American Enterprise Institute for Public Policy Research

News Release

An Interview with Peter Reuter, coauthor of *An Analytic Assessment of U.S. Drug Policy*

Q: *Is America's drug problem getting better or worse?*

A: In many respects, drug problems in this country are getting better. The percentage of teenagers experimenting with drugs has been fairly stable since the late 1990s. Most use marijuana for a few months and then stop. Compared to the 1980s, fewer marijuana users go on to use harder drugs, such as cocaine and methamphetamines, and the numbers of users with serious cocaine and heroin problems has been slowly declining for about a decade. Even methamphetamine use, which has been increasing in some parts of the country—and is more of a problem than cocaine in a few major cities such as Los Angeles—appears to have peaked. Ecstasy use has stabilized, and most users quit after a few episodes.

The situation is more mixed when it comes to the consequences of drug use. On the plus side, drug-related crime has declined substantially, particularly violent crime. On the negative side, intravenous drug users continue to account for a large share of new AIDS cases, and some health indicators, such as the number of drug-related admissions to emergency rooms and drug-related deaths, continue to rise, even quite sharply. This probably represents the aging of the population of regular cocaine and heroin users; older users are in poorer health and more likely to experience problems any time they take these drugs.

Q: *How much of the improvement is the result of current drug policy?*

A: American drug policy is characterized by a commitment to tough law enforcement, at the local, state, and federal levels. Whereas in 1980, on any given day, fewer than 50,000 individuals were incarcerated in local, state, or federal prisons for drug offenses, by 2003 there were about 450,000 behind bars.

But it is very difficult to find evidence that this toughness has made a major difference. Cocaine and heroin are no harder to obtain than they used to be, and their prices have fallen for twenty-five years: a pure gram of cocaine that cost $500 in 1980 now costs probably only $100 (in constant dollars).

In fact, drug use is an epidemic phenomenon. When a new drug becomes available, its pleasures are conspicuous at first, while its bad effects only become prominent at a later time—when would-be users can see what happens to people who use the drugs frequently over a longer period of time. The cocaine and heroin epidemics have largely burned themselves out. Perhaps tough enforcement accelerated the process, but there is no evidence to support this hypothesis.

Q: *How effective are drug prevention programs?*

A: It appears that most schools use programs that are not well tested and are not well implemented in spite of the fact that alternative programs have had good results. This is even more evident in schools with high risk populations. Programs like Life Skills Training and Project ALERT have performed well in rigorous evaluations, showing that they can produce declines in marijuana use rates among high school students. But officials of the most popular school prevention program—the DARE program (Drug Abuse Resistance Education), which involves bringing police officers into schools to educate students—have only recently agreed to major revisions after many years of negative evaluations. Even though the revised program has not yet been reevaluated, there is little basis for optimism. Research so far has shown that prevention does not succeed in reducing the use of more dangerous drugs, such as cocaine and heroin, which mostly begins after age eighteen.

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Q: *Can drug treatments make a difference?*

A: The central problem for treatment policy is persuading users to enter programs. Most enter as the result of some kind of coercion, frequently from the criminal justice system. Even so, less than one-quarter of heroin addicts, for example, are in treatment at any one time.

Most people who start using illicit drugs—even most of those who use them regularly for a while—manage to quit without any formal treatment. But a large fraction of those who become dependent require repeated episodes of treatment and even then usually do not stop completely. Nonetheless, treatment can be very cost-effective. Most of the benefits to society come from reductions in crime. For example, heroin addicts who enter methadone maintenance programs rarely find stable full-time employment, yet their rates of property crime fall frequently by 50 to 75 percent. This has very substantial social benefits, given that they were very high-rate offenders before they entered the program.

Drug treatment fares poorly politically because of high relapse rates. Of those that enter a typical cocaine treatment program, 50 percent will drop out within three months; of those that complete the treatment program, 50 percent will revert back to cocaine use within three years. Even so, the gains in terms of crime reduction and reductions in HIV risk are very substantial.

Q: *How does the U.S. drug problem compare to those of other Western countries?*

A: Many other countries have drug-use rates comparable to or higher than that in the United States. For example, in the United Kingdom, 20 percent of fifteen- to thirty-four-year-olds report having used marijuana in the past year, compared to 21.7 percent in the United States. Some nations, such as Switzerland and Italy, have heroin addiction rates that are comparable to that in the United States.

However, the United States has, in aggregate, a worse drug problem than any other western nation. In particular, rates of cocaine dependence are far higher than in any other nation. The rates of HIV infection among intravenous drug users are extremely high in the United States, as is the rate of violent crime in drug markets.

Q: *What is the likely trend in American drug use?*

A. A large number of new drugs have entered the illicit market. A few, such as ecstasy and ketamine, have found a niche in recreational drug use. But it is striking that none has established a base of frequent users comparable to that of cocaine and crack in the 1980s. There is no basis for believing that society is particularly vulnerable now, even though it would be rash to predict that there will no major drug epidemics in the future.

Q: *Can international programs make a difference?*

A. The drugs that cause the most problems to America come from overseas. Colombia and Mexico account for a large share of the total. Colombian traffickers grow and process the majority of cocaine entering the United States, and much of that comes through Mexico. Those two countries also account for a majority of U.S. heroin imports. Mexico itself is the most important source of foreign marijuana and methamphetamine imports. Both nations have long histories of corruption related to drug control, and U.S. programs aimed at reducing that corruption have had, at least until recently, minimal effect.

Though international drug control programs attract a lot of public and political attention, they never get much money. Less than 5 percent of what the federal government spends on drug control is earmarked for international efforts. In addition, international programs to control supply offer little promise of reducing the availability of drugs in the United States because of the economics of drug distribution. Programs that aim at making overseas production risky and expensive are doomed to failure, since the retail price of cocaine and heroin is about one hundred times the production costs.

Q: *What can be done to reduce America's drug problems?*

A. One simple and promising idea that has been promoted by Mark Kleiman for fifteen years is a program of "coerced abstinence." A large share of the most problematic cocaine—and heroin—users are controlled by the criminal justice system, whether in parole, probation, or pretrial release. A program of frequent testing and graduated sanctions would make a major difference to the extent of their drug use and related crime. Even the threat of sanctions itself leads many to stop. Though the idea has received some political support, it has never been implemented on a large scale.

Beyond that, there are many modest innovations involving enforcement, treatment, and harm reduction that might make a difference. Although there has been little interest in innovation in this country, much can be learned from examining the experiences of other nations.

Q: *What about policy toward marijuana?*

A. Marijuana use has been stable for the last fifteen years, yet the number of marijuana possession arrests—particularly large for teenagers and

blacks—has almost tripled since 1992. There is no evidence that these arrests have had any beneficial effect in terms of reduced marijuana use, nor is there evidence that removing criminal penalties for mari-juana possession has had much of an effect on use. Therefore, even though marijuana is not a harmless drug and can lead to dependence, trigger psychoses, and cause accidents, there is no basis for continuing to arrest large numbers of young people for simple possession of marijuana. The increase in arrests has resulted only in a large number of otherwise law-abiding young people acquiring criminal records with a minimal effect on actual drug use.