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Capstone

The War on Drugs: Tracking America's Expenditures and Proposing an Effective Strategy for the Future

"There is drug-related anarchy abroad, as the cocaine dealers of Colombia declare war on their government; there is drug-related anarchy of a different sort at home, as neighborhoods are caught in the crossfire among drug dealers... The Bush administration has responded to the increasing intensity of the drug problem with heightened rhetoric and proposals for additional funding... At the same time, some tired veterans of the drug wars... say quietly... that the drug prohibition has failed and a new course is needed".¹

If not for the references to Colombia and the Bush administration, the average citizen might be surprised to learn that these words were written twenty years ago, and yet are still resonating loudly today.

"The global war on drugs has failed, with devastating consequences for individuals and societies around the world... Vast expenditures on criminalization and repressive measures directed at producers, traffickers and consumers of illegal drugs have clearly failed to effectively curtail supply or consumption".²

From these two quotations, decades apart but echoing essentially the same message, we are forced to ask ourselves how, when the United States government spends over \$20 billion

¹ Kleiman, Mark, and Aaron Saigar. "Drug Legalization: The Importance of Asking the Right Question." *Hofstra Law Review* 18.3 (1990). Web. 8 Dec. 2011. <<http://www.spa.ucla.edu/faculty/kleiman/Drug%20legalization%20importance%20of%20asking%20right%20question.pdf>>.

² "WAR ON DRUGS." *REPORT OF THE GLOBAL COMMISSION ON DRUG POLICY*. N.p., June 2011. Web. 8 Dec. 2011. <<http://online.wsj.com/public/resources/documents/GlobalCommissionReport0601.pdf>>.

yearly on counter narcotics efforts, so little has changed?³ Given America's role as the single largest consumer of illicit narcotics, it is of the utmost importance to understand why, not only after 20 years, but indeed 40 when counting from President Nixon's campaign, the United States is spending billions of dollars per year on programs that appear to be minimally successful.

Unfortunately, our country's infatuation with illicit narcotics is not unique. From 1998 to 2008, global opiate and cocaine usage rose by 34.5% and 27% respectively.⁴ Why should we care? In today's world with terrorism posing increasingly unforeseen threats, the existence of links between drug money and terrorist financing have been proven to solidly exist, and are growing in scope. Not only, drug trafficking has wreaked havoc on numerous Central American countries, affecting governments, economies, and citizens across the board. If America is guilty of the highest international drug demand, then we are also guilty of inadvertently funding terrorism and hindering modernization and development, issues that we pride ourselves in addressing worldwide.

Therefore, America is obligated to the world to examine her own addictions and discover how best to wean herself off such a dangerous dependence. While the American War on Drugs has lasted for a number of decades, in this paper I intend to examine the period from 2008 until present day, and determine whether there is a correlation between the money we have spent, on the Merida Initiative and domestic counternarcotics programs on the one hand, and the rates of cocaine, heroin, and methamphetamine abuse and their flows into the US from Mexico, on the other. I will begin by discussing the start of the War on Drugs and how Mexico came to be

³ Naim, Moises. *Illicit: How Smugglers, Traffickers and Copycats are Hijacking the Global Economy*. N.p.: Doubleday, 2005.

⁴ "WAR ON DRUGS." *REPORT OF THE GLOBAL COMMISSION ON DRUG POLICY*. N.p., June 2011. Web. 8 Dec. 2011. <<http://online.wsj.com/public/resources/documents/GlobalCommissionReport0601.pdf>>.

involved. Following, I will examine the Merida Initiative and juxtapose it with national counter narcotics policies as outlined by the Office of National Drug Control Policy. Then, I will analyze statistics on cocaine, heroin, and methamphetamine trafficking from Mexico into the United States, followed by their respective abuse rates in the United States. I will conclude with an examination of the various strategies by which the U.S. employs its counternarcotics efforts, in particular, examining social approaches, legal recourse, health initiatives and educational programs.

History

In June of 1971, Richard Nixon declared drug abuse to be America's "public enemy number one," and subsequently created the Special Action Office for Drug Abuse Prevention, a body devoted to funding drug addiction treatment.⁵ Two years later, the Department of Justice replaced the Bureau of Narcotics and Dangerous Drugs with the Drug Enforcement Agency, intended to combine the functions of its predecessor, the Office for Drug Abuse Law Enforcement, and Office of National Narcotics Intelligence.⁶ Over the course of 1970s and 80s, illegal drugs emerged onto the political scene at the same time that crack addiction boomed in New York City and narcotics began flowing into the United States via Florida, and later, the U.S.-Mexico border.⁷

⁵ "Thirty Years of America's Drug War." *Frontline*. WGBH Education Foundation, n.d. Web. 7 Dec. 2011. <<http://www.pbs.org/wgbh/pages/frontline/shows/drugs/cron/>>.

⁶ *DRUG ENFORCEMENT ADMINISTRATION DRUG ENFORCEMENT ADMINISTRATION*. Department of Justice, n.d. Web. 7 Dec. 2011. <<http://www.justice.gov/dea/pubs/history/1970-1975.pdf>>.

⁷ "Thirty Years of America's Drug War." *Frontline*. WGBH Education Foundation, n.d. Web. 7 Dec. 2011. <<http://www.pbs.org/wgbh/pages/frontline/shows/drugs/cron/>>; *Timeline: America's War on Drugs*. NPR, n.d. Web. 8 Dec. 2011. <<http://www.npr.org/templates/story/story.php?storyId=9252490>>.

In Latin America meanwhile, cocaine trafficking quickly intensified and Colombian cartels negotiated with Miguel Angel Felix Gallardo of Mexico to smuggle the goods through his country into the United States. Sustained American and European counternarcotics strategies had exposed and eliminated the former Caribbean route, rendering it no longer viable.⁸ As a result, during the 90s a new deal was established whereby Gallardo's group received a percentage of the cocaine as payment for each shipment, effectively drawing Mexico into the smuggling schemes through direct access to the raw materials.⁹ Eventually, authorities arrested Gallardo, and he ordered his lieutenants to divide the U.S.-Mexico border into territories. Each corridor, Tijuana, Juarez, the Gulf, and Sinaloa, was to be controlled by a different leader but competition naturally ensued, and today these same corridors are known by cartels with the same now.¹⁰

Mexico

Following his ascension to President of Mexico in December 2006, Felipe Calderon requested United States assistance in jointly fighting an open war against drug traffickers, which was destined to characterize the run of Calderon's presidency. Proposed in 2007 and conducted from fiscal years 2008-2010, the American Congress provided Mexico with \$1.5 billion for the Merida Initiative, intended to: break the power and impunity of criminal organizations, strengthen border, air, and maritime controls, improve the capacity of justice systems in the region, and curtail gang activity and diminish local drug demand. During the same period,

⁸ Payan, Tony. "The Drug War and the U.S.-Mexico Border: The State of Affairs." *The South Atlantic Quarterly* 105.4 (2006): 863-80.

⁹ Kellner, Tomas, and Francesco Pipitone. "Inside Mexico's Drug War." *World Policy Journal* 27.1 (2010): 29-37.

¹⁰ Payan, Tony. "The Drug War and the U.S.-Mexico Border: The State of Affairs." *The South Atlantic Quarterly* 105.4 (2006): 863-80.

Mexico invested \$26 billion of its own resources on security and public safety. It is worth pointing out that our contribution represented only 5% of Mexico's total spending.¹¹

Aside from President Calderon's specific request for American help, what does the United States stand to gain from counternarcotics policies in our neighbor's country? More than 95% of cocaine sold in the United States passes through Mexico, and our neighbor is a major producer and supplier of the heroin, methamphetamines and marijuana ending up in American markets. While Merida is *not* the first time the United States attempted to aid Mexico through counternarcotics programs, which date to the 70s, it represents the most significant effort thus far. However, after the 1985 death of DEA agent Enrique Camarena in Mexico, cooperation dropped for just over ten years up until the signing of the Binational Drug Control Strategy in 1998. Then, from fiscal years 2000-2006, the United States poured \$397 million into Mexico with Merida-like purposes.¹²

Initially, Merida emphasized the training and equipping of Mexican security forces, specifically with three UH-60 Black Hawk helicopters, Bell 412 helicopters, and inspection equipment for scanning containers. This early strategy posed difficulties in assessing Merida's preliminary success because measuring the rate of equipment delivered and trainings carried out did not necessarily indicate effectiveness. There was no timeline for anticipated deliveries of equipment, and the State Department failed to include outcome performance measures to

¹¹ Seelke, Clare R., and Kristin M. Finklea. *U.S.-Mexican Security Cooperation: The Mérida Initiative and Beyond*. Congressional Research Service, 15 Aug. 2011. Web. 7 Dec. 2011.

¹² Seelke, Clare R., and Kristin M. Finklea. *U.S.-Mexican Security Cooperation: The Mérida Initiative and Beyond*. Congressional Research Service, 15 Aug. 2011. Web. 7 Dec. 2011.

determine progress toward the stated goals.¹³ Indeed, the American Government Accountability Office issued a report declaring “the need to enhance the institutional capacity on the part of both recipient countries and the United States to implement the assistance.” In other words, although equipment was needed (and subsequently provided), without proper institutions to use it effectively, the overall benefit would remain low.¹⁴

For this reason, with the impending end of Merida, President Obama implemented the Beyond Merida program, intended to follow up on the original Merida Initiative’s progress. For fiscal years 2011-2012 he requested \$425 million in Merida assistance.¹⁵ Its four areas of focus include: disrupting organized criminal groups, institutionalizing the rule of law, building a 21st century border, and building strong and resilient communities. To this end, as of August 1st, 2011, 6,885 federal police investigators, 2,012 penitentiary staff, and 4,312 judicial sector personnel had completed American-funded courses, and more than 67,000 Mexican participants have been reached through direct training, conferences, seminars or other events. Additionally, by the end of 2010, at least 20 out of Calderon’s 37 most wanted criminals had been captured or killed.¹⁶

However, a large part of Beyond Merida involves diverse long-term programs that cannot be accomplished with the same rapidity of equipment delivery. To build ‘strong and resilient

¹³ "MÉRIDA INITIATIVE The United States Has Provided Counternarcotics and Anticrime Support but Needs Better Performance Measures." *Report to Congressional Requesters*. United States Government Accountability Office, July 2010. Web. 8 Dec. 2011. <<http://www.gao.gov/new.items/d10837.pdf>>.

¹⁴ Seelke, Clare R., and Kristin M. Finklea. *U.S.-Mexican Security Cooperation: The Mérida Initiative and Beyond*. Congressional Research Service, 15 Aug. 2011. Web. 7 Dec. 2011.

¹⁵ Seelke, Clare R., and Kristin M. Finklea. *U.S.-Mexican Security Cooperation: The Mérida Initiative and Beyond*. Congressional Research Service, 15 Aug. 2011. Web. 7 Dec. 2011. <<http://www.cq.com.proxyau.wrlc.org/file/crsreports-3931053/U.S.-Mexican%20Security%20Cooperation%20the%20Merida%20Initiative%20and%20Beyond.pdf>>.

¹⁶ Seelke, Clare R., and Kristin M. Finklea. *U.S.-Mexican Security Cooperation: The Mérida Initiative and Beyond*. Congressional Research Service, 15 Aug. 2011. Web. 7 Dec. 2011.

communities,' education must support a "culture of lawfulness" and the Mexican government must invest in job training and community development. In implementing a 21st century border, a term in and of itself vague, Beyond Merida proposes enhancing public safety, investing in personnel, technology, and infrastructure, and implementing robust bilateral policies to manage the border.¹⁷

Institutionalizing the rule of law probably presents the greatest challenge to both Mexico and the United States, because at its foundation it requires proving to law enforcement officials that legality, morality, and honesty are superior to corruption and accepting bribes. With vast resources at their disposal, in the forms of money and brute force, drug trafficking organizations can easily intimidate or corrupt state officials into dishonest work. Countering this requires enormous efforts on the part of the Mexican government, especially since fear is a difficult concept to combat. Beyond Merida offers the standard tactics: recruiting, training, equipping federal police, and reforming the judicial system, but more concrete steps are needed. Finally, Beyond Merida seeks to reconceptualize drug trafficking organizations as for-profit corporations, or business entities. In this way Mexico takes a step forward in enabling law enforcement bodies to disrupt their financial systems.

Are the Merida and Beyond Merida Initiatives effective? America's past involvement in Colombia¹⁸ is a good barometer of our counternarcotics efforts abroad. President Clinton provided Colombia with \$1.3 billion in efforts to combat soaring drug trafficking and violence

¹⁷ Seelke, Clare R., and Kristin M. Finklea. *U.S.-Mexican Security Cooperation: The Mérida Initiative and Beyond*. Congressional Research Service, 15 Aug. 2011. Web. 7 Dec. 2011.

¹⁸ President Clinton proposed \$1.6 billion package of assistance to fight the illicit drug trade, increase rule of law, protect human rights, expand economic development, institute judicial reform and foster peace (http://www.state.gov/www/regions/wha/colombia/fs_000328_plancolombia.html)

rates. This sum totaled to 17% of what Colombia contributed toward the same objective during this period.¹⁹ The 5% representing the United States aid out of total Mexican counternarcotics money pales in comparison. Granted, we must recognize that the two cases are not wholly similar, but nevertheless, to achieve the goals enumerated in both Merida and Beyond Merida, more funds are needed. Moreover, a larger focus must be on institution building, as laid out in Beyond Merida. Only when Mexico can count on a fully functioning police force, judicial body, sufficient prisons and humane treatment by government officials of all Mexican citizens, will the equipment and training provided in Merida become effective.

2011 National Strategy

Returning across the border into America, what is our own government doing in today's war against drugs? In the following section I will outline the germane portions of the Office of National Drug Control Policy's 2011 strategy. First, it is crucial to note that the current national strategy addresses an issue most relevant in today's society, namely prescription drug abuse. Although prescription pills are not addressed in this paper, we must acknowledge that they represent a serious threat across the spectrum: for high schoolers, college students, and the elderly.²⁰ Nonetheless, the strategy covers all topics and outlines national counternarcotics efforts.

¹⁹ "Thirty Years of America's Drug War." *Frontline*. WGBH Education Foundation, n.d. Web. 7 Dec. 2011. <<http://www.pbs.org/wgbh/pages/frontline/shows/drugs/cron/>>.

²⁰ "PRESCRIPTION DRUG ABUSE AND ADDICTION." Prescription Drug Abuse, n.d. Web. 8 Dec. 2011. <<http://www.prescription-drug-abuse.org/>>.

2011's strategy sets forth four objectives, to be reached by 2015: decreasing 30-day prevalence of drug use among 12-17 year olds by 15%, decreasing 30-day prevalence of drug use among those 18-25 years old by 10%, reducing the number of chronic drug users by 15%, and reducing drug-induced deaths by 15%.²¹ To achieve these goals, ONDCP outlines the importance of educating healthcare providers on how to identify, diagnose, and treat drug addicts, providing communities with the abilities to prevent drug related crimes, promoting alternatives to jail time, creating supportive community programs, and disrupting domestic drug trafficking. To that end, in 2010, the Drug Free Communities program gave \$85.6 million to 742 communities to further ONDCP strategies. In that same year, Congress passed the Fair Sentencing Act, finally stabilizing the discrepancy in sentences for powder versus crack cocaine usage.

The strategy mentions focusing national efforts on specific drugs, such as prescription pills or methamphetamine. In 2006, the Combat Methamphetamine Enhancement Act targeted retailers selling the ingredients used to create meth. There is also a focus on securing the north and southern borders through cooperative programs with the Department of Homeland Security, as well as efforts with international partners, such as the United Nations Office on Drugs and Crime, the Organization of American States, and Inter-American Drug Abuse Control.

²¹ 30-day prevalence refers to drug usage within the last 30 days of questioning, thus encompassing both addicts and first-time users.

The report then discusses other programs and efforts Congress supports, such as enhancing the Drug Abuse Warning Network system (DAWN)²² or the Above the Influence Campaign, in rather general terms.

While ONDCP presents its 2011 strategy in an impressive +100 page document, it is often disappointingly inadequate, unspecific, and confined to outdated approaches. To begin with, studies have proven that drug usage rates plummet after the typical college years.²³ Therefore, it makes little sense to invest significant resources into reducing 30-day prevalence in 18-25 year olds.²⁴ Why not divert funds into the chronic drug users and drug-induced death categories and make a real difference where there is most damage being done?

Regarding medical treatment, the strategy contains endless statements and action verbs, but remains rather vague regarding specific implementation of programs. Meanwhile, the 2012 fiscal year budget request shows that domestic law enforcement remains the most highly funded category, followed by treatment, interdiction, international and prevention.²⁵ As will be addressed later, there are so many alternatives to law enforcement that have proven effective in reducing drug consumption and addiction, and yet the focus stagnates there.²⁶ Finally, in an apparent contradiction, although the actual 2011 strategy objectives focus on community

²² Public health surveillance system that monitors: drug-related visits to hospital emergency departments and drug related deaths investigated by medical examiners and coroners; it also helps communities and member facilities identify emerging problems, improve patient care and manage resources (<http://dawninfo.samhsa.gov/>)

²³ *Drug Use*. Wright State University, n.d. Web. 8 Dec. 2011.
<<http://www.wright.edu/rsp/Security/Eap/Drugs.htm>>.

²⁴ "Drug Use Estimates." *Get The Facts*. Common Sense for Drug Policy, n.d. Web. 7 Dec. 2011.
<<http://drugwarfacts.org/cms/?q=node/27>>.

²⁵ *National Drug Control Budget - FY 2012 Funding Highlights*. ONDCP, n.d. Web. 8 Dec. 2011.
<http://www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/fy12highlight_exec_sum.pdf>.

²⁶ "National Drug Control Budget - FY 2012 Funding Highlights." *EXECUTIVE OFFICE OF THE PRESIDENT OFFICE OF NATIONAL DRUG CONTROL POLICY*. ONDCP, n.d. Web. 7 Dec. 2011.
<http://www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/fy12highlight_exec_sum.pdf>.

building, treatment, and education, the majority of the money is not ending up there, but rather, toward law enforcement.

Drug Flows²⁷

Unfortunately, accurate data on the rates of illicit narcotics making their way into the United States are difficult to ascertain, by the very nature of the trafficking's illegality. Because of this inability to report precisely, the government must rely on seizures rates as the best indices of drug flows. Although not perfect, they are a decent measurement of what foreign drugs flood the American market. It is unclear whether the methodology is consistent from year to year, though there are no indications otherwise.

Based on data from the Department of Justice, it is possible to track cocaine, heroin, and methamphetamine flows from 2005-2009 crossing the southwest border with Mexico into the United States. In 2005, cocaine seizures collected 22,653 kilograms; 2006, 28,284 kg; 2007, 22,656 kg; 2008, 16,755 kg; and 2009, 17,085 kg. According to the 2010 National Drug Threat Assessment, we can infer that the overall decline in seizures is caused by a variety of factors and cannot be attributed to one sole cause. 2008 marked a sharp decline in cocaine production, and enhanced counternarcotics efforts targeting the South America to Mexico trade seem to have played an important role. Logically, we must conclude that American counternarcotics efforts represented a minimal role in this decline.

²⁷ "Drug Movement Into and Within the United States." *National Drug Threat Assessment 2010*. Department of Justice, Feb. 2010. Web. 7 Dec. 2011. <<http://www.justice.gov/ndic/pubs38/38661/movement.htm>>.

Both heroin and methamphetamine seizures demonstrated an overall increase from 2005-2009. For heroin, 2005 yielded 228 kg, 2006: 489 kg, 2007: 404 kg, 2008: 556 kg, and 2009: 642 kg. Methamphetamine seizures totaled 2,918 kg in 2005, 2,798 kg in 2006, 1,860 kg in 2007, 2,201 kg in 2008, and 3,478 kg in 2009. The 2010 National Drug Threat Assessment proposes that increased production of both drugs in Mexico has led to more availability, thus more potential for being discovered at border crossings.

In all three cases, we must note that American efforts do not seem to act as the original destabilizers in drug flows. In other words, it is possible that drug production is a stronger indicator of the quantity ending up in the United States. This is actually not terrible news because it implies that America plays a smaller role than we assume. On the other hand, it then becomes the responsibility of countries of drug origin to tackle their production and manufacturing problems head-on. Obviously this is a historically difficult challenge, but one that merits U.S. government support.

U.S. Drug Rates

In this next section I will address the usage rates of cocaine, heroin and methamphetamines in the United States. As in the previous portion, tracking illicit drug users is no easy task, meaning that all data collected represents rough estimates rather than concrete numbers. More important are the trends, in the immediate past, but also compared with long-term rates.

Cocaine

What exactly is cocaine? An addictive stimulate that affects the brain, cocaine is made from coca leaves, native to South America. Depending on its form, cocaine can be injected, snorted, or smoked, and in the short term, causes a sense of euphoria, increased energy, and mental alertness. Over time, it decreases appetite and causes sleeplessness. Physically, an addict suffering from cocaine abuse can experience seizures, headaches, strokes, cardiovascular problems, and even a coma. Additionally, because cocaine functions as a local anesthetic, the mode of its ingestion can create even further complications. For example, prolonged snorting of cocaine ruins the nasal canal by anaesthetizing blood flow.²⁸

According to the National Survey on Drug Use and Health, from 2002 to 2010, the rate of lifetime cocaine users had increased by 9.7%²⁹, whereas the monthly rate of users over the same period actually declined by 27.4%.³⁰ This signifies that while the number of people using cocaine continued to grow year to year, the pace has actually fallen.³¹ Drug dependence or abuse by people age 12 and over has also decreased, from 1.4 million in 2008, to 1.1 million in 2009, to 1.0 million in 2010.³² Along the same trend, the average age of first time users has risen, from 19.8 in 2008, 20 in 2009 and 21.2 year old in 2010.³³

²⁸ "Cocaine: Abuse and Addiction." *Research Report Series*. NIDA, n.d. Web. 7 Dec. 2011. <<http://www.drugabuse.gov/PDF/RRCCocaine.pdf>>.

²⁹ Lifetime usage includes anyone that has ever used that illegal drug

³⁰ Monthly rate means usage of that drug at least once in the last 30 days

³¹ "Drug Use Estimates." *Get the Facts*. Common Sense for Drug Policy, n.d. Web. 7 Dec. 2011. <http://www.drugwarfacts.org/cms/Drug_Usage#Change>.

³² "Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings." SAMHSA, n.d. Web. 7 Dec. 2011. <<http://oas.samhsa.gov/NSDUH/2k10NSDUH/2k10Results.htm#5.4>>.

³³ "Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings." SAMHSA, n.d. Web. 7 Dec. 2011. <<http://oas.samhsa.gov/NSDUH/2k10NSDUH/2k10Results.htm#5.4>>.

What does this data reveal? In fact, the statistics seems to be on par with the numbers in the 2010 National Drug Threat Assessment. This means that as drug seizures along the southwest border appeared to determine slowed cocaine into the American market, Americans themselves are using and abusing cocaine at lower levels. Although we cannot infer a 100% cause and effect scenario, it is indeed promising if the trends continue as they are and cocaine addiction falls.

Heroin

Heroin is the most abused substance of all opiates (this includes opium and morphine) and can be injected, snorted, or smoked. It is processed from morphine, a naturally occurring chemical in certain poppy plants, and when used causes intense feelings of pleasure. Heroin is a peculiar drug in terms of its long-term effects on addicts. When taken in its purest form in a safe way, through injection with clean needles for example, heroin does not actually cause long-term health problems. However, because of its highly addictive qualities, addicts often abandon all reason in order to chase the high continuously. As a result, this usually leads into a downward spiral whereby a person's health is completely neglected. In these cases, an addict can develop liver or kidney disease and ruined veins.³⁴

Unlike cocaine rates, heroin rates show an increase of 12.5% in lifetime usage from 2002 to 2010, as well as a monthly increase of 44% over the same time period. We can infer that not

³⁴ "Heroin: Abuse and Addiction." *Research Report*. NIDA, n.d. Web. 7 Dec. 2011. <<http://www.drugabuse.gov/PDF/RRHeroin.pdf>>.

only has usage risen, but the rate at which heroin acquires new users is quickly growing.³⁵ This is also demonstrated in the Substance Abuse and Mental Health Services Administration data, which reveals a swell of addicts from 214,000 in 2002 to 359,000 in 2010. The number of lifetime users has also increased overall since 2008, when it was approximately 3,788, to 4,126 in 2010.³⁶ And, the average age of first time users has dropped from 25.5 in 2009 to 21.3 in 2010.³⁷ Taken together, this data indicates that heroin consumption is escalating. Can we attribute this to an increase in production in Mexico? In this case, the answer could very well be yes. Unlike methamphetamines, to be discussed next, the United States does not produce or manufacture its own heroin—it is an exclusively foreign product. Therefore, it is not entirely unreasonable to make the leap, although the corresponding price fluctuations must be examined as well.

Methamphetamines

Methamphetamine, or meth, is considered by many to be the most physically harmful of all illicit drugs. Like cocaine, it is a highly addictive stimulant that affects the brain, causing increased activity and a diminished appetite, as well as a sense of well-being. It is a schedule II drug, meaning that although it has a high potential for abuse, it can also be prescribed for medical use in the treatments of narcolepsy and attention deficit disorder. Meth can be smoked,

³⁵ "Drug Use Estimates." *Get the Facts*. Common Sense for Drug Policy, n.d. Web. 7 Dec. 2011. <http://www.drugwarfacts.org/cms/Drug_Usage#Change>.

³⁶ "Drug Use Estimates." *Get the Facts*. Common Sense for Drug Policy, n.d. Web. 7 Dec. 2011. <http://www.drugwarfacts.org/cms/Drug_Usage#Change>.

³⁷ "Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings." SAMHSA, n.d. Web. 7 Dec. 2011. <<http://oas.samhsa.gov/NSDUH/2k10NSDUH/2k10Results.htm#5.4>>

injected, and snorted, and the high is relatively brief, causing addicts to consume a lot to maintain the pleasurable sensations. Long-term effects include: anxiety, confusion, insomnia, violent behavior, mood disturbances, paranoia, hallucinations, memory and weight loss, and dental problems. Most meth in American markets originates in Mexico, with a smaller portion coming from domestic super labs. Meth can also be cooked with over the counter ingredients in clandestine household labs. The latter method adds yet another danger dimension to addicts—there is incredibly high potential for explosions in homemade meth labs, and the endless quantity of these incidents result in minimal burns at best, to death at the worst.³⁸

According to the U.S. Department of Justice, meth availability increased, mirroring the rising rate of seizures, as prices fell and purity went up.³⁹ Surprisingly, this is not at all reflected in the Substance Abuse and Mental Health Services Administration data, which shows a 15.3% drop in lifetime usage from 2002-2010, and a staggering 48.3% drop in monthly usage. At the same time, lifetime substance abuse by those 12 and older has risen from 2008 to 2010, from 12,598 people to 12,837 in 2009 to 13,012 in 2010.⁴⁰ This conflicting data makes it difficult to draw solid conclusions, but perhaps we can assume that while availability has increased, usage has declined, maybe due to considerable anti-meth domestic promotion, to be discussed later on. The 48.3% in monthly usage cannot be ignored, though neither can high rates of seizures: this clash demands further investigation on the part of the American government.

³⁸ "Methamphetamine: Abuse and Addiction." *Research Report*. NIDA, n.d. Web. 7 Dec. 2011. <<http://www.nida.nih.gov/PDF/RRMetham.pdf>>.

³⁹ "Drug Availability in the United States." *National Drug Threat Assessment 2010*. Department of Justice, n.d. Web. 7 Dec. 2011. <<http://www.justice.gov/ndic/pubs38/38661/meth.htm>>.

⁴⁰ "Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings." SAMHSA, n.d. Web. 7 Dec. 2011. <<http://oas.samhsa.gov/NSDUH/2k10NSDUH/2k10Results.htm#5.4>>

Influence of Merida

What conclusions can we draw from the Merida Initiative's impact on American domestic drug markets? In fact, it may be too early to spot any discernable trends. However, since its implementation, both heroin and methamphetamine flows into the United States have jumped, and both narcotics originate south of our borders. American rates of cocaine and heroin addicts have also continued to grow, even as cocaine flows have tapered off. Meth addiction levels have fallen dramatically, despite a marked increase in meth entry into the United States. If we consider that there is no obvious change in addiction and flow rates, it might stand to reason that Merida did not have a significant, or at least the very least, immediate, impact. Unfortunately, any assumption would be little more than a guess at this point in time, but government officials should note that the absence of marked changes is not promising.

Regardless of the negligible effect of the Merida Initiative at this point in time, it is not premature to assess whether, after forty years of a campaigned War on Drugs, our efforts have succeeded. And clearly, based on current cocaine, heroin and methamphetamine addiction rates, they have not. Rather than dwell on what we have done wrong, a topic that has been written about to no end in the news, it is far more productive to determine a future course of action and figure out what strategies to implement throughout the country. The good news is that there are actually many local and state efforts that seek to address the myriad issues caused by drug addiction, and many of these have proven successful on a small scale.

Solutions

The first step towards ending the War on Drugs requires revamping its image. For the last forty years the American government has declared war on something that, simply put, is not going anywhere. That something, drugs, have existed since before we can remember, and stamping them out is simply not realistic. When Americans put a stop to drug trafficking through the Caribbean, the routes simply shifted west to pass via Mexico into the United States. Drug trafficking did not stop—it just moved elsewhere.

Similarly, drugs cannot just be eradicated. This Herculean task would require an international effort on a scale that is just not possible, given their ubiquity and quantity. However, what can be changed is how drugs impact our citizens. As the Office of National Drug Control's 2011 Strategy makes a priority, reducing the number of drug-induced deaths and chronic users are not only laudable objectives, but achievable with the adequate and appropriate approach. For this reason, we must 'make-over' the American war on drugs and give it a completely new representation, much like cigarette companies are constantly doing with their harmful products. Rather than a war on drugs, the war should be on their harmful effects, and it should be a campaign to help our citizens caught in the throws of addiction, unable to kick their self-destructive habits alone. What American citizen would not support that?

Legal

Currently, ONDCP has implemented the High Intensity Drug Trafficking Areas program (HIDTA) to bring together law enforcement agencies in regions most threatened by drug trafficking and have the agencies provide support and resources to state, local, and tribal law enforcement agencies. Right now there are 28 HIDTA programs operating in 16% of all counties

that investigate, interdict and prosecute illegal drug-related activities. This approach is a solid one, and an absolutely necessary part of reducing addiction. Drug trafficking networks must be disrupted and the criminals should be prosecuted. As mentioned previously, the law enforcement approach is the most funded of our strategies, so while it requires continued support, additional funding may not be necessary.⁴¹

That said, ONDCP also notes the importance of addressing the underlying substance abuse problems plaguing drug-addicted criminals. Simple incarceration is not the end-all solution because studies have proven that the majority of addicts go right back to drugs when released from prison.⁴² Rather, there must be a heightened focus on alternatives to incarceration, or even more effective jail time. A recent report from the Bureau of Justice Assistance's Residential Substance Abuse Treatment (RSAT) revealed that only 4 out of 10 inmates report participation in treatment services while serving time, simply because it is not offered. In a promising motion, the Second Chance Act was passed in October of 2010 in which the Department of Justice awarded \$100 million to 187 grantees such that they were provided substance abuse treatment, housing, mentoring, and employment assistance to improve their reentry into society following prison time.⁴³ This type of incentive is key to helping criminal addicts regain footing in the real world and shows that they are not alone in fighting their addiction. Obviously this opportunity is not available to everyone, so there must be a greater

⁴¹ "Law Enforcement and Criminal Justice Reform." *Office of National Drug Control Policy*. White House, n.d. Web. 7 Dec. 2011. <<http://www.whitehouse.gov/ondcp/law-enforcement-and-criminal-justice-reform>>.

⁴² "Law Enforcement and Criminal Justice Reform." *Office of National Drug Control Policy*. White House, n.d. Web. 7 Dec. 2011. <<http://www.whitehouse.gov/ondcp/law-enforcement-and-criminal-justice-reform>>.

⁴³ "In-Custody Treatment and Offender Reentry." *Office of National Drug Control Policy*. White House, n.d. Web. 7 Dec. 2011. <<http://www.whitehouse.gov/ondcp/in-custody-treatment-and-reentry>>.

push at the state level to provide treatment for drug addicts while they are incarcerated. ONDCP already encourages interventions to rehabilitate criminal addicts, but there is a gap between encouraging and concrete action. Or, at the very least, ONDCP fails to detail how the government supports such state initiatives.⁴⁴

Drug courts are one option in distinguishing drug-addicted criminals from sober criminal offenders, in that they demand the collaboration of prosecutors, community corrections officers, drug treatment providers, support groups, and judges to reduce substance abuse and prevent crime. As of the end of 2009 there were 2,459 drug courts in the United States, and in 2008, they had a national average graduation rate of 57%.⁴⁵ Through incentives, sanctions, and drug testing, this unique court system attempts to maximize the limited financial resources available to prosecute criminals while at the same time recognizing their addiction and need for special help.⁴⁶

At this time, two notable programs exist that approach legal enforcement in novel ways. The first, 24/7 Sobriety Project, began as a pilot program in South Dakota in 2005, requiring that repeat DUI⁴⁷ offenders remain fully sober in order to maintain driving privileges.⁴⁸ Offenders are tested twice a day or wear monitors that constantly test their blood levels. Since its inception, the 24/7 Sobriety Project has: reduced recidivism, improved public safety, cut jail and prison

⁴⁴ "Criminal Justice Reform: Breaking the Cycle of Drug Use and Crime." *Office of National Drug Control Policy*. White House, n.d. Web. 8 Dec. 2011. <<http://www.whitehouse.gov/ondcp/criminal-justice-reform>>.

⁴⁵ Marlowe, Douglas B. *PAINTING THE CURRENT PICTURE: A NATIONAL REPORT ON DRUG COURTS AND OTHER PROBLEM-SOLVING COURT PROGRAMS IN THE UNITED STATES*. National Drug Court Institute, July 2011. Web. 8 Dec. 2011. <<http://www.ndci.org/sites/default/files/nadcp/PCP%20Report%20FINAL.PDF>>.

⁴⁶ "Drug and Veterans Courts." *Office of National Drug Control Policy*. White House, n.d. Web. 8 Dec. 2011. <<http://www.whitehouse.gov/ondcp/drug-and-veterans-courts>>.

⁴⁷ Driving Under the Influence

⁴⁸ "Alternatives to Incarceration." *Office of National Drug Control Policy*. White House, n.d. Web. 8 Dec. 2011. <<http://www.whitehouse.gov/ondcp/alternatives-to-incarceration>>.

population, and from 2006-2007, alcohol-related traffic deaths fell by 33%.⁴⁹ ONDCP promotes this 24/7 Sobriety Project, although again, how can this be implemented on a nation-wide level? Given its success and seemingly inexpensive requirements, there is no reason to not adopt this program in every state.

A second program is also mentioned as a promising alternative to the historical and current law enforcement practices America has adopted. Project Hope, Hawaii's Opportunity Probation with Enforcement, was developed by Judge Steven Alm in Honolulu and has encountered considerable success. Project HOPE is based on the drug testing of offenders on probation, and when tested positive or having missed an appointment, the offender is jailed immediately for a period ranging from 2 days to a few weeks. As described in the Project's website, this was based on the idea that "the most effective way to reduce drug use and crime among drug using offenders is to lay out clear expectations for drug-free behavior and then to back up those expectations with tight monitoring linked to swift and certain but relatively mild punishments." For those offenders repeatedly testing positive, treatment is offered. In a series of studies conducted by the University of California Los Angeles, and Pepperdine University, HOPE probationers were 55% less likely to be arrested for a new crime, 72% less likely to use drugs, 61% less likely to skip appointments with their supervisory officer, and 53% less likely to have their probation revoked.⁵⁰ Additionally, it costs approximately \$1,000 per offender per

⁴⁹ *24/7 Sobriety Programs*. Alcohol Monitoring Systems, Inc., n.d. Web. 8 Dec. 2011. <<http://www.alcoholmonitoring.com/index/programs/247-sobriety>>.

⁵⁰ *The Impact of Hawaii's HOPE Program on Drug Use, Crime and Recidivism*. The Pew Center on the States, n.d. Web. 8 Dec. 2011. <http://www.pewcenteronthestates.org/report_detail.aspx?id=56832>.

year, above the cost of routine probation supervision, to maintain, versus the average \$4,000 per year for an offender in a drug court.⁵¹

These extraordinary results need little explanation: clearly this program has done wonders in reducing crime and drug addiction. While it is happy news that ONDCP is aware of it, we must beg the question, why is Project HOPE not in place all over the United States? HOPE represents exactly the sort of program America must implement in its newly conceived drug war, because it has shown extreme rates of success and a demonstrated effort to *help* criminal addicts rather than simply jail them.

Health

In the fall of 2003, the United States Department of Health and Human Services Center for Substance Abuse Treatment (CAST) funded a five-year cooperative agreement through the Washington State Office of the Governor to screen patients for drug addiction. Screening, Brief Intervention, Referral and Treatment Program (SBIRT) was implemented in large hospital emergency departments across the state with a four-fold objective: maximize the number of patients identified with substance abuse problems through screening; deliver them with brief interventions and brief outpatient therapy counseling; examine the degree of service expansion for substance abuse intervention; and improve the links between medical and chemical dependency treatment communities. Seven years since its implementation, SBIRT has demonstrated success in reducing addiction levels, particularly in moderate and high-risk users.

⁵¹ DuPont, Robert L. "HOPE Probation: A Model that Can Be Implemented at Every Level of Government." Institute for Behavior and Health, n.d. Web. 8 Dec. 2011. <<http://www.ibhinc.org/pdfs/HOPEPROBATION.pdf>>.

Notable statistics show that moderate-risk illegal drug users who received only a brief intervention reduced the average number of days of drug usage by 26%, whereas those treated with interventions and additional therapy dropped by 55%. For high-risk cocaine users, there was a 60% decrease in average number of days for those treated with a brief intervention plus therapy. High-risk methamphetamine users who had brief interventions and therapy reduced their average days by 60%, and high-risk heroin users with brief interventions and therapy fell by 50%.

ONDCP lauded the SBIRT program as a triumphant treatment effort, but like other local and state initiatives, the support seems to falter at the state level. This frustrating trend of programs successfully fighting drug addiction in innovative ways yet not being implemented at the national level demands an explanation from the American government. How is it possible that programs such as SBIRT, HOPE, and 24/7 Sobriety are making significant differences at the local, and even state level that they receive ONDCP recognition, yet ONDCP apparently does little to promote their adoption elsewhere?

Education

Two national educational programs currently exist: Above the Influence and D.A.R.E. Above the Influence (ATI) is a national messaging campaign that warns youth about the dangers of drugs through television, radio, print, and internet advertising. It was most recently revised to align with the National Youth Anti-Drug Media Campaign⁵² to encompass the prevention

⁵² Created in 1998 by Congress, the National Youth Anti-Drug Media Campaign focuses on the teen-targeted Above the Influence Problem and young adult-centric Anti-Meth Campaign [*About the Campaign*. ONDCP, n.d. Web. 6 Dec. 2011. <<http://www.whitehouse.gov/ondcp/about-anti-drug-media-campaign>>.]

principles of ONDCP's national strategy and currently partners with over 40 youth-serving organizations to carry out these goals. Above the Influence has trained over 500 community organizations in engaging youth at the local level to inform and inspire the ATI campaign and provide them with a platform to further their own goals and initiatives. So far, studies have shown that youths exposed to the ATI campaign are less likely to begin using marijuana.⁵³ The idea behind ATI is a solid one: it makes sense to implement a national anti-drug campaign that targets teenagers, who are vulnerable to all sorts of pressure to experiment with drugs. However, the vague and limited success of ATI as promoted by their own website promises very little. If anything, it is rather discouraging in that it only mentions marijuana, a drug proven to be so much less harmful to one's health when compared to alcohol and tobacco, two legal substances, and heroin, cocaine, and meth, other illicit drugs.

Drug Abuse Resistance Education, or D.A.R.E., differs from ATI in that police officers lead a series of classroom lectures, targeting kindergarteners through 12th graders, in how to resist peer pressure in order to live drug and violence free lives. The thinking behind this program is to 'humanize' law enforcement officials so that they appear relatable to youth, are seen as helping teenagers, can provide information, and finally, open the lines of communication between law enforcement and youth. Founded in 1983 in Los Angeles, California, D.A.R.E. operates in 75% of all school districts in the United States and 43 countries abroad.⁵⁴

⁵³ "Above the Influence." *Fact Sheet*. Office of National Drug Control Policy, May 2011. Web. 6 Dec. 2011. <http://www.whitehouse.gov/sites/default/files/ondcp/Fact_Sheets/ati_fact_sheet_6-21-11.pdf>.

⁵⁴ *About D.A.R.E.*. D.A.R.E., n.d. Web. 6 Dec. 2011. <http://www.dare.com/home/about_dare.asp>.

The Journal of the National Medical Association showed D.A.R.E. graduates to be five times less likely to begin smoking than non-D.A.R.E. graduates.⁵⁵ Similar to the ATI campaign, the foundation of D.A.R.E. seems like a commendable approach. Also like ATI, the results are ambiguous: what exactly are D.A.R.E. graduates not smoking? How was this measured? As a graduate of the D.A.R.E. program myself, I can say with 100% certainty that the effort was inadequate in that it was taught at too young an age, it was not a sustained, and the descriptions of the negative effects of drugs were far too generalized and remote.

A different program that has encountered high rates of success is the Montana Meth Project, launched in Montana in the fall of 2005 when the state ranked #5 nationally for its rates of methamphetamine abuse.⁵⁶ Today, the state ranks #39, teen meth use has declined by 63%, adult rates have fallen by 72%, and meth-related crimes are down by 62%. What is the Montana Meth Project? Through the use of public service messaging via television, radio, print, Internet and social media campaigns the project communicates the variety of devastating consequences caused by methamphetamine use. Given its incredible success, the program was then implemented in Arizona, Colorado, Georgia, Hawaii, Idaho, Illinois, and Wyoming, funded by a grant from the Thomas and Stacey Siebel Foundation. In Arizona, teen meth use was found to have fallen by 65% between 2006-2010, and in Idaho, by 52% from 2007-2009.

A comprehensive research program studied the impact of the Meth Project to evaluate young people's attitudes and behaviors as related to meth use, and the achievements generated

⁵⁵ *D.A.R.E.: The World's Pre-eminent Drug Prevention Education Program*. D.A.R.E., n.d. Web. 6 Dec. 2011. <http://www.dare.com/home/Resources/documents/The_War_on_Drugs_by_Bratz.pdf>.

⁵⁶ *The Meth Project*. Meth Project.org, n.d. Web. 6 Dec. 2011. <<http://foundation.methproject.org/documents/Meth%20Project%20Fact%20Sheet%2011-07-11.pdf>>.

have garnered the project numerous awards for its innovation and impact. This program is exemplary of the education approach that should be taken nation-wide. Unlike ATI and D.A.R.E., the Montana Meth Project chose a drug that was wreaking havoc and the region and singled it out to reduce addiction and crime rights. Not only has it documented hard data to prove its impact in one state—other states have reaped its benefits as well.

The approach of focusing counternarcotics education programs on one drug that affects a region or community more so than other drugs is a wise one. It does not make sense to preach the dangers of marijuana to a Midwestern community when it is methamphetamines that are creating the problems. Yet again, another extremely fruitful and innovative initiative is limited to state sponsorship despite its wild success, when programs such as ATI and D.A.R.E. are lauded nationally, but based on unsatisfactory results.

Conclusion

Throughout the course of this paper I set out to determine an answer to the question, “is there a correlation between the money we have spent, on the Merida Initiative and domestic counternarcotics programs on the one hand, and the rates of cocaine, heroin, and methamphetamine abuse and their flows into the U.S. from Mexico, on the other?”

Unfortunately, the answer is ambiguous but trending toward negative responses. Above all, time plays the biggest problematic factor. The Merida Initiative lasted from 2008 to 2010—in other words, it is no more than three years old. Its recent termination renders it difficult to draw discernible trends or observe patterns in the data, since the information is simply not

immediately available. I would offer that this situation presented the biggest obstacle of all in this study.

Second, measuring illegal substances is, to put it bluntly, hard. Farmers, other producers, and cartels, do not publish numbers and statistics on what they are manufacturing and then transporting all the way into the United States. Instead, we have to depend on the unreliable seizures and arrests data, which, as we know, is insufficient in providing concrete figures. In a similar vein, tracking domestic drug addicts and abusers is challenging as well, because not all present themselves to clinics or hospitals for treatment. In fact, it is obvious that there is much the government is unaware of, and perhaps we will never learn the real numbers. The best we can hope for may be no more than trends, which while useful, cannot provide a complete picture of the state of drug addiction in the United States.

All of these factors considered, the preliminary data suggests that there might be a correlation between United States government spending as compared to drug flows into America, but the relationship might also be coincidental. Since 2008 when Merida was implemented, heroin and methamphetamine trafficking into the United States have actually risen, while heroin addiction domestically has increased at the same time that national meth addiction has fallen. Can we attribute these fluctuations to Merida efforts? I have to admit that any conclusion would be no more than an inference, and premature at that.

However, it has been clear that domestically at least, there is great potential to improve the Office of National Drug Control Policy's strategy for the future. States such as Montana, Hawaii, Washington, and South Dakota have proven that a wide range of alternatives to

incarceration are immensely effective at reducing drug-related crime, abuse, death, and rates of addiction.

Harmful drugs are not about to disappear from the world any faster than terrorists will abandon their violent fantasies of world domination. But, there is no reason for people to remain stuck in the throes of addiction, or even succumb to overdoses and accidental deaths. What the American government must do is fund and promote the state initiatives that have been shown so successful, and implement them across the country. In the meantime, the media must advertise and promote the success of these programs to such an extent that the American public demands their national implementation. Once American public opinion is voiced in a loud and sustained manner, the government will respond. Only at that point might we actually get somewhere.