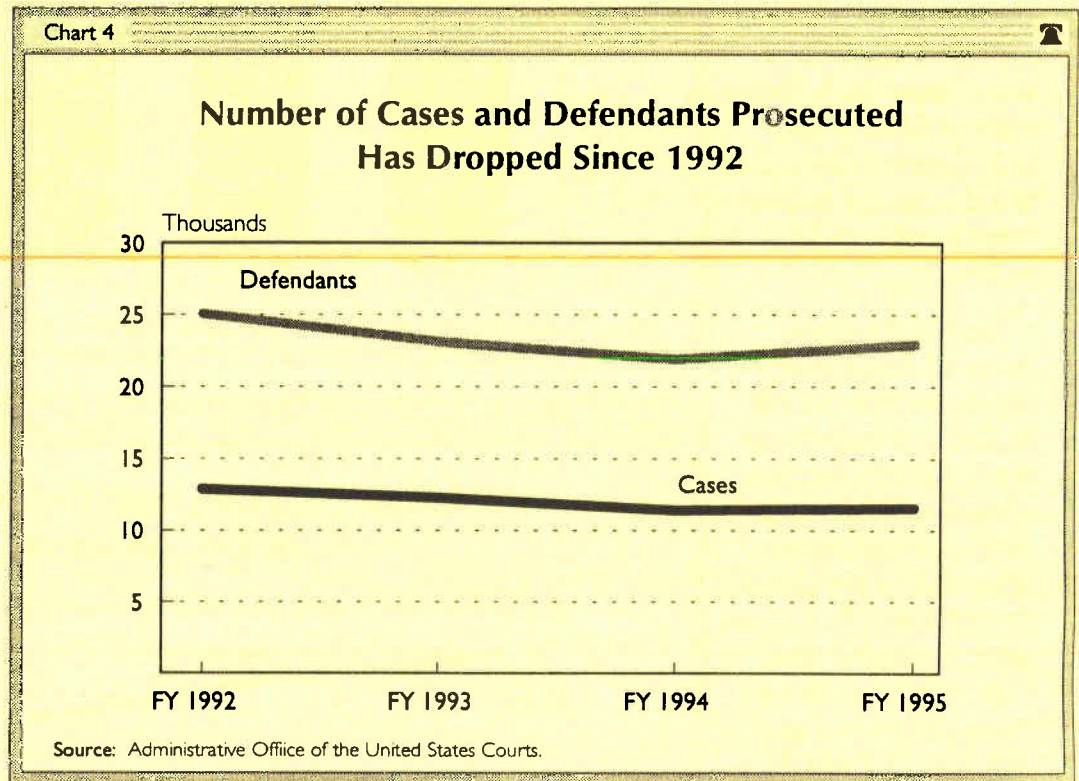
DOWNGRADING THE WAR ON DRUGS

The President's ill-considered public words have been accompanied by a reduction in tangible resources and effort. Within weeks of taking office, the Clinton Administration announced that it would slash the Office of National Drug Control Policy staff from 147 to 25. The President made the Director of the Office a member of the Cabinet, but the move was empty symbolism. This became painfully evident when his new Director, former New York City Police Commissioner Lee P. Brown, was observed to be virtually invisible during his two-and-one-half-year tenure. President Bush's Drug Policy Director, William Bennett, told Congress that the Clinton Administration cuts essentially would relegate the new Director to the position of an office clerk.¹⁴

Cuts in the drug czar's office prefigured much larger cuts in federal enforcement and interdiction agencies. The Administration's fiscal 1995 budget, for example, proposed to slash 621 drug enforcement positions from the Drug Enforcement Administration (DEA), Immigration and Naturalization Service (INS), Customs Service, FBI, and Coast Guard.¹⁵ The

DEA, America's only law enforcement agency dedicated exclusively to fighting the drug trade, lost 227 agent positions between September 1992 and September 1995—more than 6 percent of its agent force.

Declining Caseloads. Cuts in law enforcement paralleled reduced drug case filings. As illustrated in Chart 4, the Administrative Office of the U.S. Courts registered a 10.3 percent reduction in federal case filings between FY 1992 and FY 1995, and the total number of defendants indicted in these cases declined by 8.5 percent. The number of federal drug cases refused for prosecution increased by 18.6 percent over the same period as U.S. Attorneys pursued more investigations into health-care fraud and other areas deemed to be of greater priority than combating illegal drugs (Chart 5).



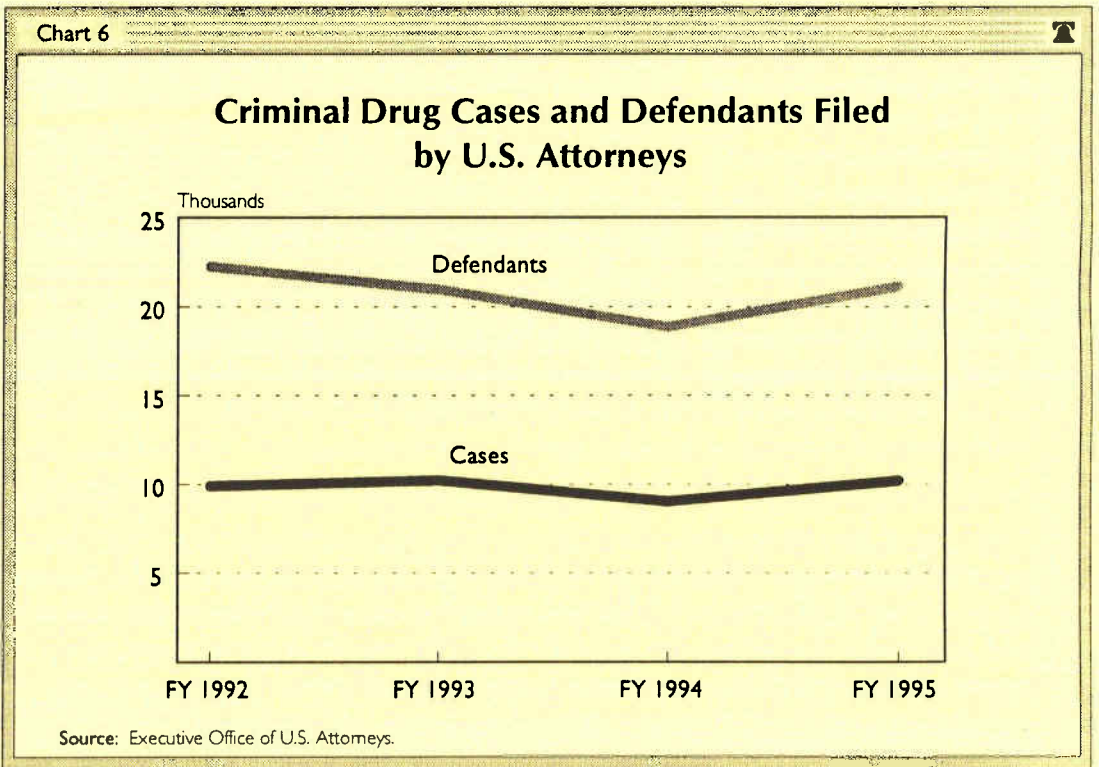
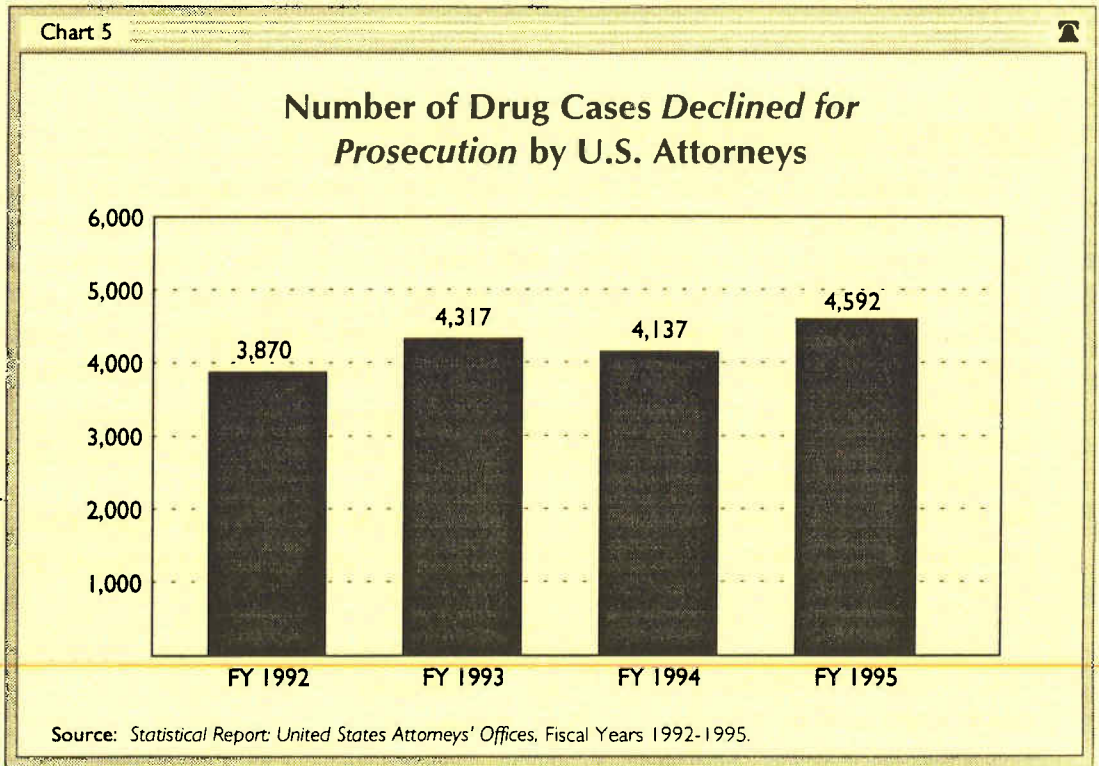
13 In an interview with MTV, for example, when asked whether he would "inhale" given the chance to "do it over again," Clinton merely provoked laughter: "Sure, if I could. I tried before." MTV interview, June 12, 1992.

14 Hearing before the Senate Judiciary Committee, October 20, 1993.

15 Office of National Drug Control Policy, *National Drug Control Strategy: Budget Summary*, February 1994.

In an April 26, 1995, letter to Senate Judiciary Committee Chairman Orrin G. Hatch (R-UT), then-Drug Policy Director Lee Brown attributed the “troubling” decline in prosecutions to “the policies of the new U.S. Attorneys who de-emphasized prosecution of small-scale drug offenders.” Director Brown also quoted the Administrative Office of the U.S. Courts to the effect that the change had been “consistent with DOJ policy.”

Despite the abundance of data confirming the declining trend in illegal drug prosecutions, Clinton Administration officials have cited different figures, compiled by the Executive Office of U.S. Attorneys, to suggest that case filings and defendants prosecuted actually rose 12.9 and 12.1 percent, respectively, between fiscal 1994 and fiscal 1995 (see Chart 6). But even according to these figures, the number of drug defendants prosecuted dropped for the three years prior to 1995, and remains 5.2 percent below the FY 1992 level.¹⁶



¹⁶ Prosecution figures are derived from the Executive Office of U.S. Attorneys (EOUSA) as well as the Administrative Office of the U.S. Courts (AO). The AO and EOUSA numbers differ because the two entities practice a different “leading charge” system; only the AO includes misdemeanor cases; and the AO includes cases brought by magistrate judges.

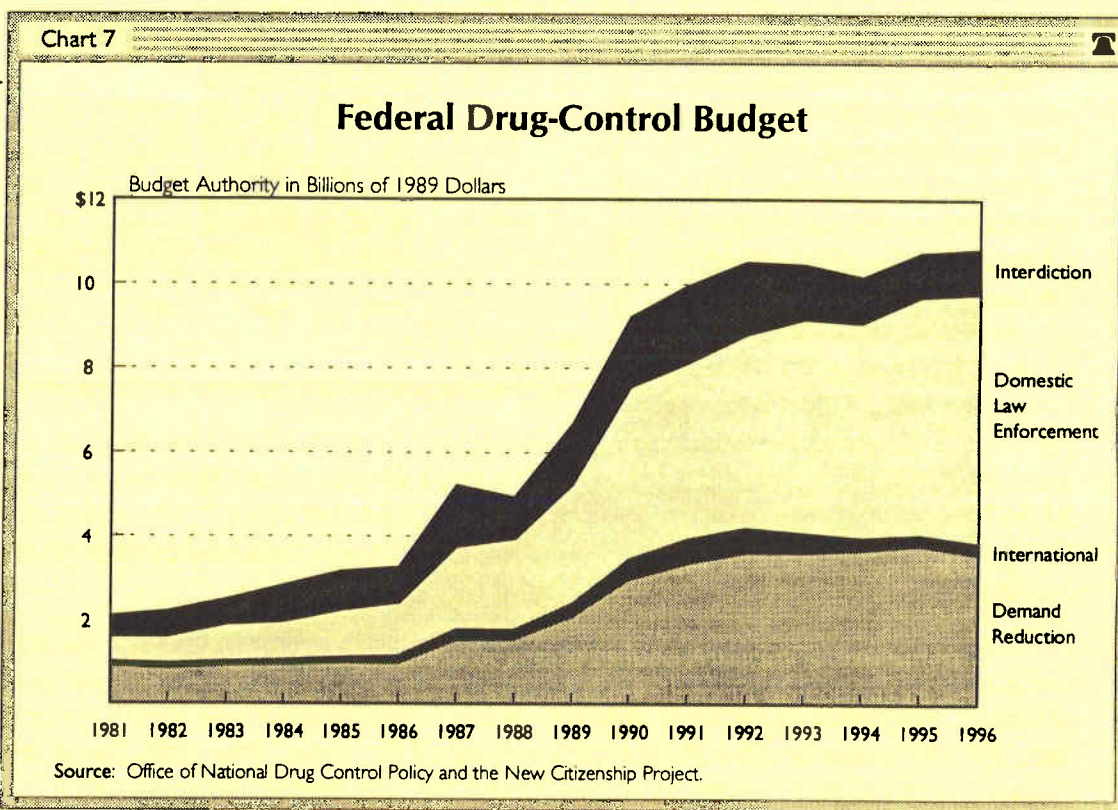
In a textbook illustration of the laxness of Clinton Administration drug policy, the *Los Angeles Times* revealed on May 12, 1996, that hundreds of marijuana smugglers “have been allowed to go free after U.S. authorities arrested them with substantial quantities of drugs at ports of entry in California.”¹⁷ Attorney General Janet Reno objected to the article’s claims, noting that the individuals in question are “punished” by having their border crossing cards confiscated. Ms. Reno added that prosecution may be “deferred” only if five mitigating factors are present, a claim that elicited this reaction from Bush Administration Drug Enforcement Administration head Robert C. Bonner:

- X Reno claims that only Mexican nationals qualify under the leniency policy. This results in two standards of justice. U.S. citizens are prosecuted, but Mexican nationals get a free ride to Mexico.
- X Another criterion is being caught with under 125 pounds of marijuana. So, if you are smuggling “only” 100 pounds, with a wholesale value of over \$100,000, you meet one of the criteria.
- X Now, Reno also says that there must also be “insufficient evidence” of knowledge and intent, but, of course, no one should be prosecuted, regardless of citizenship or quantity, if evidence of knowledge and intent are not present.¹⁸

Dropping the Safeguards. The Clinton Administration began to reduce America’s drug interdiction efforts within a year of the inaugural. On November 3, 1993, against the vehement objections of senior Coast

Guard officers, the National Security Council issued a classified presidential memorandum dictating a “controlled shift” of interdiction assets to other functions. At the same time, flight hours in the so-called “transit zone” between the United States and South America were cut by 50 percent, many interdiction aircraft and helicopters were put into mothballs, ship “steaming days” were cut by a third, and Department of Defense detection and monitor-

ing budgets were reduced by more than half. Controlling for inflation, the aggregate government-wide drug interdiction budget has been cut 39 percent since the last year of the Bush Administration (see Chart 7).¹⁹



17 H.G. Reza, “Drug Runners Arrested at Border Often Go Free; Smuggling: Crackdown Leads to More Seizures, but Jail Overcrowding and Clashing Priorities Force Suspects’ Release,” *The Los Angeles Times*, May 12, 1996, p 1.

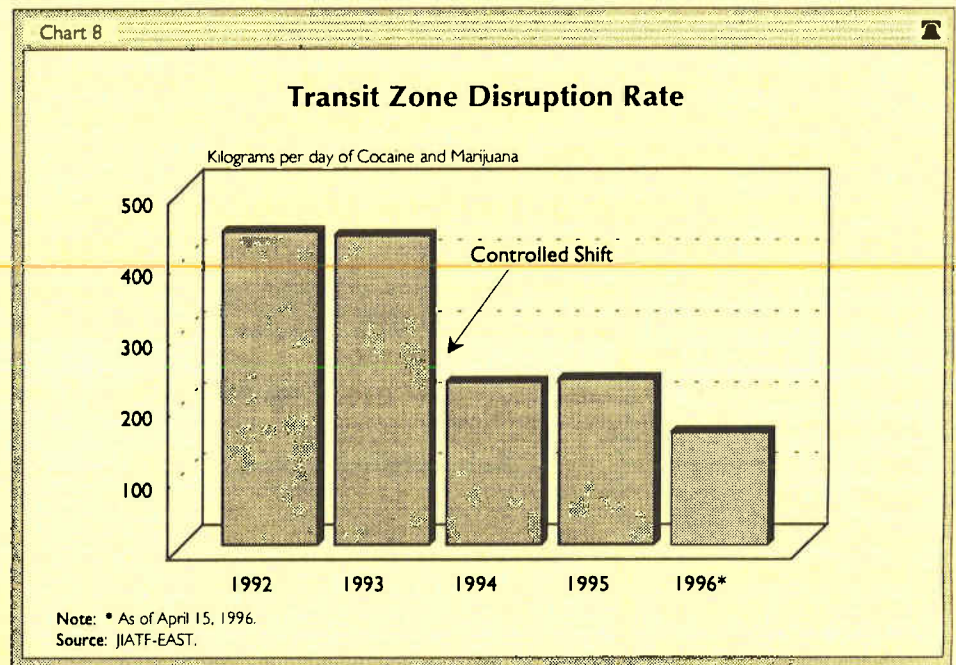
18 Robert C. Bonner, “Clinton’s Flawed Drug-Smuggling Policy,” *San Diego Union-Tribune*, June 4, 1996.

19 In 1989 constant dollars, the interdiction budget declined from \$1.73 billion in FY 1992 to \$1.05 billion in FY 1996.

The impact of these cuts was almost immediate: As Chart 8 illustrates, between 1993 and 1994, U.S. interdiction forces experienced a 47 percent drop in their ability to stop drug shipments from Latin America. Cocaine seizures by the Customs Service and the Coast Guard fell by 70 percent and 71 percent, respectively, during the same period.²⁰ Overall interdiction effectiveness has dropped by a cumulative 64 percent between 1993 and 1996.²¹

Some, including General McCaffrey, have attempted to argue, against the evidence, that this reduced effectiveness was the result of changing trafficker routes, not vastly diminished levels of national effort. This argument is refuted by an interdiction study commissioned by the Clinton Administration itself. The study, performed for the Office of National Drug Control Policy by the EBR Corporation, using conservative assumptions, showed that restoring \$500 million in assets to the transit zone could cause seizures, jettisons, and mission-aborts totaling 130 tons of cocaine per year. In round terms, this means that restoring half the assets cut by the Clinton Administration could result in the seizure or disruption of more than the entire amount of cocaine seized domestically every year.

Stimulating Demand. Cuts in interdiction and law enforcement have had additional consequences that should have been predictable to anyone with even a modicum of understanding of the basic economic laws of supply and demand. As illustrated in Chart 9, between 1993 and 1994—the first year of the “control-



led shift” away from interdiction—the retail price of a gram of cocaine dropped from \$123 to \$104. Two years later, the price was still a low \$107 per gram. Heroin prices have fallen even more sharply, from \$1,647 per pure gram in 1992 to \$966 per gram in February 1996.²² The increased availability of such relatively cheap drugs has helped drive hard-core drug use—as reflected in emergency room admissions—to record levels.

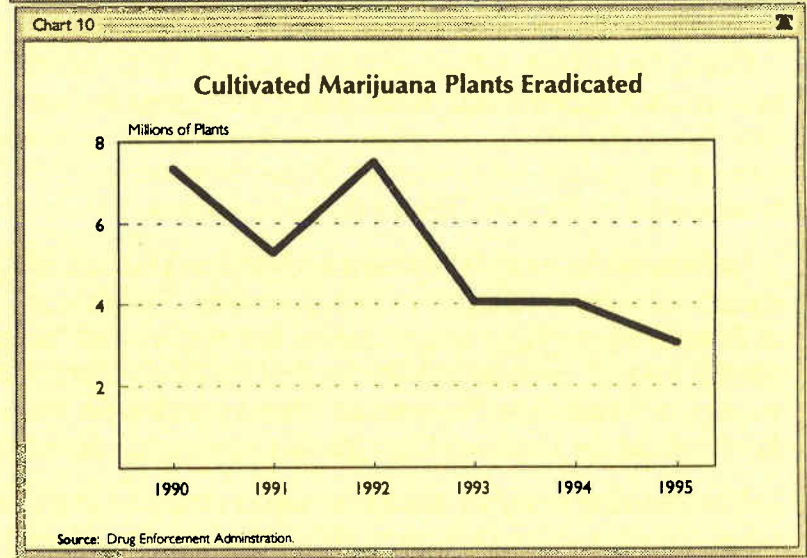
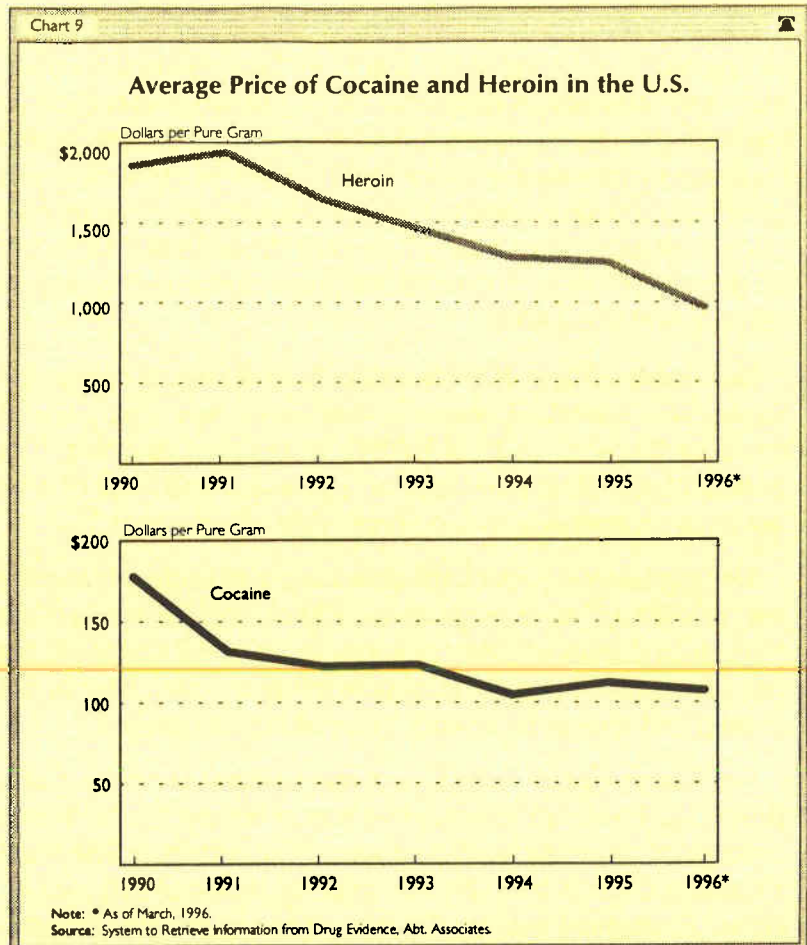
While most drugs are produced in inaccessible regions overseas, limiting the impact of U.S.-sponsored eradication programs, the bulk of the marijuana consumed in the United States is produced domestically. Domestic marijuana eradication under the Bush Administration was highly successful—so successful, in fact, that marijuana became more expensive, ounce for ounce, than gold. Hawaiian producers were forced to import marijuana to satisfy local demand for the first time in recent history.

- 20 Customs cocaine seizures fell from 35.4 metric tons (mt) in FY 1993 to 10.7 mt in FY 1994. Coast Guard cocaine seizures fell from 15.4 mt in FY 1993 to 4.4 mt in FY 1994.
- 21 The “disruption rate” is the total amount of cocaine and marijuana that is seized, jettisoned, or “aborted” (returned to the source country as a result of interdiction or law enforcement presence). Data sheet from Joint Interagency Task Force-East, Key West, Florida, April 26, 1996. The daily disruption rate fell from 435.1 kgs/day in 1993 to 228.7 kgs/day in 1994, and still further to 158.1 kgs/day during the first 15 weeks of 1996.
- 22 U.S. Department of Justice, Drug Enforcement Administration, and Abt Associates, *Average Price and Purity of Cocaine in the United States, Average Price and Purity of Heroin in the United States*, May 28, 1996.

The Clinton Administration, however, has deemphasized marijuana eradication. As shown in Chart 10, there has been a 59 percent reduction in cultivated plants destroyed since 1992.²³ The drug budget of the U.S. Park Service has been cut 22 percent from the FY 1992 level,²⁴ resulting in a 47 percent reduction in plants eradicated by the Park Service. Once again, increases in supply have fueled demand (use by 8th graders has increased 184 percent since 1992) and caused prices to drop (marijuana prices are at the lowest level in eight years).

The ubiquitous availability of illegal drugs—*de facto* legalization—is confirmed by the Administration’s own data. According to the latest White House report on drug use,²⁵ heroin is now so cheap and pure that it has “driven new demand and drawn some former addicts back into use.” Meanwhile, the availability of cocaine and crack is described as “high,” and marijuana is “plentiful and potent” and “widely available” in all areas of the country except California.

By making drugs more expensive, aggressive interdiction and law enforcement efforts reduce use among particularly vulnerable inner-city populations by forcing addicts to spend their limited disposable income on a smaller quantity of drugs.²⁶ A cocaine addict named “Joe,” interviewed for a book²⁷ on the impact of cocaine, describes the phenomenon: “What keeps you from dying is you run out of money.” Conversely, paring back supply reduction programs hits hardest those who are most heavily addicted and least able to resist drug use.



23 According to the Department of Justice, 3.04 million cultivated plants were eradicated in 1995 compared to 7.49 million eradicated in 1992.

24 The Park Service drug control budget was cut from \$11.1 million in FY 1992 to \$8.7 million in FY 1996.

25 Office of National Drug Control Policy, *Pulse Check: National Trends in Drug Abuse*, June 1996.

26 For example, a 43 percent increase in cocaine prices in 1990 (the first such increase in five years) paralleled a 27 percent reduction in cocaine-related emergency room admissions and overdoses (the first such reduction in 12 years).

27 Eugene Richards, *Cocaine True, Cocaine Blue* (Aperture).

Rising Emergency Room Cases. This phenomenon is evident in the record number of drug-related emergency room admissions that have followed in the wake of the Clinton Administration's cuts to enforcement and interdiction programs. (It is instructive that these record increases have occurred despite the Clinton strategy's stated concern for hard-core addicts, the primary population captured by the emergency room statistics.) Compared with the first half of 1994 (which was then the high water mark for drug-related emergency room cases), cocaine-related emergencies have increased 12 percent (from 68,400 to 76,800); heroin-related episodes have risen 27 percent (from 30,000 to 38,100); marijuana-related episodes have increased 32 percent (from 19,100 to 25,200); and methamphetamine cases have jumped by a staggering 35 percent (from 7,800 to 10,600).

Hard-core addicts deserve access to treatment, but experience teaches that the typical addict will cycle through the treatment system several times over a period of years before getting off drugs, with many never reaching that goal. A 1994 RAND study found that only 13 percent of heavy cocaine users who receive treatment are either non-users or light users at the end of a year. The study also found that 20 percent of heavy users continue to use drugs while in treatment.²⁸

Getting serious about hard-core drug use ultimately requires America to do more to fight youthful drug use: While hard-core users are mostly beyond the reach of drug treatment professionals, today's young people can be dissuaded from going down the road that leads to hard-core addiction. In fact, those who reach age 21 without using drugs almost never try them later in life. Conversely, drug users almost always start young, and almost invariably by smoking marijuana.²⁹

An About Face? With U.S. Army General Barry McCaffrey's appointment as the new point man on drugs, the President indicated he was reversing his decision to gut ONDCP and discarding his misguided strategy of targeting hard-core users. The editors of *The Washington Post* called the change an "about face." President Clinton was able to capitalize on the installation of a tough-minded general; White House aide Rahm Emmanuel was candid enough to say that the changes were "what the President believes will help us improve on our record."³⁰

Given the Clinton Administration's previous track record, however, it remains unclear whether Director McCaffrey's appointment means a genuine change in course. His is a managerial position that accords him little line authority, and his policy accomplishments will depend largely on his willingness and ability to take on the various empires of the federal bureaucracy. This in turn will depend on the degree to which he is supported by the President of the United States.

Unfortunately, early indications suggest that Director McCaffrey may be reticent to test the President's commitment to an effective anti-drug strategy. For instance, McCaffrey recently sided with the Department of State in supporting a determination that Mexico had "cooperated fully" with the United States on drug control matters, even though the head of the DEA objected that the government of Mexico had not done enough to warrant that designation. This determination was made even though the Administration could have waived the sanctions that typically accompany decertification.

This decision sounds a disturbing signal about the degree of General McCaffrey's leverage on drug questions. The United States imports 400 tons of cocaine annually, 70 percent of it transshipped through Mexico. Yet Mexico's seizures have slumped to roughly one-twentieth of the amount passing through their

28 C. Peter Rydell and Susan S. Everingham, *Controlling Cocaine: Supply Versus Demand Programs* (Santa Monica, Cal.: RAND, 1994).

29 According to the Center on Addiction and Substance Abuse at Columbia University, 12-to 17-year-olds who use marijuana are 85 times more likely to graduate to cocaine than those who abstain from marijuana.

30 Ann Devroy, "About-Face; Clinton to Restore Staff He Cut from Anti-Drug Office," *The Washington Post*, March 6, 1996, p. A15.

country. Arrest figures are down significantly, and the former president's brother, Raul Salinas, has been arrested on suspicion of "drug-related charges." Four Mexican trafficking "confederations," meanwhile, operate with relative impunity. But President Clinton's statement to Congress explained away Mexican inaction on the peso crisis and declared weakly that President Zedillo's administration has "set the stage for action against the major drug cartels in Mexico."³¹ For too long, the U.S. has accepted at face value repeated Mexican promises of future aggressive action against the drug trade. It is time for such complacency to end.

McCaffrey also appears to have had little positive impact on recent high-level appointments. For example, on June 12, 1996, Patricia M. McMahon was nominated to serve as his Deputy Director for Demand Reduction, a post that requires Senate confirmation. A former Clinton campaign worker with little substantive background in drug policy, Ms. McMahon's appointment to a lower-level position was criticized by the *Washington Post* in the early days of the Clinton Administration as "an example of continued political patronage."³² Her principal contribution to the White House drug office was to serve as the political operative who carried out the slashing of the staff by 80 percent at the start of the Administration.

THE COMPONENTS OF A NEW ANTI-DRUG POLICY

The President and Congress can retake the initiative in the continuing struggle against drug use and the agents of the criminal network that is exporting poison into America's neighborhoods. But this cannot happen without the full leadership of the President and his Administration.

The Administration must take several decisive steps:

- ① **Use the bully pulpit.** When President George Bush gave the first national primetime address of his presidency, it was on the drug issue. By doing this, he followed the example of visible and emphatic national leadership set by President Reagan and First Lady Nancy Reagan. The national effort against drugs—carried on by parents, young people, local religious leaders, neighbors, local law enforcement, educators, medical personnel, and local government officials—gains immeasurably from strong, visible presidential support. But it is weakened considerably by the perception of presidential indifference.
- ② **Do more in Latin America.** Fighting drugs at the source makes sense. Federal authorities ought to be going after the beehive, not just the bees. Foreign programs are also cheap and effective.

An example: America's chronically underfunded program in Peru will cost just \$16 million to run in FY 1996. But targeting even that meager amount effectively can work. The Peruvians have managed to shoot down or disable 20 trafficker airplanes since March 1, 1995. Unfortunately Peruvian President Fujimori's aggressive line on drugs actually caused President Clinton to bar Peru from receiving radar tracking data. That decision has badly damaged Peruvian-American relations, but Fujimori has continued to work with the United States, and much more can be done at very small cost. The Peruvian air force currently uses obsolete A-37 jet trainers from the 1950s. For \$50 million, the United States could equip the Peruvians with new tracker aircraft, improved night-flying gear, and spare parts. This is an opportunity to save American lives by helping the Peruvians press their attack on traffickers. In addition to helping countries like Peru, the United States should make effective cooperation in fighting drugs one of the most important requirements for Latin nations seeking good diplomatic and economic relations.

31 Memorandum from the President of the United States to the Secretary of State, *Certification of Major Narcotics Producing and Transit Countries, Statement of Explanation: Mexico*, March 1, 1996.

32 Michael Isikoff, "Drug Director Urged to Hire Hill Aides; Memo Asked Director to 'Do Something' for Congressman Rangel," *The Washington Post*, August 19, 1993, p. A27.

- ④ **Set more sensible budget priorities.** The Department of Defense today is allowed to spend only 0.3 percent of its budget on preventing the inflow of drugs. The U.S. military cannot solve the drug problem, but it can make a profound contribution to cutting the flow of drugs through interdiction. The budget needs to reflect this national priority.
- ④ **Reduce marijuana availability.** The federal government urgently needs to restore leadership to the fight against marijuana production, trafficking, and use. Federal marijuana penalties need to be stiffened, partly by eliminating the loophole that allows marijuana smugglers to be treated far more leniently than marijuana growers. Federal eradication efforts need to be reinvigorated.
- ⑥ **Block lower crack sentences.** Last year, the United States Sentencing Commission proposed steep reductions in sentences for crack dealers. Those changes were blocked by statute. In its 1997 amendments cycle, the Sentencing Commission is expected again to propose changes. Irresponsible public policy proposals by the Sentencing Commission should be blocked, and the Commission should be barred from proposing changes in criminal penalties where Congress has established mandatory minimum sentences, except in an advisory format that would require affirmative congressional action before taking effect.
- ⑥ **Stop undercutting those drug treatment programs that do work.** Taxpayers have heard the stories about waiting lists for drug treatment. Waiting lists are not fiction—they do exist. On the other hand, one program that rarely has waiting lists is Mitch Rosenthal's well-regarded Phoenix House, a tough program where addicts spend 18-24 months literally learning to live new lives. Programs like Phoenix House have a proven track record dating back to 1967. But they are unpopular with addicts because, to quote one analyst, "a residential program with constricted freedom, rigorous rules, and enforced separation from drugs is the last place most addicts want to find themselves, at least initially."³³ Nevertheless, these approaches work. Yet taxpayers today pay billions of dollars on drug treatment that allows the addicts to decide for themselves how rigorous and how long their treatment will be. Not surprisingly, this arrangement does not work very well.

In addition, while many faith-based treatment programs report remarkable success with the addicted, their religious character usually bars them from receiving government treatment funds. In a break from current policy, Representatives Jim Talent (R-MO) and J.C. Watts (R-OK) have introduced a bill, the American Community Renewal Act of 1996 (HR 3467), which would allow neighborhood groups, including religious institutions, the same access to federal funds that is enjoyed by other drug treatment and counseling facilities. States also would be able to contract with these drug treatment centers. Discrimination against effective religiously based programs should end. Taxpayer funding for drug treatment should be tied strictly to results, religiously based programs should be eligible for funding, and addicts who seek publicly funded treatment should be required to enter rigorous programs and face real sanctions if they fail to complete them.

CONCLUSION

The Clinton Administration has a poor record in fighting the war on drugs. Interdiction efforts and prosecution for illegal drugs are down, illegal drug usage and emergency room admissions are up, and there has been an absence of credible presidential leadership on this issue. Part of the problem also has been a failure in personnel management: the inability or unwillingness to appoint effective leaders in key positions to articulate and enforce a strong anti-drug message, as well as inappropriate reductions in staff at agencies dedicated to dealing with the problem on the front lines. With the appointment of General Barry McCaffrey as

33 Sally Satel, "Yes, Drug Treatment Can Work," *City Journal*, Summer 1995.

Director of the Office of National Drug Control Policy, this situation may improve, although the McMahon appointment is far from encouraging.

American taxpayers need and deserve presidential leadership on this issue. Members of Congress also need to focus federal efforts on law enforcement and interdiction programs that work, and fund only those rehabilitation programs that have a track record of success. One way Congress can do this is to allow funding for drug counseling and drug rehabilitation programs provided by religious organizations. Congress and the states also should undertake a tough re-evaluation of existing grant recipients to make sure that funding is going to programs that work best in reducing dependency on illegal drugs.

America's illegal drug problem is complex and presents a special challenge for policymakers in Congress and the White House. But the complexity and the difficulty of the issue are no excuse for ineffective policy and a lack of serious effort.

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