

## Toward a Rational Drug Policy

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# Toward a Rational Drug Policy

*Dr. Lee P. Brown†*

It is a great pleasure to be here today and to have this opportunity to share with you some of the Administration's thoughts on drug policy. I regret very much that I was unable to hear more of the discussion. I know a number of the participants personally, and others by reputation. I want to thank all those with the University of Chicago Law School who are responsible for assembling such a knowledgeable and distinguished group of drug policy analysts and for putting together this symposium.

From my perspective, there is no problem more critical to the future of our Nation than that of drugs and crime, and there is no greater imperative than the pursuit of a rational—and effective—antidrug policy.

Today, I would like to talk about the drug problem in America. I would also like to convey to you the President's firm commitment to confronting drugs, crime, and violence through a new—and, we think, more realistic—National Drug Control Strategy. I would like to outline for you the major elements of that strategy. Before I do, however, and at the risk of repeating what previous speakers may already have covered, allow me to speak for a moment on the state of the drug problem in America as I see it.

The bottom line is this: Although there is some good news, the overall drug situation remains bad, and it shows some signs of becoming even worse.

The most positive developments are in the area of so-called "casual" drug use. The latest surveys indicate that about 11.4 million Americans used some illegal drug at least once a month last year, down from a high of twenty-four million in 1979. This decline has been especially sharp among young people, as measured by a variety of survey instruments.

Now, 11.5 million Americans using drugs, even if only intermittently, are still too many drug users. And of course every

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† Director, Office of National Drug Control Policy. This is the text of the closing address delivered by Mr. Arthur Houghton on behalf of Dr. Brown at the *University of Chicago Legal Forum* Symposium held on November 12-13, 1994.

addict starts out as an intermittent user. Nevertheless, no one can deny that this downward trend represents very good news indeed for America.

Despite this substantial decline in non-addicted drug use, we still have two very serious concerns. One is the persistence of chronic, or hard-core, drug use. Surveys and medical emergency room data confirm the continued high rate of hard-core drug use, especially in our inner cities and among the disadvantaged. Many of these heavy drug users are addicted to cocaine, especially crack cocaine, often used in combination with other drugs and alcohol. And heroin, our old nemesis of previous decades, is showing signs of making a deadly comeback, fueled by bumper crops of opium poppies in Asia, the Middle East, and Latin America, and by drug trafficking gangs that aggressively and successfully seek to develop and exploit new markets.

Several weeks ago, new data from the Drug Abuse Warning Network—or DAWN, which reports on drug-related medical emergencies—showed a 10 percent nationwide increase in drug-related hospital emergency room visits between 1991 and 1992. Within that overall figure are chilling statistics about cocaine and heroin. Cocaine-related emergency room episodes were up 18 percent over the previous year. Heroin-related episodes increased even more, by a dramatic 34 percent. Some of the increases in emergency room visits may be the result of more users seeking treatment, but surely this does not account for the entire increase—nor, do we think, even most of it.

Now as the statisticians rightly point out, DAWN measures the consequences of drug use, not its prevalence. Nevertheless, the numbers tell us that more urban drug users are getting into serious trouble with drugs. Taken together with the Household Survey data, a picture emerges of a drug epidemic that began in the late 1970s and then became increasingly concentrated among the nation's heaviest users. And while infrequent use of drugs is declining, heavy use now appears to be increasing.

Our information on drug supply confirms our demand data. We know that the decline in the price of street-level cocaine that began in about 1990 is continuing. We know also that the decline in the street-level price of heroin—and the increased high purity levels of this drug—also is continuing. We know that the flow of cocaine into the United States continues unabated—and indeed may be increasing. We also have evidence that the cultivation of coca in Peru and Bolivia is rising, evidently to meet the perceived increased market in this drug. And we continue to receive trou-

bling reports that opium poppy cultivation is beginning to expand across the Andes.

Our best information, in short, tells us what any big city policeman or drug treatment professional already knows—that the drug problem has not gone away, and that it is becoming increasingly concentrated in a manner that not only causes great damage to our most devastated communities, but also generates the most severe consequences for others.

The second major concern is with our young people—and not just those in the inner cities. The most recent survey of young people's attitudes and behavior with respect to illegal drugs shows that the long-term decline in drug use among youth may have ended. Their use of some drugs—marijuana, and hallucinogens such as LSD—is now actually on the rise. And fewer eighth graders perceived that cocaine or crack use was harmful in 1992 than in 1991.

In some respects, the survey data on young people are the most troubling because they suggest that history may be repeating itself. The great cocaine epidemic of the 1970s and 1980s had its origins in the 1960s, with a youth culture that promoted experimentation with marijuana, LSD, and other psychoactive substances. From there, it spread to the general population, ultimately becoming imbedded in the poorer sections of our urban areas.

This Nation cannot afford to go through another drug epidemic. How to avoid it is a principal point of the President's National Drug Control Strategy.

Let me speak first to what is new in the Strategy. The Strategy lays out a multifaceted offensive to confront the drug problem. A major objective of the Strategy is to break the cycle of hard-core drug use through more vigorous efforts to reduce the demand for drugs. The keys to this effort remain prevention, education, and treatment—our first lines of defense against drug use.

The Strategy recognizes that the drug issue is just as much a public health problem as a law enforcement one; that the core of our national problem today is heavy drug use; and that such heavy use must be addressed through increased emphasis on treatment. In our view, drug treatment is not only good drug policy; it is also good crime policy, good health policy, good economic policy, and good urban policy. The Strategy calls for more treatment capacity and better drug treatment, particularly in our criminal justice system.

Another major objective of the Strategy is the reduction of drug-related violence and crime. As the President has stated, the first responsibility of government must be to ensure the security of its citizens. To this end, the Strategy seeks to put more police on the streets; take guns out of the hands of criminals; ensure swift and certain punishment for offenders; and act on effective crime control and prevention programs.

The Strategy also places great emphasis on the role of the American Community. It stresses the effectiveness of certain community programs that, experience shows, work. These include community antidrug partnerships between schools, businesses, service organizations, religious institutions, and local law enforcement. It notes the success of community policing, which has helped drug-ridden communities to reclaim their public places and to make their streets safe for their citizens and, especially, for their children.

The Strategy also seeks to increase the certainty of punishment for criminal offenders. Currently, the risk of being arrested, prosecuted, convicted, and punished for crimes, particularly drug crimes, is very low. We need to raise that risk. To do that, however, we must devise more creative sanctions and punishments that provide alternatives to traditional incarceration, especially for youthful nonviolent offenders.

We also seek to reduce the number of guns that are the proximate cause of terrible harm to Americans. Too many young Americans are being killed and maimed by firearms every day. The Surgeon General recently reported that violence involving firearms has reached epidemic proportions, and that it is now a major public health problem. She estimated that the treatment of injuries inflicted by firearms costs nearly \$3 billion per year. Most of these unreimbursed costs are borne, first, by hard-pressed urban hospitals. In the end, they are borne by us all.

The Brady Bill is no panacea, but it is a beginning. We wait a week for our dry cleaning; surely we can wait a week for a handgun. The President has urged Congress to pass the Brady Bill without delay, and then to move to enact tough new controls on assault weapons.

Interdiction retains a role in our new Strategy. Unlike some other components of the campaign against drugs—such as treatment, law enforcement, and prevention—interdiction is a uniquely federal responsibility, and one which I do not intend to abandon. But interdiction is a costly undertaking. For that reason, it

is essential that our interdiction efforts be as effective and efficient as we can make them.

Because the drug problem has international origins, our drug control strategy has an international dimension. As many of you know, on November 3, 1993, the President signed a decision directive setting out a new policy framework for our international drug control efforts. The Directive was the result of many months of review within the Administration, involving many different federal agencies.

The Presidential Directive makes a number of important points. First, the Directive says that the United States regards international criminal narcotics organizations as a threat to the security of the United States, and that a vigorous and coordinated response by civilian and military agencies is required to confront this threat. The Directive also finds that criminal narcotics organizations are eroding the internal stability of important regional neighbors and allies of the United States. Therefore, the United States will provide assistance to help these nations strengthen their democratic institutions, free market economies, and human rights. Finally, the Directive makes clear that the United States will act unilaterally as well as in concert with other nations to implement our international drug control strategy.

The emphasis in our international strategy will change, from a reliance on interdiction to a more even distribution of resources among three approaches: assisting source countries through support for democratic institutions and cooperative programs to counter narcotics trafficking, money laundering, and precursor chemicals; combatting international narco-trafficking organizations; and emphasizing more selective and flexible interdiction programs near the United States border and in source countries.

Lest it be thought that the new National Drug Control Strategy is a total change from strategies of the past, let me address what is not new. First, the overall goal of the Strategy remains the same: the reduction of the number of Americans who use illicit drugs (although, as I have mentioned, a principal objective of our Strategy is the reduction of hard-core drug use.) Second, the Strategy will remain comprehensive, involving efforts to reduce drug supply as well as drug demand, including efforts to reduce the supply of drugs in source countries and in transit to the United States. The Strategy also continues to stress the importance of drug-free workplaces and communities. Within our own ranks, the Administration continues to regard drug use by

federal employees as unacceptable conduct, subject to sanction by regulation and law. We will continue to ask the states to enact legislation that ensures that state and local governments are also drug-free. And we will continue to urge private businesses and institutions to adopt programs and policies that deter and prevent drug and substance abuse in their workplaces.

Finally, the Strategy states that the legalization of illicit drugs or the decriminalization of drug use is a path to national self-destruction. In our best judgment, the legalization of drugs under any conceivable regime, whether regulated or unregulated, would lead to greater availability, increased use, and broader and more severe consequences to users and nonusers alike. We believe that the reductions in casual cocaine use that have marked the past eight years, for example, have been in major part the result of a broadening perception of risk associated with use. And we believe that the degree to which drug education programs for American children have been successful has been in great part because of the perception of young people that drug use is both unacceptable and legally prohibited. The Administration will therefore continue to regard drug possession—including possession for personal use—as behavior that should be subject to appropriate sanction by criminal law.

In the end, many of the actions we must take as a Nation to confront the drug problem are not usually considered antidrug programs at all. We believe that the root causes of drug addiction and crime—poverty, alienation, inadequate housing and education, poor schools, and weakened social institutions, among others—must be dealt with directly and successfully if we are to make progress on the drug problem. Families burdened with the stresses of unemployment, poor housing or no housing, inferior education, and social alienation often cannot provide the kind of environment necessary for raising individuals capable of prospering in America.

I believe that it is critical to the future of this Nation that we devise and implement a rational and effective drug control policy. I believe that we now have such a policy that directly and aggressively addresses the drug problem that exists today, that includes the best of what we have found worked in the past, and that, in the clear light of day, has a reasonable chance of attaining ends that we all seek—reduced drug use, reduced violence, and reduced devastation to our communities.