

Bureau of Justice Statistics

A National Report

Drugs, Crime, and the Justice System

Nature and extent of drug use

- Consequences of illegal drug use
- Patterns of illicit drug use

Dynamics of the illegal drug business

Responses to the drug problem

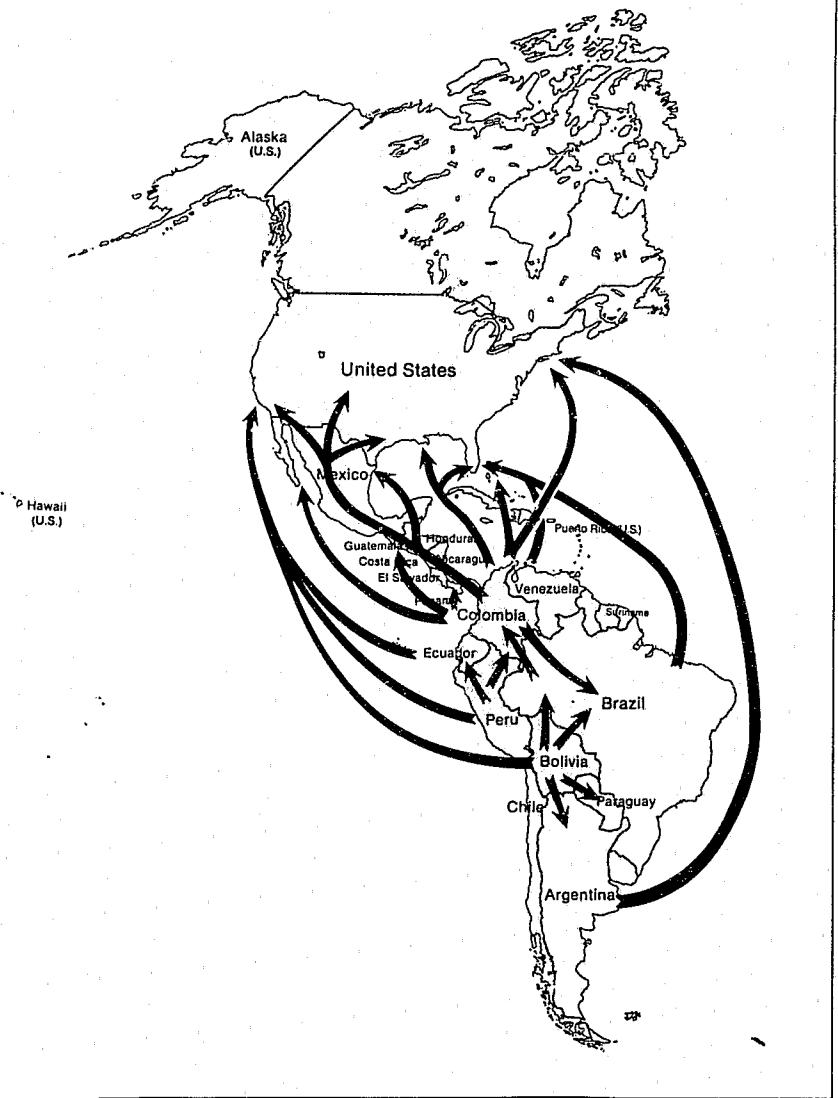
- History of drug control
- Public opinion
- Drug control laws, policies, and programs
- Drug testing
- Costs of illegal drug use and control

Drugs and the justice system

- Overview
- Drug law enforcement
- Prosecution and adjudication
- Sentencing and sanctions
- Correctional populations

Epilogue

Cocaine trafficking patterns



133652

**How to find more information on
drugs, crime, and the justice system**

More information on the subjects covered in this report is available from a variety of government sources.

Drugs and crime data are available through:

**Drugs & Crime Data Center &
Clearinghouse (DCDCC)**
Box 6000
Rockville, MD 20850
800/666-3332

Access to drug-related information from other clearinghouses is available through the Federal Drug, Alcohol, and Crime Network (toll free 800/788-2800).

Crime and justice data and additional copies of this report are available through:

**Bureau of Justice Statistics
Clearinghouse**
Box 6000
Rockville, MD 20850
800/732-3277

BJS data sets and other criminal justice data are available on public-use computer tapes, CD-ROM, and diskettes from the BJS National Archive of Criminal Justice Data, P.O. Box 1248, Ann Arbor, MI 48106 (800/999-0960, 313/763-5010).

See the back of this report for—

- publications available from the Drugs & Crime Data Center & Clearinghouse
- other BJS publications
- BJS drugs and crime mailing list registration.

**How to find out more about the
information in this report**

This report aims to present statistical information in a format that can be readily understood by a nontechnical audience. For that reason, the explanations of methodology are limited, and bibliographic references and footnotes are brief.

A separate technical appendix identifies the specific sources used, explains the statistical methods employed, and presents the plot points for the graphics. The *Technical appendix: Drugs, crime, and the justice system* (order no. NCJ-139578) is available from the Drugs & Crime Data Center & Clearinghouse (DCDCC).

Specific questions about the content of the report should be addressed to DCDCC.

In many instances, the data in this report are from annual or other periodic data series; more recent data may be available through DCDCC.

**U.S. Department of Justice
Office of Justice Programs
Bureau of Justice Statistics**

Drugs, Crime, and the Justice System

A National Report from the Bureau of Justice Statistics

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The Bureau of Justice Statistics, an agency of the U.S. Department of Justice, is located within the Office of Justice Programs, which also includes the Bureau of Justice Assistance, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, and the Office for Victims of Crime.

Introduction

The Bureau of Justice Statistics presents in this volume an overview of how the U.S. justice system combats illegal drugs. The starting point of *Drugs, Crime, and the Justice System*, and the place to which the report repeatedly returns, is the intersection of the control of crime and the control of drugs. To make a full and clear exposition, however, the work discusses other systems — medical, educational, financial — and gathers information from disciplines as diverse as social work, pharmacology, and economics.

The discussion moves from the relationship between drugs and crime, the consequences of illegal drug use and the extent of illegal drug use (chapter I), through the business of illegal drug cultivation, manufacture and merchandising (chapter II), to a description of the U.S. response to drugs both past and present (chapter III), concluding with a description of the justice system's response to illegal drugs (chapter IV).

We have designed this book to be an organizing and descriptive resource, rather than a work for reading straight through, from front to back. Chapter guides, headlines, and a complete index can lead readers to the separate aspects of this complex subject. Basic sources at the end of each chapter or section point the way to other published materials.

Readers will find a comprehensive yet nontechnical discussion, richly illustrated with graphs and easy-to-grasp tables. The goal of this work is to clearly and directly present a wide array of complex information on this important topic.

Where possible, *Drugs, Crime, and the Justice System* relies on national data. Where information of national scope was not available we included data based on many populations, like cities or States, or when we could not obtain those data, findings from a single site.

In a field where new data about illegal drugs are reported daily, we have used the latest information available at deadline. When less current data are included, they are there to provide historical context.

Many of the sources listed at the end of each section, as well as new reports and data from BJS and other agencies, are available from the Drugs & Crime Data Center & Clearinghouse (DCDCC), which BJS administers, through its toll-free phone service.

A separate technical appendix to this report also is available from DCDCC. It was prepared for readers interested in a detailed accounting of the sources used, the data used in the graphics, and other technical materials that support this report.

We are grateful for the contributions of numerous individuals, agencies, and organizations. Within the Department of Justice, the Bureau of Justice Assistance (BJA) provided substantial financial support for this report through the Edward Byrne Memorial State and Local Law Enforcement Assistance Program. The Drug Enforcement Administration (DEA) assisted with content. We recognize the work and support of DCDCC and extend special thanks to its research component at the Research Triangle Institute (RTI).

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Marianne W. Zawitz
Editor

Chapter I

Nature and extent of drug use

Section 1. Consequences of illegal drug use

- What relationships exist between drug use and crime?**
- How strong is the drug use and crime relationship?**
- How are drug use and the illegal drug business linked to violent crime?**
- How is drug use linked to income-generating crime?**
- How do drug using and drug selling generate crime?**
- How does drug use harm families and schools?**
- How do illegal drugs threaten the health of users?**
- What are the health consequences of drug use for nonusers?**
- How is the Nation's productivity affected by drug use?**

Section 2. Patterns of illicit drug use

- Why do people use illicit drugs?**
- What prompts people to use illicit drugs?**
- How are illegal drugs taken?**
- How many people use illicit drugs?**
- What are the characteristics of illicit drug users?**
- How does drug use vary geographically?**
- How is drug use in the U.S. changing?**

Section 1. Consequences of illegal drug use

What relationships exist between drug use and crime?

The link between drug use and crime is complex

In many ways drugs and crime are problems closely related to each other. Using or distributing some drugs is illegal, and violators are subject to criminal sanctions. Some crimes that do not involve drugs are a result of illegal drug use or distribution. For example—

- some users steal to support their drug use
- prostitution is sometimes engaged in to support drug use
- violence in drug markets is used to gain competitive advantage.

Being involved in drug use and crime are sometimes common features of a deviant lifestyle. Some individuals are inclined to be involved in multiple kinds of deviance, including drug use and criminal behavior.¹ Associations between drug users and contacts of users at drug markets when they buy drugs also strengthen the connection between drug use and crime. Such contacts can present opportunities to learn about the techniques and benefits of committing crime.

A wide range of psychological, social, and economic incentives can combine to produce serious drug use and crime patterns that become firmly established in some individuals. In such cases viewing drug use as a simple cause of crime oversimplifies their relationship. The two activities reinforce one another.

Understanding the drug-crime relationship requires specifying the kinds of drug use and crime

Some drugs, due to their power to induce compulsive use, are more likely to precipitate criminal activity than others. Cocaine and heroin are especially notable for their addictive power. Frequency of drug use is also a factor. A person who uses drugs several times a day is at higher risk of involvement in crime than is an irregular drug user.

How are drugs and crime related?

Drugs and crime relationship	Definition	Examples
Drug-defined offenses	Violations of laws prohibiting or regulating the possession, use, distribution, or manufacture of illegal drugs.	Drug possession or use. Marijuana cultivation. Methamphetamine production. Cocaine, heroin, or marijuana sales.
Drug-related offenses	Offenses in which a drug's pharmacologic effects contribute; offenses motivated by the user's need for money to support continued use; and offenses connected with drug distribution itself.	Violent behavior resulting from drug effects. Stealing to get money to buy drugs. Violence against rival drug dealers.
Interactional circumstances	Drug use and crime are common aspects of a deviant lifestyle. The likelihood and frequency of involvement in illegal activity is increased because drug users and offenders are exposed to situations that encourage crime.	A life orientation with an emphasis on short-term goals supported by illegal activities. Opportunities to offend resulting from contacts with offenders and illegal markets. Criminal skills learned from other offenders.

There is extensive evidence of the strong relationship between drug use and crime

A recent review of the evidence summarized the drug-crime relationship:

- Drug users report greater involvement in crime and are more likely than non-users to have criminal records.
- Persons with criminal records are much more likely than ones without criminal records to report being drug users.
- Crimes rise in number as drug use increases.²

Although some drug users do not commit property or violent crimes such as burglary and robbery, many drug users are heavily involved in crime. High levels of criminal activity are strongly related to the frequent use of drugs and

the use of multiple drugs. Criminal activity is perhaps two to three times higher among frequent users of heroin or cocaine than among irregular users or nonusers of drugs.

Elimination of illegal drugs would not eliminate all crimes committed by drug users

For some individuals drug use is independent of their involvement in crime. These people may continue to commit crimes even if drugs were unavailable. The illegal drug business is profitable for many who are involved in it. If this changed, some of those involved in the drug business might choose to pursue profits in other criminal enterprises.

How strong is the drug use and crime relationship?

What sources provide information about the relationship between drug use and crime?

The most important sources of information about drug use and crime are:

- urine testing of arrestees to determine their recent drug use
- surveys of offender populations particularly jail and prison inmates that ask about their drug use
- criminal justice and regulatory system records of arrests, convictions, incarcerations, and other sanctions of drug offenders
- surveys of drug users particularly those in treatment that ask about their criminal activity.

What proportion of arrestees recently used drugs?

The Drug Use Forecasting (DUF) program tests the urine of arrested persons in custody who submitted to voluntary testing. DUF tests for the presence of 10 drugs. In most cities, more than than 50% of those tested were found to have used drugs recently.

In the 23 cities participating in 1990, the rate of males testing positive for drugs ranged from 30% to 78%. For females, the lowest rate in 21 participating cities was 39% and the highest was 76%. In eight of the cities, 70% or more of the female arrestees tested positive. About 20% of both male and female arrestees tested positive for two or more drugs.

In 1989 and 1990, the DUF program found cocaine in the urine of both male and female arrestees more often than any other drug. Chapters III and IV include more information about drug testing.

Inmates report very high rates of drug use

More than 3 out of 4 jail inmates surveyed in 1989 by BJS reported some drug use in their lifetime. More than 40% had used drugs in the month

before their offense with 27% under the influence of drugs at the time of their offense.

The 1989 survey of convicted jail inmates showed 13% committed their current offense to get money to buy drugs. Cocaine or crack users were 3 times more likely than other drug users to have committed their current offense to obtain money for drugs — 39% said they were trying to get money for drugs when they committed their crime.

About 2 out of 3 State prison inmates reported they had used drugs as frequently as once a week or more for a period of at least a month at some time. More than a third reported having used heroin, methadone, cocaine, LSD, PCP or being under the influence of drugs at the time of the current offense. Some of the methadone use may have been in connection with drug treatment.

Type of drug use	Percent of all State prison inmates	
	1979	1986
Under the influence of drugs at time of current offense	32%	35%
Ever used drugs regularly		
Any drug	63	62
A major drug	33	35
Used drugs daily in the month before the current offense		
Any drug	40	43
A major drug	14	19

Note: Major drugs include heroin, methadone, cocaine, LSD, and PCP. Regular use is once a week or more for at least a month in the past. Source: BJS, *Profile of State prison inmates, 1986*, Special report, NCJ-109926, January 1988, table 11, 6.

In 1987, more than 60% of juveniles and young adults in State-operated juvenile institutions reported using drugs once a week or more for at least a month some time in the past, and almost 40% reported being under the influence of drugs at the time of their offense.

Drug use at the time of offending has changed over time

- The percentage of inmates committing their offense under the influence of drugs rose for State prison inmates from 1974 to 1986, but fell among jail inmates from 1983 to 1989.
- The proportion of offenders using cocaine at the time of their offense increased for both jail and prison inmates.

Offense committed under the influence of...	Percent of all jail inmates in 1983 1989		Percent of all State prison inmates in 1974 1979 1986		
	1983	1989	1974	1979	1986
Any drug	30%	27%	25%	32%	35%
Major drug					
Cocaine	6%	14%	1%	5%	11%
Heroin	6	5	16	9	7
PCP	2	1	—	2	2
LSD	1	<1	—	2	2
Methadone	<1	<1	2	1	1
Other drugs					
Marijuana or hashish	17%	9%	10%	18%	19%
Amphetamines	4	2	5	5	4
Barbiturates	3	1	6	6	3
Methaqualone	2	<1	—	—	2
Other drugs	2	<1	3	2	4

— Survey did not ask about the drug.

Note: Individual drugs may not add to the "any drug" total because an inmate may have been under the influence of more than one drug.

Source: BJS, *Drug use and crime*, Special report, NCJ-111940, July 1988, table 1, 2; and BJS, *Profile of jail inmates, 1989*, Special report, NCJ-129097, April 1991, table 13, 8.

Most people in drug treatment report involvement in serious crimes

Two national studies showed that most people in drug treatment had been arrested or incarcerated, or had admitted committing crimes for economic gain before entering treatment. The Drug Abuse Reporting Program (DARP) found that 87% had been arrested and 71% had been in jail or prison before entering treatment. The Treatment Outcome Prospective Study (TOPS) found that about 60% of those entering publicly-funded residential treatment programs and about a third of those entering outpatient methadone or outpatient drug-free programs said they had committed one or more crimes for economic gain in the year before treatment. About a third of the clients in residential and outpatient drug-free programs were referred to treatment by the criminal justice system.

Crime commission rates for individuals rise and fall with involvement in drug use

A 1986 National Research Council panel report on criminal careers noted that active drug users commit offenses at high rates. A study of a national sample of youth found that offending rates rose with more serious drug involvement.

Studies of the number of crimes committed by heroin addicts during periods of addiction and nonaddiction in Baltimore and in Southern California attest to the strength of the drug-crime relationship. For these addicts of the 1950s and 1960s —

- crime rates were four to six times higher and arrest rates were about twice as high during periods of addiction as during periods of nonaddiction
- during periods of little or no drug use, crime rates were relatively low.

People in drug treatment report frequent commission of crime when they are using drugs

Research on people in drug treatment shows less criminal activity when drug use is reduced. The DARP and TOPS studies of people in drug treatment show that decreases in drug use during and after treatment were associated with decreases in criminal activity. DARP followed people entering treatment from 1969 to 1972 for up to 12 years after treatment. Reported use of most drugs and criminal activity decreased after treatment, particularly during the first 6 years.

TOPS, which followed people who entered treatment from 1979 to 1981, showed that —

- the proportion of those who committed crimes for financial gain fell dramatically during treatment and remained well below pretreatment rates for up to 5 years after treatment
- these decreases in criminal activity occurred along with substantial decreases in the prevalence and severity of drug use.

Interviews with 279 male heroin addicts admitted to methadone treatment in Southern California show a similar pattern of high offending rates during periods of addiction.

The chronology of initial drug use and other criminal behavior varies

Several studies have found that involvement in crime preceded drug use. An analysis of this relationship in a national survey of youth showed that —

- commission of less serious offenses preceded marijuana use and multiple drug use
- less serious offenses preceded serious offenses
- drinking preceded marijuana and multiple drug use.³

Other research confirms the findings that crime precedes drug use and suggests that the relationship between drugs and crime is developmental rather than causal, varies by the nature and intensity

of drug use and criminal activity, and may change over time.

One recent study of drug use, drug trafficking, and other delinquency among inner-city adolescent males found —

- that drug users and sellers were more likely to commit offenses and at the highest rates
- but that youths commit offenses for many reasons unrelated to drugs.⁴

A review of the research on the drug-crime relationship concluded that —

- many youth are involved in delinquent behavior before drug use
- many youth who use drugs do not become involved in crime
- drug use precedes crime for some people, but crime precedes drug use for others
- involvement in minor crime usually occurs before involvement in serious crime
- frequent use of multiple drugs generally follows involvement in property crime, and its onset may accelerate the development of a criminal career.⁵

Even though the onset of drug use and crime is not always easy to determine, it is clear the two behaviors are highly correlated and probably reinforce each other.

State prison inmates reported they started using drugs prior to their first arrest

Life event	Median age
Any drug use	
First use	15 years
First regular use	15
Major drug use	
First use	17
First regular use	18
Criminal justice contacts	
First arrest	17
First incarceration	19

Note: Major drugs include cocaine, heroin, PCP, LSD, and methadone.

Source: BJS, *Drug use and crime*, Special report, NCJ-111940, July 1988, table 7, 4.

How are drug use and the illegal drug business linked to violent crime?

Drugs and violence are linked in multiple ways

Some drugs can affect the user in ways that make violence more likely. At other times drug users commit violent acts to get money to buy drugs. Violence is common in drug trafficking as a result of disagreements about transactions and because traffickers sometime seek a competitive advantage over rival dealers through violent means.⁶

The pharmacological effects of some drugs may lead to violence

Legal drugs such as alcohol and illegal drugs such as cocaine, amphetamines, and PCP affect physiological function, cognitive ability, and mood. These effects can increase the likelihood that users will act violently.

Evidence of a pharmacologically based drugs-violence relationship is not strong, but many studies have found a link between alcohol use and violence. Many experts conclude that usually the effects of drugs and alcohol do not directly give rise to violence. Whether drug use leads to violence depends on a combination of direct and indirect factors such as the type of drug, personality characteristics, and situational and cultural factors.

In 1990, victims perceived that the offender was under the influence of drugs in more than 336,000 crimes of violence

Crimes of violence	Number of victimizations	Percent with offender under the influence of drugs
All	6,008,790	5.6%
Rape	130,260	7.4*
Robbery	1,149,710	9.1
Assault	4,728,810	4.7
Aggravated	1,600,670	6.4
Simple	3,128,130	3.9

*Estimate is based on about 10 or fewer sample cases.

Source: BJS, *Criminal victimization in the United States 1990*, NCJ-134126, February 1992, table 42, 58.

These data probably underestimate drug use by violent offenders due to the victims' difficulty in assessing whether the offender was under the influence of drugs.

At the time of the offense most imprisoned violent offenders were drinking or using drugs

Among violent offenders in State prisons in 1986—

- more than half said they committed the offense under the influence of drugs or alcohol
- drug use was more likely among offenders who victimized strangers and less likely among offenders who victimized a relative or family member
- drugs or alcohol were most likely to be implicated in manslaughter cases (76% of offenders or victims were using either or both) and least likely to be implicated in sexual assault cases (50% of offenders or victims were using).

Whether drug use is a direct factor in family violence is unclear

Alcohol use, along with other factors, is thought to contribute to family violence—especially male against female violence. Whether illegal drug use has a similar association to family violence has not received as much attention. A study of 1,243 female subjects from a prenatal clinic in Boston found that the drug use of a woman's partner was associated with violence against her. Another study of 234 men charged with assaulting their mates in Marion County Indiana found that 32% of the men had a drug problem and 22% had dual drug and alcohol problems. A drug problem was associated with more severe domestic abuse.

Violence in illegal drug networks is often called systemic

Systemic violence is the "traditionally aggressive patterns of interaction within the system of drug distribution and use."⁷ As is discussed in Chapter II, violence is used to protect or expand markets, intimidate competitors, and

retaliate against sellers or buyers who are suspected of cheating. To avoid being arrested and punished for trafficking, drug dealers commit violent crimes against police and threaten informants or witnesses. Some observers also believe that the illegal drug business attracts persons who are prone to violence.⁸

Violence is common in illegal drug distribution

Situations in which violence can occur include—

- guarding drug-producing crops during harvest season
- territorial disputes between rival drug dealers
- enforcing normative codes within dealing hierarchies
- robberies of drug dealers and their violent retaliation
- elimination of drug informers
- punishment for selling poor quality, adulterated, or phony drugs
- punishment for failing to pay debts
- punishment for stealing, tampering with, or not sharing drug supplies
- retaliation for stealing, using without permission, or not sharing drug paraphernalia.

Because participants in the drug market want to avoid the police, much of this violence is not reported.

Many homicides are related to drug trafficking

A study of 414 homicides in New York City in 1988 found that—

- in 53% of the cases, drugs or alcohol were judged to be an important cause of homicide
- cocaine in any form (sometimes along with other drugs or alcohol) was involved in 84% of the drug-related homicides
- in 32% of all homicides and 60% of the drug-related homicides, crack cocaine was present
- most of the drug-related homicides were associated with trafficking.

Studies in three cities indicate that approximately a quarter to a half of homicides were drug related:

- 24% of New York City homicides were thought to be drug related in 1984.
- In Washington, D.C. from 1987 to 1991, the annual percentage of drug motivated homicides reached a peak of 53% in 1988 and declined to 35% in 1991.
- A study of homicide in Miami for the years 1978 to 1982 found 24% were drug related.

Some of the difference between these estimates is probably accounted for by differences in the definition of "drug related" among studies. For example, the Washington, D.C., definition includes homicides for which drug trafficking was judged to be a "direct cause." The New York City study of 1988 homicides counted as drug related those where the killing was thought to have occurred as a result of the pharmacologic effects of drugs, or where a victim was killed in the course of a robbery committed to get money to buy drugs, as well as those committed in connection with drug trafficking.

Of the 347 drug-related homicides reported in New York City in 1984, 67% were in a drug location, usually at a site where drugs were sold. The police reported that 72% of these victims were drug traffickers. Similarly, in the District of Columbia, the heavy concentration of homicides in common drug trafficking areas suggests that most of these drug-related homicides occurred during or in relation to a drug transaction. One analysis suggests that homicide is relatively common among drug traffickers and users primarily because of the fixed demand for drugs and the widespread availability of guns.⁹

Many homicide victims have drugs in their system

Several studies of homicide victims had similar conclusions:

- A study of medical examiner cases from 1984 to 1987 in Wayne County, Michigan, found that half of all homicide victims had cocaine or cocaine metabolites in their body fluids at the time of death; this percentage had risen over the 4 years of the study.
- A 1989 study of medical examiner cases found that 40% of the homicide victims in Fulton County, Georgia (Atlanta), had cocaine in their systems.
- In New York City in 1981, the blood tests of 27% of homicide victims indicated recent drug use.
- A National Institute of Justice (NIJ) report on homicide in eight cities in 1978 indicated 1% to 16% of victims had narcotics in their systems at the time of death. Oakland, California, had the highest rate.
- A 15-year followup of 78 New York heroin addicts found that 40% were homicide victims.
- A study in Philadelphia found that homicide was the leading cause of death among heroin addicts in 1972.

Victims and assailants in drug-related homicides are often Hispanic or black males in their 20s or 30s

1978 to 1982 data on drug-related homicides in Dade County, Florida (Miami), showed that 24% were drug-related. A comparison of the sociodemographic characteristics of the Dade County and New York City victims found them to be similar:

- 89% of the Dade County victims were male
- 38% were in their 20s
- 31% were in their 30s.

Homicides not classified as drug related were more likely to involve female, white, and older victims. A greater proportion of the Dade County than the New York City victims were Hispanic, reflecting the greater proportion of Hispanics in the Dade County area.

Socio-demographic characteristic	Drug-related homicides in 1984 in New York City	
	Victims	Assailants
Age		
Under 21	14%	12%
21 to 30	48	31
31 to 40	24	18
Over 40	15	5
Unknown	—	35
Sex		
Male	90%	72%
Female	10	1
Unknown	—	27
Race/ethnicity		
Black	42%	37%
White	9	7
Hispanic	49	30
Other	0	0
Unknown	—	26
Number	347	403

Source: NIJ, Paul J. Goldstein and Henry H. Brownstein, *Drug-related crime analysis — Homicide*, A report to the NIJ Drugs, Alcohol, and Crime Program, July 1987, 52 and 54.

In drug-related homicides, assailants are likely to know their victims and to use a handgun

Assailants in drug-related homicides in New York City in 1984 were more likely to have known their victims and to use handguns to kill them than were assailants in homicides that were not drug related:

- Of the assailants in drug-related homicides, 79% knew their victims vs. 48% of the assailants in homicides that were not drug related.
- Of the victims in drug-related homicides, 80% were killed with a handgun vs. 47% of the victims in homicides that were not drug related.

An analysis of homicides in Dade County (Miami) between 1978 and 1982 reached similar findings: 85% of the drug-related homicides involved the use of guns vs. 71% of the homicides by gunshot that were not drug related.

A Fulton County, Georgia, study also found that homicide victims killed with a gun were more likely to have cocaine in their systems.

How is drug use linked to income-generating crime?

Many drug users commit crimes to support their drug use

Many illegal drugs such as heroin and cocaine are both habit-forming and expensive. Some users commit property crimes to support their habits. Property crimes include burglary, larceny-theft, motor vehicle theft, forgery, fraud, arson, dealing in stolen property, and embezzlement. Robbery generates money but is usually considered a violent crime because of the use or threat of force.

Other crimes sometimes committed for income to support drug use are prostitution and drug trafficking. Disputes or extortion that can arise in the commission of these crimes may result in violence.

Is drug use prevalent among arrestees charged with drug sales or possession, burglary, robbery, and theft?

The DUF program reported that 60% or more of the males arrested in 1990 for the property crimes of burglary, larceny-theft, and stolen vehicles and for robbery who were voluntarily tested while in custody were found to be positive for drug use as were 50% or more of the females arrested for burglary, robbery, and stolen vehicles.

Arrest charge	Positive for any drug	
	Male	Female
Drug sale/possession	79%	81%
Burglary	68	58
Robbery	66	66
Larceny-theft	64	59
Stolen vehicle	60	65
Stolen property	59	59
Homicide	52	49
Fraud/forgery	50	55
Prostitution	49	81
Assault	48	50

Note: The urinalysis results presented in this table were gathered from 19,883 male arrestees in 23 cities and 7,947 female arrestees in 21 cities. Drugs include cocaine, opiates, PCP, marijuana, amphetamines, methadone, methaqualone, benzodiazepines, barbiturates, and propoxyphene.

Source: NIJ, 1990 Drug Use Forecasting Program (DUF), unpublished data.

Jail inmates convicted of property offenses were often influenced by drugs

Nearly a third of 1989 jail inmates convicted of property offenses reported they were under the influence of drugs or drugs and alcohol at the time of their offenses. Almost 1 of 4 said the motive for their property offenses was to get money to buy drugs. Those convicted of burglary were more likely than other types of property offenders to have been under the influence of drugs at the time of the offense.

Property offenders are more likely than violent offenders to be drug users

The BJS State Prison Inmate Survey in 1986 showed that 35% of all inmates reported being under the influence of a drug at the time of their offense (including less than 1% who may have been taking a therapeutic dose of methadone). Those under the influence at the time of the offense included 43% of drug offenders, 39% of property offenders, and 33% of violent offenders (including 42% of robbers).

Forty-three percent reported daily use of any drug in the month before the conviction offense. This includes 51% of drug and 48% of property but only 39% of violent offenders (including 50% of robbers).

Prostitution is sometimes used to support drug use

One study of the relationship between drug use and prostitution maintains that although drug use does not necessarily lead to prostitution nor prostitution to drug use, users may resort to prostitution or increase their activity when drug-dealing activities are disrupted or drug prices rise.¹⁰ A study of two samples of women in drug abuse treatment found that involvement in property crimes, drug dealing, and prostitution increased with the rise of narcotics use.¹¹

Many prostitutes are heavily involved in drug use. In the 1990 DUF data, 81% of the females and 49% of the males arrested for prostitution and being held in jail who were voluntarily tested were found positive for drugs. A review of the drug-consensual crime relationship found that prostitutes were likely to be involved in drug dealing and property crimes.¹²

Drug users sometimes barter sex for drugs and may not consider it to be prostitution. Sex for crack exchanges seem especially frequent.

Daily use of heroin or cocaine is highly associated with income-generating crimes

The national TOPS study of people in drug abuse treatment in 1979-81 found that daily users of heroin or cocaine were more likely than other types of drug users to report income from crime. Daily heroin users had over \$8,000 more in illegal income than nonusers of heroin, while daily cocaine users had over \$7,000 more in illegal income than nonusers of cocaine.

A study in New York City's Harlem showed that heroin addicts had average incomes of about \$10,000 per year from drug and nondrug crimes. Daily heroin users averaged about \$15,000 in income from crime — about three times as much as irregular users.

Drug users support themselves and their drug use in various ways

Studies of frequent drug users show that most commit crimes for monetary gain. A study in Florida found that about half were also gainfully employed and about 1 in 5 received some form of public support. A recent RAND study in Washington, D.C., also found that about 2 in 3 arrested drug dealers reported being employed when they were arrested.

Many frequent drug users have dealt, sold, or distributed drugs, and most also are involved in a variety of other illegal activities and do not support themselves solely by dealing.

How do drug using and drug selling generate crime?

Drug use can attract other serious crime to a neighborhood

Drug users nodding in doorways and open use of marijuana in public places are examples of the public "signs of disorder" researchers have pointed to as early threats to informal community control and the communal life of apartment complexes and other neighborhoods.

Researchers summarizing results of their and others' work describe the sequence of events that can occur:¹³

- When neighborhood residents fear signs of disorder they do not challenge them, thinking that crime is on the rise.
- Disorder accumulates: a vacant building, litter in courtyards and streets, groups of teenagers hanging out, broken windows, prostitutes working openly on the streets.
- Familiar people move out, strangers move in.
- New households are less likely to be families and more likely to be single people or unrelated roommates.
- Fearful residents use the streets less and try not to "get involved" when they are out.

Such a decline in informal community control makes an area vulnerable to invasion by more serious crime. High rates of drug use may make an apartment complex or other neighborhood vulnerable to open selling of drugs on the street, associated violence, and predatory crime.

Participants in the drug market are often attacked or robbed

Those who buy or sell drugs are often attractive targets for predatory offenders because they are viewed as likely to have cash or drugs on their person. Because participants in the drug market are themselves involved in illegal behavior, offenders consider them less likely to report their victimization to the police — who find out about crimes mostly from victim reports.

The illegal character of the drug business accounts for some of the violence in another way. Laws and institutions that regulate legal transactions do not operate in illegal markets. As a result, the parties must rely on their own resources when disagreements arise. This often leads to violence and other forms of intimidation. Additional information about violence associated with drug marketing activities can be found in Chapter II of this report.

Drug users are often victimized

Heavily diluted drugs or counterfeit substances are often sold as high quality drugs. This results in the economic "victimization" of the buyer who may attempt to obtain redress — sometimes by violence.

Several other factors account for the elevated risks of victimization that face drug users and sellers:

- Drug use impairs cognition and judgment and the capacity to protect oneself.
- Simply being in the presence of drug offenders raises the risk of victimization given the rather high probability that drug offenders will commit predatory crimes against accessible targets.
- The 1989 BJS survey of local jail inmates indicated that 30% of convicted violent offenders thought one or more of their victims was using drugs, alcohol, or both at the time of their victimization.

Open drug marketing can devastate neighborhood life

Drug market violence often involves guns — sometimes automatic weapons that very rapidly fire many shots. Around the country deaths and injuries of innocent bystanders caught in the crossfire have been reported. The problem is acute in certain urban areas.

Open drug dealing poses two special threats for neighborhoods:

- Some area residents, particularly young people, may be drawn into illegal drug activities.
- Increased traffic associated with drug markets and the behavior of dealers and users are disruptive to communities and often escalate into predatory crimes and violence.

Residents of a Washington, D.C., apartment complex "notorious for its violent drug trade" described ways the drug market affected their lives:¹⁴

- Drug sellers were so bold: "They'd almost get in your car trying to sell you drugs."
- Residents feared for their children when drug sellers tried to recruit them as "foot soldiers" in the trade.
- Other parents described how they used to ask their children to run errands and allow them to play outside after dark but have changed the rules in recent years because of "that life-or-death fear for your children and yourself" brought about by nearby drug markets.¹⁵

People whose homes are not in the immediate vicinity of drug marketing locations also changed their routines. One woman said, "...here is your whole lifestyle being altered by this. You are afraid to go out at night ... You never carry more than \$20 on you... Sure it affects you."¹⁶ And residents worried about what the crime and violence associated with drug markets will do to their neighborhood's image.

How does drug use harm families and schools?

Drug use adversely affects family relationships and finances

Drug use can have such adverse effects on family life as —

- failure to provide economic support due to large expenditures for drug use
- lack of emotional support and companionship for partner and children
- lack of participation in household and family activities such as shopping and babysitting
- failure to provide an adequate role model for children
- inability to accumulate wealth such as equity in a family home.

A phenomenon called "backstabbing" can occur in families when a member frequently uses drugs. In this process, young and middle-aged drug users, having depleted their own resources, turn to family members for money to buy drugs. Not fully comprehending the situation, a family provides money when it can but the person begs for more. As family members realize that the person is using drugs they become divided over what to do. Some continue to give the user money and other kinds of support, others refuse. Such a family can be drained gradually of emotional and financial resources. They lose faith in the drug user and begin to see the person as weak and untrustworthy. Eventually the person begins to take things of value from the house. Finally, the family may evict a drug user from the home.

When parents are serious drug users, they typically do not adequately care for their children. Many of these children are taken in by grandparents or other relatives. Others must be cared for by the social service system.

Drug use is associated with difficulty in forming families

Studies over the past 20 years have shown that unemployment and frequent drug use are associated with living in nontraditional family types (such as single-parent families or cohabitation),

while stable employment and low drug use are associated with high rates of forming a traditional family. This work also suggests that the effect of drug use on the family situation compounds the problems of families with less employment and lower incomes.

Drug use has negative effects on families in all racial and ethnic groups, but it is especially destructive for poor minority families and those with female heads of households. Without help from relatives, single mothers in poor, inner-city neighborhoods can have great difficulty making ends meet and supervising their children, who are especially vulnerable to the seductions of street life, including drugs. Serious involvement in the drug culture places young persons at risk for other trouble (such as injury or arrest and incarceration) and increases their difficulty in maintaining a stable life and family.¹⁷

Drug-using students disrupt school discipline and interfere with other students' learning

About a third of the respondents to Gallup polls in recent years cited drug use as one of the biggest problems confronting schools in their communities. It is a problem for schools in various ways. Many drug-using teenagers have cognitive and behavioral difficulties that interfere with their school work and with their classmates' work as well. In some schools students buy and use drugs at school. These activities may be linked to other crimes in or around schools.

Nonusing students may find their classes disrupted or slowed, and their teachers preoccupied with the learning and behavioral problems of drug-using classmates. Where drug crime and drug-related crime are problems at their school, nonusing students are at risk of victimization by thefts and other predatory acts by drug users. Students are also likely to fear victimization. Such fear is associated with difficulty in learning, because anxiety lowers the ability to concentrate.

Students report that some drugs are easy to get at school

In the 1989 BJS School Crime Supplement, students in grades 6 to 12 were more likely to say that marijuana was easy to get at their schools (about 30%) than to say that cocaine or crack was easy to get at school (11% and 9% respectively). Most students reported that drugs were hard or impossible to get at school; about 43% said marijuana was hard or impossible to get and about 58% said the same about cocaine or crack.

Excluding students who say they did not know about drug availability, the proportions reporting that drugs were available at their schools generally did not vary by whether students lived in central cities, suburbs, or nonmetropolitan areas. But reporting of drug availability did vary with type of school and the student's age/grade level. Public school students were more likely than private school students to say drugs were available (70% vs. 52%). Among younger students (age 12 to 15) reports that drugs were available increased with age; among older students (15 to 19) reports that drugs were available did not vary with age.

Availability of drugs in school is linked with victimization and fear

The BJS survey also found that students who said that drugs were easy to get at school were more likely to have been victims of crime at school than those who said drugs were hard or impossible to get at school.

Students from schools where drugs were available (whether easy or hard to get) were about twice as likely as those where drugs were not available to say they were afraid someone would attack or harm them at school (25% vs. 13%). Similarly, students from schools where drugs were available were about 1.5 times as likely as those where drugs were not available to express fear of attack on the way to or from school (16% vs. 10%).

How do illegal drugs threaten the health of users?

Illegal drugs can harm the health of users

These harms include—

- death
- medical emergencies from acute reactions to drugs or toxic adulterants
- exposure to HIV infection, hepatitis, and other diseases resulting from intravenous drug use
- injury from accidents caused by drug-related impairment
- injuries from violence while obtaining drugs in the drug distribution network
- dependence or addiction
- chronic physical problems.

Some of these negative effects are the direct result of illegal drugs on the user, such as medical emergencies caused by toxic reactions to drugs. Other negative effects are indirectly related to drug use, such as the greater risk of injury or death in obtaining drugs in the drug distribution network. "Regular" or frequent drug users (often defined as those using a drug weekly or more often) are at greater risk of negative effects than those who use drugs less often.

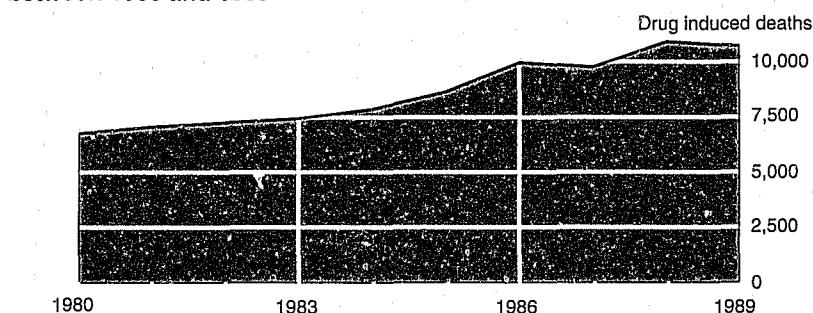
The effects of some drugs are toxic and life threatening

Drug overdoses are toxic reactions, often from depressants or opiates but from other drug types as well. Street drugs are cut or mixed with other substances. The potency and quality of illegal drug doses are variable and uncertain. The drugs may not be what they were purported to be, or they may contain impurities. A naive user who has not developed tolerance for a dangerous drug could die from a potent dose. Even experienced users, sometimes deliberately, sometimes unknowingly, use dangerously potent drugs and as a result die or suffer serious health consequences.

The effects of the various drugs differ, but many have serious implications for physical health:

- **Heroin**, a central nervous system depressant, can suppress respiration and cause death. Acute toxic reactions

Deaths directly attributable to drug use increased 58% between 1980 and 1989



Source: NCHS, "Advance report of final mortality statistics, 1989," *Monthly vital statistics report*, V, 40(8), supplement (January 1991), table 18.

resulting in death from heroin usually occur as a result of overdose. Users may not be aware that the purity of the heroin they inject is higher than their systems can tolerate.

• **Cocaine** increases heart rate and blood pressure, and induces central nervous system changes. A single dose of cocaine can cause convulsion or death by cardiovascular and respiratory failure. This toxic reaction often occurs very rapidly and in situations where treatment is not immediately available. The myth that cocaine is benign is being replaced by the realization that it may be more harmful than heroin. The reinforcing properties of the drug can lead to binge consumption of large quantities which can lead to cardiovascular events (such as interruptions of normal heart rhythm or heart attacks) and death. Additional medical complications include rupture of the ascending aorta, central nervous system problems, obstetrical complications, and intestinal problems. The psychiatric complications of cocaine use, including acute toxicity reactions (similar to paranoid psychosis) and withdrawal symptoms, have also been noted.

- Repeated use of **depressants or stimulants** may result in drug-induced psychoses in which the users lose contact with reality and/or experience a rapid pulse or elevated blood pressure.
- Use of **marijuana, hallucinogens, or stimulants** may cause a novice to have a panic reaction, fear losing control, and develop increased pulse and respiratory rates. Some, like LSD, may produce

flashbacks, the unwanted recurrence of the drug effects at a later time.

Long-term drug use can lead to illness or debilitation

Repeated use of opiates such as heroin impairs immune response. Compromised immune function may increase narcotic-dependent persons' susceptibility to the various infections that accompany use of unsterile, often shared, injection equipment. Injecting drugs has been associated with viral hepatitis, infection and inflammation of the heart lining or valves, pneumonia, blood poisoning, meningitis, and in recent years with human immuno-deficiency virus (HIV) infection.

Drug use causes many deaths

In 1990, medical examiners in 27 U.S. metropolitan areas reported 5,830 deaths involving illicit and/or legally obtained drugs to the Drug Abuse Warning Network (DAWN). Of those who died from drug-related causes —

- 71% were male
- 53% were white
- 29% were black
- 16% were Hispanic.

Of all drug-related deaths, 76% were classified as multiple-drug episodes. Alcohol was present with another drug in 40% of the deaths. The most frequently involved illegal drugs in all drug-related deaths were cocaine (43%) and heroin or morphine (34%).

Hospital emergency rooms deal with many conditions resulting from drug use

During 1990, there were more than 635,000 mentions of drugs in the 371,208 emergency room episodes in DAWN-participating hospitals in 21 metropolitan areas across the Nation. Almost half the episodes involved two or more drugs. The drugs involved included prescription and over-the-counter medicines as well as illegal drugs. The drugs mentioned most often were —

- cocaine in 22% of episodes
- alcohol in combination with other drugs in 31% of episodes
- heroin/morphine in 9% of episodes.

Characteristics of episodes	Percent of DAWN emergency room episodes in 1990
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Drug concomitance	
Single-drug episode	51%
Multidrug episode	49%

Reason for emergency room contact	
Overdose	61%
Unexpected reaction	10
Chronic effects	10
Seeking detoxification	8
Accident/injury	3
Withdrawal	2
Other	3
Unknown/no response	4

Patient disposition	
Admitted to hospital	51%
Treated and released	46
Left against medical advice	2
Died	<1

Note: Percentages may not add to 100% due to rounding or unknown/no response.

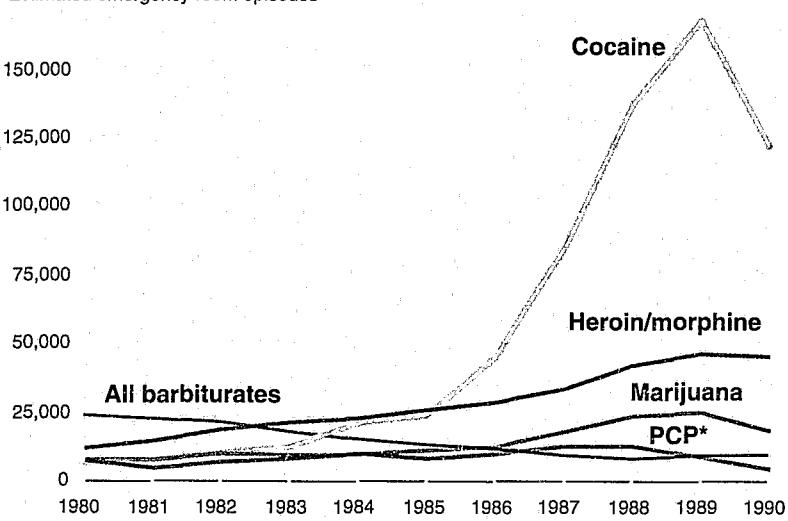
Source: NIDA, *Annual emergency room data, 1990, Data from the Drug Abuse Warning Network, series I, number 10-A, 1991, table 2.03, 22.*

Adolescents who use drugs regularly tend to have a variety of problems

These drug users are at higher risk than nonusers for a range of mental health problems including suicidal thoughts, attempted suicide, completed suicide, depression, poor conduct, and personality disorders.

Cocaine has become the drug most frequently involved in emergency room mentions

Estimated emergency room episodes



*PCP and PCP combinations.

Source: DEA, Drug Abuse Warning Network, 1980-90.

The National Institute on Drug Abuse (NIDA) reports that marijuana, the drug most commonly used by adolescents, interferes with short-term memory, learning, and skilled psychomotor performance (such as that involved in driving). Clinicians and others are concerned about the effects of marijuana use on the motivation and psychosexual/emotional development of youth. Although such effects are more difficult to measure objectively, there is evidence that regular marijuana smoking damages pulmonary function. Such use has been associated with significant loss of gas exchange capacity in the lungs and increased prevalence of abnormal airways and abnormal lung cells.

Intravenous drug use spreads AIDS among drug users and their sex partners

The AIDS virus is transmitted primarily through blood and semen. Most AIDS cases have resulted from transmission of HIV during intimate sexual contact. However, intravenous (IV) drug users may contract AIDS by using unsterilized needles previously used by an infected person. Needle-sharing is the most rapidly growing means of transmission

and the second most common. Nineteen percent of the adult and adolescent AIDS cases have been solely attributable to IV drug use. Another 10% of the cases involve patients who were IV drug users but who could have gotten the virus in another way.

Heroin, the illicit drug most commonly injected, is strongly linked to the spread of HIV. In New York City between June 1988 and April 1989, an estimated 37% of addicts entering methadone maintenance programs tested positive for HIV.

Cocaine, amphetamines, and other drugs are injected by many users and are associated with the transmission of HIV. Many people who use the smokable form of cocaine in crack houses are also IV drug users and therefore already at high risk for AIDS. Crack users often develop mouth and lip lesions from smoking hot pipes which add to their risk. Sexual activity in crackhouses puts users at even greater risk for contracting and transmitting HIV. Drug use generally has a disinhibiting effect that can reduce any user's caution about contracting sexually transmitted disease.

What are the health consequences of drug use for nonusers?

Drug use causes major harm to persons other than the user

Among the great risks drug use poses to the health and well-being of other persons are —

- spread of the HIV virus that causes AIDS and other sexually transmitted diseases from IV drug users
- physical, social, and emotional damage to children caused by drug-using parents — including mothers using drugs during pregnancy
- death or injury from impaired drivers and coworkers.

Intravenous drug users can expose others to AIDS

Many heterosexual and pediatric AIDS cases in the U.S. can be linked directly to IV drug users. According to the Centers for Disease Control (CDC), almost 60% of the children under age 13 with AIDS contracted the disease from mothers who were IV drug users or the sex partners of IV drug users. The rise in popularity of heroin in the late 1970s and cocaine in the 1980s led to an increase in drug injection and therefore a greater risk of AIDS transmission.

About 12,000 of the 43,000 persons reported to have AIDS in 1990 were IV drug users (regardless of their sexual activity).

The infants of drug-using women may have serious health problems

Drug use can affect development even before birth. Marijuana and cocaine use during pregnancy is associated with substantial reductions in fetal growth. Drug-exposed infants, especially those exposed to heroin, may exhibit withdrawal symptoms. Fetal exposure to cocaine has been associated with various neurobehavioral and circulatory complications, including major congenital malformations.

The General Accounting Office (GAO) reported that, of infants born in 1989 at 10 mostly inner-city hospitals in 5 large cities, 1% to 18% had been exposed to 1 or more illicit drugs before birth. At the four hospitals where 10% or more of the newborns were identified as drug-exposed, these infants were about twice as likely as those not so identified to have the neonatal medical problems of —

- low birth weight (25-31% of drug-exposed infants vs. 4-11% of others)
- premature births (27-49% of drug-exposed infants vs. 12-21% of others).

Drug-exposed infants were also more likely than those not so identified to need intensive care while in the hospital and to stay in the hospital for 5 or more days. Most of the longer hospital stays were for medical reasons, but hospitals had increasing numbers of infants staying for nonmedical reasons. Commonly called "boarder babies," these infants were usually kept at the hospital while social workers investigated their home environments or while awaiting foster care placement.

A later study of cocaine-exposed infants at an inner-city hospital in New York City yielded similar results. The effects were greater when mothers had specifically reported using crack or multiple illegal drugs. The analysis went beyond the GAO's in taking account of risk factors other than maternal drug use (such as prenatal care, maternal alcohol use and smoking) so that resulting estimates were more clearly attributable to drug use.

Some drug-exposed children will suffer long-term effects

Much of the research into possible lasting effects of prenatal exposure to drugs has been reported in recent years, particularly that relating to the effects of cocaine exposure. Results indicate that

effects vary among children. Some children have been observed to have neurologic abnormalities and/or developmental delays that were expected to continue in some form. Others have shown few or no such symptoms compared with drug-free control groups at ages as young as 1-3 days and as old as 24 months.

How many drug-exposed infants are there?

The GAO has cited estimates of the number of drug-exposed infants born annually that range from about 14,000 to 375,000. Higher estimates were developed by the Institute of Medicine (350,000 to 625,000) and by others (554,000 to 739,200).¹⁸

The GAO notes several reasons for the wide range in estimates. Hospitals and physicians do not routinely screen and test women and their infants for drugs. The GAO cites one study that found that the average incidence of drug-exposed infants born at hospitals with rigorous detection procedures (for example, review of the medical history and urine testing) was three to five times higher than at hospitals without such procedures. Most of the 10 hospitals in the GAO study tested for drugs primarily if the mother reported drug use or the infant showed drug withdrawal signs — criteria that allow some drug-exposed infants to go undetected.

Finally, the GAO found that hospitals serving primarily non-Medicaid patients were less likely to screen routinely for drug exposure than those primarily serving Medicaid patients, but one study found drug use during pregnancy to be similar in the two groups.

Drugs are directly and indirectly implicated in many accidental deaths each year

Most of the evidence of the link between drug use and accidents concerns highway accidents. Although drug use affects a person's driving ability, accidents cannot always be definitely attributed to the driver's drug use. The effect of drugs on driving performance is not well understood; stimulants, in particular, have potentially complex effects.

The Maryland Institute for Emergency Medical Services Systems reports that—

- 7% of drivers injured in vehicle accidents and admitted to the institute's Shock Trauma Center between January 1988 and July 1989 tested positive for cocaine — among motorcycle drivers, the figure was 10%
- 4% of injured drivers and 10% of motorcyclists tested positive for PCP.

Another study of 643 New York City drivers who died within 48 hours of a car crash during January 1988 through July 1989 showed that 18.2% tested positive for cocaine.

Drugs have also been implicated in fatal accidents involving heavy trucks. The National Transportation Safety Board (NTSB) studied 181 fatal-to-the-driver crashes in 8 States involving heavy trucks. These accidents, which occurred in 1987 and 1988, resulted in 207 deaths.

NTSB toxicological tests indicated that 33% of the fatally injured drivers were positive for alcohol and/or other drugs of abuse. Alcohol and marijuana were the most prevalent (each found in 13% of the drivers) followed by cocaine (9%), amphetamine/methamphetamine (7%), over-the-counter stimulants (8%), and codeine and PCP (less than 1% each). Of the drug- or alcohol-positive drivers, 41% had used multiple drugs.

A 1986 study of recent alcohol and drug use in 317 tractor-trailer drivers, stopped at a weighing station, reported similar levels of drug use with 29% testing positive for drugs and/or alcohol. Cocaine was detected in 2% of the drivers and low levels of alcohol in less than 1%. Marijuana and stimulants (prescription and over-the-counter) were the drugs detected most often — marijuana in 16% of the drivers and stimulants in 15%. All drivers had been asked whether they had used prescription or nonprescription drugs during the past 48 hours. About a third of the drivers found positive for stimulants had reported use of over-the-counter medicines for cold or flu symptoms that might explain the drugs detected.

Drug abuse places additional burdens on already strained health care systems in major cities

Hospitals in many center cities have become the source of primary and urgent medical care for center city residents who cannot pay for medical care.¹⁹ These facilities that must cope with the care of large medically indigent populations are the same facilities that tend to have newborn patients affected by maternal drug use and patients with toxic drug reactions. In some cities these hospitals also cope with injuries from drug-related violence. Where drug-related violence has been a problem, hospitals have been seriously burdened by the large numbers requiring surgery and long hospitalizations. Some of the hospitals also have had increasing numbers of patients in substance abuse treatment.

How is the Nation's productivity affected by drug use?

Drug use harms business, industry, and workplaces

Employee drug use may result in absenteeism and tardiness, illness, injury, legal incidents, and problems in family life. Drugs and alcohol are often used in combination, and the effects on psychomotor performance appear to be additive. Thus, the effects of using illegal drugs and alcohol can seriously affect coordination, concentration, risk taking, and other abilities. However, the effects of either illegal drugs or alcohol depend on such factors as dose level, the individual's experience with the drug, and the rate of consumption.

A study of the association between preemployment urinalysis results and employment outcomes for 2,500 postal employees found that workers who had used marijuana were —

- 1.6 times as likely as nonusers to have quit their jobs or have been fired
- 1.5 times as likely to have had an accident and nearly twice as likely to have been injured
- 1.5 times as likely to have been disciplined by a supervisor
- 1.8 times as likely to be absent.²⁰

The study also found that workers who had used cocaine were —

- 1.5 times as likely as nonusers to have had an accident
- nearly twice as likely to have been injured
- more than twice as likely to be absent.

This study went beyond others on this subject by correcting for potentially confounding factors (such as age, gender, race, smoking, and exercise habits) so the results could more clearly be attributed to drug use.

Workplace-related drug use raises concerns about safety, productivity, and health

Participants in a 1988 NIDA-sponsored conference on Drugs in the Workplace identified these separate but related concerns about workplace-related drug use:

- Concerns about safety are concentrated around the high-precision or high-risk occupations in industries such as transportation (for example, air traffic controllers, airline flight crews, railroad workers, truck drivers), energy (miners, nuclear power plant workers), construction, and medical care (doctors, nurses, emergency paramedics, laboratory technicians).
- Concerns about productivity focus on shoddily manufactured products, badly considered decisions, and slow-moving, understaffed businesses or services. Drug-related absenteeism, sickness, and turnover reduce worker productivity and, thereby, company productivity. Mood changes caused by drug use affect worker interaction. Workers who think that coworkers are unreliable may be unwilling to do themselves what is necessary to accomplish a good job, especially in high-risk occupations where workers depend heavily on one another such as construction, law enforcement, firefighting and the military.
- The health of the work force is a central concern, given the increasing costs of health care in recent years and related increases in employers' costs for health-related employee benefits.

Many employed persons use drugs

The 1985 National Household Survey on Drug Abuse found that 12% of adults employed full-time reported current marijuana use (in the past 30 days) while 4% reported current cocaine use. Similar proportions of part-time employees reported current use of these drugs.

The 1990 National Household Survey on Drug Abuse found lower proportions of employed persons reporting current use of these drugs —

- 6% of full- and part-time employees reported current marijuana use
- 1% of full-time employees reported current cocaine use.

These proportions are estimated to represent nearly 7 million persons.

Drug users are excluded from employment in many types of jobs

Many employers will not hire drug users and will fire employees found to be using drugs, immediately in some circumstances, or when drug use persists. Many employers have tried to eliminate the problem of drug-using workers by detecting them through drug testing programs. The Bureau of Labor Statistics reports that most of these programs require job candidates to pass a drug screening before being hired. Twenty percent of American workers work for an establishment with a drug testing program; 60% of businesses with 5,000 or more employees have such a program. Job opportunities of any kind at most of these companies are closed to drug users.

The military also tests all applicants for military service. According to the CDC, thousands of young people have been refused entry into the military because they have drug use histories or did not pass a urine screening for drug use.

Professional athletes who have been suspended from playing with their teams or had lucrative contracts terminated due to drug use are a dramatic and visible example of lost economic and career opportunities. Ordinary people who lose their jobs because of their drug use are probably more common but less visible.

More information about drug testing in the workplace is presented in Chapter III, Section 4.

Drug use by adolescents affects their participation in the labor force

Adolescent drug users may drop out of school and be forced to enter the labor force early. Later, many prove to have unstable employment patterns. For such youth, the capacity and motivation to participate in the economic and social life of the country are too often eroded or undeveloped.

Basic sources

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Section 2. Patterns of illicit drug use

Why do people use illicit drugs?

People take illicit drugs mainly for the effects they produce

The effects may be mood change, excitement, relaxation, pleasure, analgesia, stimulation, or sedation. Some drugs are taken in the belief they enhance physical and mental performance.

Most illicit drugs are taken purely for their mind-altering effects. Drugs such as heroin have at best very limited legitimate medical purposes. Other drugs such as stimulants, sedatives, tranquilizers, and analgesics have distinct medical uses including sedation, weight control, and pain control, and they are available by prescription. Because of their mind-altering effects, such prescription-type psychotherapeutic drugs may be desired and obtained illegally or used illicitly.

Many drugs of abuse are sought for the euphoria they produce, but they are also used to produce other types of mind-altering effects. Some people take—

- heroin to reduce pain
- cocaine to produce excitement
- marijuana to promote feelings of relaxation and intoxication
- stimulants to increase alertness.

People take drugs for a variety of other reasons—some because their associates use drugs or because drug use is unconventional or rebellious.

What is illicit drug use?

It is the use of prescription-type psychotherapeutic drugs for nonmedical purposes or the use of illegal drugs.

Some define any illicit drug use as drug abuse. For others, drug abuse is illicit drug use that results in social, economic, psychological, or legal problems for the user.

What are some of the effects of illegal drugs?

Drug type	Short-term effects		Duration of acute effects	DEA view of risk of dependence
	Desired	Other		
Heroin	<ul style="list-style-type: none">• euphoria• pain reduction	<ul style="list-style-type: none">• respiratory depression• nausea• drowsiness	• 3 to 6 hours	<ul style="list-style-type: none">• physical - high• psychological - high
Cocaine	<ul style="list-style-type: none">• excitement• euphoria• increased alertness, wakefulness	<ul style="list-style-type: none">• increased blood pressure• increased respiratory rate• nausea• cold sweats• twitching• headache	• 1 to 2 hours	<ul style="list-style-type: none">• physical - possible• psychological - high
Crack cocaine	<ul style="list-style-type: none">• same as cocaine• more rapid high than cocaine	<ul style="list-style-type: none">• same as cocaine	• about 5 minutes	• same as cocaine
Marijuana	<ul style="list-style-type: none">• euphoria• relaxation	<ul style="list-style-type: none">• accelerated heartbeat• impairment of perception, judgement, fine motor skills, and memory	• 2 to 4 hours	<ul style="list-style-type: none">• physical - unknown• psychological - moderate
Amphetamines	<ul style="list-style-type: none">• euphoria• excitement• increased alertness, wakefulness	<ul style="list-style-type: none">• increased blood pressure• increased pulse rate• insomnia• loss of appetite	• 2 to 4 hours	<ul style="list-style-type: none">• physical - possible• psychological - high
LSD	<ul style="list-style-type: none">• illusions and hallucinations• excitement• euphoria	<ul style="list-style-type: none">• poor perception of time and distance• acute anxiety, restlessness, sleeplessness• sometimes depression	• 8 to 12 hours	<ul style="list-style-type: none">• physical - none• psychological - unknown

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The pharmacologic mechanisms through which various drugs exert their effects are only partially understood

Research has identified sites and substances in the brain that are associated with the effects of drugs and their reinforcement properties. The process is complex, but the neurotransmitter dopamine appears to play an important role in mediating the effects of cocaine, heroin, and other drugs.

Cocaine, for instance, acts on the pleasure centers of the brain. Normally, dopamine is released by nerve centers and then is withdrawn. In the case of cocaine, dopamine continues to be transmitted, seriously raising the blood pressure and making the heart race.

Persons with psychiatric disorders may use drugs to self-medicate

Drug use may be a symptom of, or response to, psychiatric disorder. Drug and alcohol problems often occur with other psychiatric disorders. Many persons with substance abuse problems commonly have affective, anxiety, or personality disorders. The converse is also true. One view of the drug use/psychiatric disorder relationship is the self-medication hypothesis. For example, a person who is depressed may use drugs to elevate mood; one who is suffering severe anxiety may seek relief by the fear-reducing and relaxing effects of some drugs.

Drugs often have undesired and unintended side-effects

Drugs may have unintended side-effects some of which are short term but may also become long term, persistent, or recurring. Heroin, for instance, is taken for its euphoric effects but may also result in drowsiness, nausea, constricted pupils, and respiratory depression. Marijuana and hashish alter perception and may result in memory loss and disorientation. Users of marijuana and hallucinogens may experience flashbacks, or the unwanted recurrence of effects without further drug use.

The effects of drugs depend on a complex array of factors including the mood of the user and how and where the drugs are taken. Drugs can also have paradoxical effects on mood. For example, cocaine is a stimulant that usually elevates mood but in depressed subjects may induce crying. The immediate effects of drugs may be very different from feelings experienced when effects of the drug are waning. After the stimulating effect of the drug wears off, cocaine users report anxiety, depression, fatigue, and a desire for more cocaine.

Users often look to drugs, especially stimulants such as cocaine and amphetamines, to enhance their intellectual or motor performance. These drugs increase alertness and may result in perceived improvements in performance, but they may also interfere with the capacity for new learning, and other factors such as fatigue may offset any performance enhancement that drugs provide. Opiates and other drugs with sedative effects are likely to have negative effects on performance.

Drugs vary in the extent to which they result in physical and psychological dependence

Many users of illicit drugs experience —

- *psychological dependence*, the feeling that drugs are needed to achieve a feeling of well-being
- *physical dependence*, marked by a growing tolerance of a drug's effects so that increased amounts of a drug are needed to obtain a desired effect and by the onset of withdrawal symptoms over periods of prolonged abstinence
- *drug addiction*, the compulsive use of a drug resulting in physical, psychological, or social harm to the user and the continued use despite that harm.

Psychological dependence is subjective and difficult to define, but it is marked by an individual's compulsive need to use drugs. Drugs vary in the extent to which they result in physical dependence. Heroin has an extremely high potential for physical dependence. Cocaine is not addictive in the same way that opiates are, but its potential for psychological dependence may be high, especially

in the form of crack. Inhalants may also have that potential. This variation in the potential for physical dependence is one basis for the scheduling of drugs under Federal and State law. See Chapter III for further discussion of drug scheduling.

Is cocaine addictive?

The symptoms of heavy opiate (especially heroin) use gave rise to the concept of drug addiction. In some ways the symptoms of cocaine use mimic those of heroin use but in other ways do not. Frequent cocaine users are clearly characterized by compulsive use and psychological dependence. They are not characterized by the physical dependence of heavy opiate use. The distress associated with cocaine withdrawal is suggested to be more psychological than physiological.

Little doubt exists that cocaine has a strong potential for reinforcing compulsive use that can cause physical, psychological, and social harm to the user. Animal studies provide compelling evidence of cocaine's power to stimulate compulsive and excessive use. Every species tested — rats, dogs, and several varieties of monkeys — learned to self-administer cocaine with no reward but the effects of the drug. They preferred higher to lower doses. The animals ate almost nothing and suffered serious health effects when they had unlimited access to cocaine. Experiments showed that most monkeys died a few days after having cocaine-induced convulsions.

What prompts people to use illicit drugs?

The onset and continuing use of illicit drugs depend on many factors

The availability of drugs, personality and orientations of the individual, drug use of friends and associates, and whether drug use results in the desired effects are factors in first use and continuing use of drugs.¹

Experimental drug use, regular drug use, and chronic drug use may emerge from different sets of factors and have different meanings for users.

Many youth experiment with drugs once or twice. Others continue their drug use into young adulthood, and some become addicted or dependent.

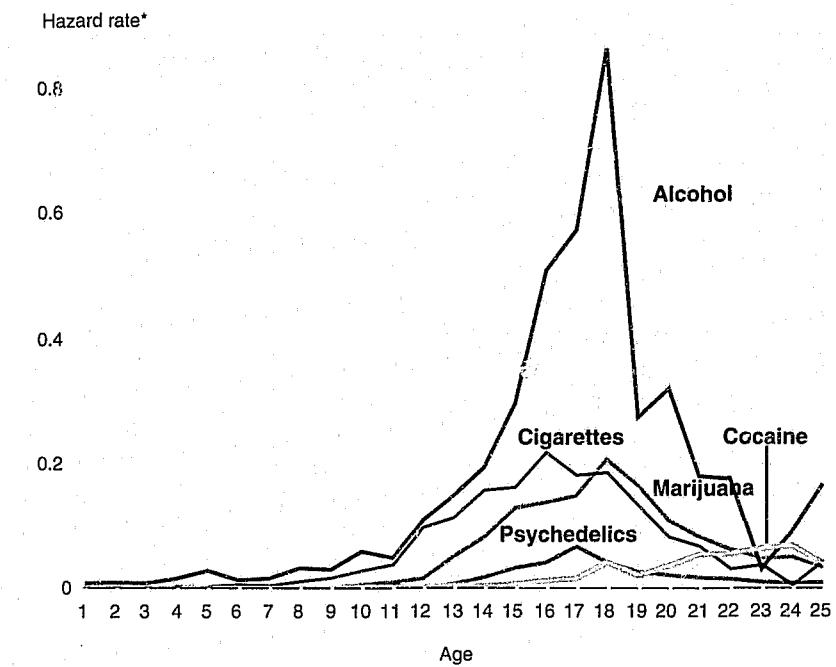
What factors influence drug use?

Much of the research on the causes of drug use is based on examining the initiation of drug use among youth.

Peers. Drug use by friends is consistently the strongest predictor of a person's involvement in drug use. Drug use begins and continues largely because youth have contact with peers who use drugs and who provide role models and social support for drug taking. Peer influences are particularly important during youth. They strongly influence beginning marijuana use but are less important for starting the use of alcohol or illicit drugs other than marijuana.

Family. Family influences are also important factors in predicting drug use among youth. Families with inconsistent discipline, drug-using parents, or distant relationships between parents and children may foster drug use. Family structure is a less important predictor of drug use than is attachment to parents. The importance of family factors in drug use suggests that drug use is the result of a learning process as well as the level of controls exerted on a youth's behavior.

Many begin to use drugs during early adolescence, but 18-year-olds have the highest risk of beginning to use most drugs



*The hazard rate is the proportion of nonusers at the beginning of each age who become users during that year.

Source: Denise B. Kandel and John A. Logan,

"Patterns of drug use from adolescence to young adulthood: Periods of risk for initiation, stabilization and decline in use," *American Journal of Public Health* (1984), 74(7):662.

Personality. Personality factors such as rebelliousness, orientation toward independence, low self-concept, alienation, orientation toward risk-taking, and a high tolerance of deviance have been found to be related to drug use among youth. Lack of commitment to conventional values may also be related to drug use.² Drug use can reflect an antisocial personality. Childhood antisocial behaviors are highly predictive of drug use in adulthood.

School. Poor school performance is often a precursor of involvement in drug use among youth.

Other factors. Involvement in delinquent activities often precedes but may not always cause involvement in drug use.

For many youth, drug use is part of a syndrome of unconventional behavior including marijuana use, early sexual activity, drinking, and other deviant behaviors. Youth who are most likely to become involved in drug use, alcohol use, and early sexual activity are those who —

- have parents who have little control over their children and are unsupportive
- place less value on traditional goals.

Most people use alcohol, tobacco, and other legal drugs before they start to use illegal drugs

Studies have identified a sequential pattern of involvement in drug use during adolescence.

Studies have shown that people generally begin to use legal drugs — such as cigarettes and alcohol — before they begin to use marijuana, and marijuana is used before other illicit drugs and/or prescription-type psychotherapeutic drugs. This somewhat orderly progression in the types of drugs used by youth does not necessarily mean that use of any one drug in the sequence will lead to use of the next drug in the sequence.

In 1991, for example, the National Household Survey on Drug Abuse found that relatively few youth had used illicit drugs other than marijuana:

- 13% reported ever using marijuana
- 7% had used inhalants
- 4% had used prescription-type analgesics
- fewer than 4% reported ever using hallucinogens, cocaine, heroin, or specific prescription-type psychotherapeutic drugs other than analgesics for nonmedical purposes.

The average age of first use of cigarettes, alcohol, and illicit drugs is between the midteens and early 20s

Average age of first use among those who have used each drug

Cigarettes	15 years
Inhalants	17
Alcohol	17
Marijuana/hashish	19
Hallucinogens	19
Nonmedical psychotherapeutics	21
Cocaine	22
Heroin	22

Source: NIDA, *National Household Survey on Drug Abuse: Main findings 1990, 1991*, table 10.5.

The average age at first use for State prison inmates was earlier than for the household population

	Average age of first drug use for State prison inmates in 1986
First drug use	
Any drug	15 years
Any use	15
Regular use	
Major drug	
Any use	17 years
Regular use	18

Note: Major drugs include cocaine, heroin, PCP, LSD, and methadone.

Source: BJS, *Drug use and crime*, Special report, NCJ-111940, July 1988, table 7, 5.

Problems with drug use occur in the late teens and early 20s, while problems with alcohol use appear later

Not all drug users develop major problems because of their use.

However, among those who do, drug abuse and dependence disorders commonly occur in the late teens and 20s, with a median age at onset of 18 years.

Alcohol abuse and dependence appear in the 20s, 30s, and 40s, with a median age at onset of 21 years of age.³

How are illegal drugs taken?

Drugs can be swallowed, sniffed, smoked, or injected

Different drugs are used in different ways, and some drugs are used in more than one way and in more than one physical form:

- Cocaine can be sniffed or snorted, smoked, swallowed, or injected. In 1990, according to the National Household Survey on Drug Abuse, 91% of those who had used cocaine in the past year sniffed or snorted it, 31% smoked it, and 10% swallowed it.
- Methadone is taken orally or injected.
- LSD is taken orally while other hallucinogens such as PCP can be smoked, taken orally, or injected.
- Amphetamines and other stimulants are usually taken orally or injected.
- Barbiturates and other depressants are taken orally.
- Marijuana is usually smoked but may also be swallowed.
- Heroin can be injected, sniffed, or smoked.

In 1991, almost 2% of the household population reported having ever injected drugs. More than 2% of those age 18-25, and 3% of those age 26-34 had injected drugs with needles in their lifetimes.

Heavy drug users are believed to be underrepresented in the survey and their patterns of use may differ from users in the household population.

The onset, magnitude, and duration of drug effects differ by method of use

The onset of drug effects is slowest for swallowing and sniffing and fastest for smoking and injection. Intravenous injection deposits drugs directly into the blood that is carried to the brain. Drugs inhaled in smoke are absorbed by blood vessels in the lungs and carried to the brain. The physiological effects of cocaine are felt within 30 seconds after intravenous injection. The high from smoking cocaine begins within 8 seconds and is more intense and short-lived than other modes of use.

What do users call various forms of drug administration?

Inhaling cocaine

Blow
Blow coke
Do a line
Geeze
Hitch up the reindeers
Pop
Sniff
Snort
Toot

Hit the hay
Mow the grass
Poke
Puff the dragon
Tea party
Toke
Toke up

Up against the stem =
addicted to smoking
marijuana

Cushion = the vein
drug is injected
into; also channel,
gutter, pipe, sewer
Emergency gun =
instrument used
to inject other than
syringe

Fix
Flag = appearance
of blood in the vein
Fuete = hypodermic
needle; also:

- gaffus
- glass
- glass gun
- hype stick
- Geezer
- Get off
- Hit the main line
- Hot load/hot shot
= lethal injection
of an opiate
- Jolt
- Joy pop
- Main line
- Shoot/shoot up
- Skin popping
- Slam
- Spike

Smoking cocaine

Chase
Freebasing
Ghost busting

Injecting an opiate

Backjack
Backup = prepare
vein for injection
Bang
Bingo
Blow a fix/blow a shot =
injection misses
the vein and is wasted
in the skin
Boot
Channel swimmer =
one who injects heroin
Chipping = using only
occasionally
Cooker
Cranking up

Smoking marijuana

Blast
Blast a joint
Blast a roach
Blast a stick
Blow
Burn one
Do a joint
Dope smoke
Fire it up
Get a gage up
Hit

Source: BJS, Drugs & Crime Data Center & Clearinghouse,
Street terms: Cocaine, heroin, marijuana, 1991.

The method of administering some drugs may change

Many heroin users who had been using the drug intravenously are now smoking or snorting it to avoid the risk of contracting AIDS from sharing injection equipment. Along with recent increases in heroin production and the average purity of street samples, this shift in method of administration may attract both new and former heroin users to the drug.

The main way to use cocaine has been by sniffing or snorting, but smoking powdered cocaine and crack has recently increased. Crack cocaine is easily manufactured by heating powdered cocaine and baking soda on a stove top — a much less dangerous procedure than free-basing. The easy availability of crack and the low cost of single doses have stimulated greater use of cocaine, contributing to its threat.

Many people use additional drugs to counteract or heighten the effects of a particular drug

Multiple drug use is increasingly common. Such use is dangerous because of the interactive effects of some drug combinations. Sometimes a drug is used to moderate the effects of another drug, such as when heroin or alcohol is used to dampen the high produced by cocaine. Other times a drug is used to enhance the effects of another drug.

"Speedballing," or the use of both heroin and cocaine intravenously, moderates the post-cocaine crash and substitutes the cocaine high for the heroin high blocked by methadone. This combination results in many emergency room visits.

Alcohol used in combination with a variety of drugs also results in many medical emergencies. The interaction of alcohol with other drugs may create stronger or different effects than those expected from the alcohol or drugs used separately. For example, the effects of alcohol and marijuana on impairing performance are additive, and the combination of cocaine, heroin, and alcohol substantially increases the risk of medical emergencies.

Many drug users have used more than one drug

Among members of the household population in 1990—

- 67% used either alcohol or illicit drugs in the past year
- 54% used alcohol only
- 12% used both alcohol and illicit drugs
- 1% used illicit drugs only.

About 54% of the household population used only one substance (generally alcohol) in the past year, 8% used two or more substances, and 4% used three or more.

People in drug treatment and criminal offenders are more likely than members of the household population to use multiple drugs:

- About 2 of 3 persons who entered drug treatment in 1979, 1980, or 1981 used 2 or more drugs regularly in the year before entering treatment, and 1 of 3 used 4 or more drugs according to the Treatment Outcome Prospective Study (TOPS).
- A Research Triangle Institute study found that 62% of males arrested for serious crimes in three cities in 1986-1987 tested positive for drugs, 28% for two or more drugs, and 7% for three or more drugs.
- In 21 of the 23 cities included in the Drug Use Forecasting Program (DUF) in 1990, 10% or more of male arrestees voluntarily tested in jail settings tested positive for more than one drug.

Most drug users are infrequent users, but others are heavily involved

Times used	Drugs used in past year:	
	Marijuana	Cocaine
All past year users	100%	100%
Less than once a month	52	74
Once a month	21	16
Once a week or more often	27	10

Note. Data on frequency of heroin use are not available.

Source: Calculated from NIDA's *National Household Survey on Drug Abuse: Population estimates 1991*, as revised February 27, 1992, tables 20-A, 109, and 21-A, 115.

What are drug use combinations called?

Cocaine and Heroin

Dynamite
Goofball
Speedball

Cocaine, Heroin, and LSD

Frisco Special
Frisco Speedball

PCP and Marijuana

Wac
Zoom

PCP and Crack

Beam Me Up Scottie
Space Cadet
Tragic Magic

Others

Atom Bomb =	heroin mixed with marijuana
Black Hash =	opium mixed with hashish
C & M =	cocaine & morphine
Cotton Brothers =	cocaine, heroin & morphine
Dusting =	adding PCP, heroin, or another drug to marijuana
Fuel =	marijuana mixed with insecticides
Herb & Al =	marijuana & alcohol

Source: BJS, Drugs & Crime Data Center & Clearinghouse, *Street terms: Cocaine, heroin, marijuana, 1991*.

How many people use illicit drugs?

More than 75 million persons in the U.S. household population have used illicit drugs

Drug	Number of users	
	Lifetime	Past month
Any illicit drug	75.4 million	12.6 million
Marijuana/hashish	67.7	9.7
Cocaine	23.7	1.9
Crack	3.9	.5
Inhalants	11.3	1.2
Hallucinogens	16.7	.7
PCP	7.3	.4
Heroin	2.9	*
Nonmedical psychotherapeutics	25.5	3.1
Stimulants	14.2	.7
Sedatives	8.7	.8
Tranquilizers	11.3	.9
Analgesics	12.3	1.4
Alcohol	171.9	103.2

*Low precision; no estimate reported.

Source: NIDA, *National Household Survey on Drug Abuse: Population estimates 1991*.

These estimates are based on self-reports from members of the household population age 12 and older. Because certain segments of the total population are not included in household surveys, these numbers probably underestimate the actual number of users.

Little is known about the prevalence of drug use in some populations

There is extensive information about drug use in the household population, among high school seniors, and among arrestees and offenders. Little is known about drug use in groups that are difficult to reach using standard survey techniques. For example, drug use is thought to be prevalent among the homeless who generally are missed in household surveys and among school truants and dropouts who often are missed in school-based surveys.

The proportion of drug users varies across different populations

Survey and population	Percent of population who used illicit drugs Ever	Percent of population who used illicit drugs In the past month
National Household Survey on Drug Abuse — conducted periodically since 1972, now an annual survey that interviews a random sample of people living in households and in certain group residences the U.S. In 1991, 32,594 people were interviewed in their homes. Population excludes residents of some institutions and transient populations.	37%	6%
High School Senior Survey — also known as <i>Monitoring the Future</i> — is an annual survey conducted since 1975. In 1991, about 15,700 seniors in public and private high schools were surveyed. Dropouts and absent students are excluded. College students and young adults are also surveyed to provide comparative data.	44	16
Worldwide Survey of Substance Abuse and Health Behaviors Among Military Personnel — conducted four times since 1980. In 1988, 19,000 active duty military personnel were surveyed at U.S. military installations across the world.	—	5
Survey of Jail Inmates* — an interview survey of local jail inmates awaiting trial or sentencing or serving their sentence in a local jail conducted four times since 1978. In 1989, a representative sample of 5,675 inmates in 424 jails were surveyed.	78	44**
Survey of State Prison Inmates — an interview survey of State prison inmates conducted every 5 to 7 years (three times since 1974). In 1986, about 14,000 inmates in 275 facilities were interviewed.	80	52**
— Data not available. *Percents for convicted inmates only. **Use in the month prior to the offense that resulted in incarceration. Sources: NIDA, 1991 National Household Survey on Drug Abuse and 1991 National High School Senior Survey; DoD, 1988 Worldwide Survey on Substance Abuse and Health Behaviors Among Military Personnel; BJS, 1989 Survey of Inmates in Local Jails and 1986 Survey of Inmates of State Correctional Facilities.		

The prevalence of drug use is usually examined for the lifetime, past year, and past month

Surveys of illicit drug use generally ask respondents whether they ever used various drugs or used them in the past year or past month. Prevalence of use is the percentage of a particular population who used a drug (or any drugs) during a time period —

- use in the lifetime indicates the overall exposure of the population to the risks associated with drug use
- use in the past year provides recent use information and may be a more useful measure for drugs that vary widely in availability or that are infrequently used
- use in the past month, often referred to as current use, indicates which drugs are currently available, being used and, possibly, causing problems.

Comparisons of trends in the lifetime, past year, or past month prevalence of drug use show changes in the nature and extent of drug use. Monitoring changes in current use shows which drugs are increasing or decreasing in popularity and changes in the likelihood of negative consequences associated with the use of specific drugs.

Many Americans, particularly the young, have used illicit drugs

In 1991, according to the High School Senior Survey —

- about 44% of high school seniors across the nation reported they had ever used illicit drugs
- 29% had used them in the past year
- 16% had used them in the past month.

The survey found that —

- 50% of college students 1 to 4 years beyond high school had ever used illicit drugs
- 15% had used them in the past month
- some 27% of high school graduates age 19 to 28 had used illicit drugs in the past year.

In the 1988 survey of military personnel —

- 5% of the active-duty military personnel stationed across the world reported they had used one or more illicit drugs in the past month
- 9% had done so in the past year.

Marijuana is the most commonly used illicit drug

The 1991 National Household Survey on Drug Abuse found that —

- 33% of the household population age 12 or older had used marijuana in their lifetimes, 13% had used one or more prescription-type psychotherapeutic drugs for nonmedical reasons, and 12% had used cocaine. Other drugs were less commonly used.

- In the past month, 5% of the household population had used marijuana, and fewer than 1% of the population had used other specific illegal drugs.

In 1991 High School Senior Survey respondents said that —

- marijuana was the illicit drug most commonly used in their lifetime (37%), in the past year (24%), and in the past month (14%).
- the next most commonly used drugs in the lifetime were inhalants (18%), stimulants (15%), hallucinogens (10%), and cocaine (8%)
- in the past month, 3% used stimulants; fewer than 3% used any other drug.

A third of the adult population knows someone who uses cocaine or crack

Respondent characteristics	"Do you personally know anyone who you believe uses cocaine or crack?"		
	Yes	No	Don't know/Not available
Total	33%	66%	1%
Sex			
Male	36	64	—
Female	30	69	1
Age			
18-29	44	56	—
30-44	42	58	—
45-64	27	73	1
Over 64	11	88	1
Education			
Not high school graduate	22	77	1
High school graduate	31	69	1
Some college	37	63	1
College graduate	36	64	—
Postgraduate	38	61	1
Race/Ethnicity			
White	31	69	1
Black	52	48	—
Hispanic	84	16	—
Other	35	65	—
Income			
Under \$7,500	36	62	2
\$7,500 - \$14,999	29	71	1
\$15,000 - \$24,999	34	65	2
\$25,000 - \$34,999	33	66	—
\$35,000 - \$49,999	37	63	—
\$50,000 or over	33	66	—

Source: Media General/Associated Press Poll #30, May 11-20, 1990, question 3a.

What are the characteristics of illicit drug users?

Who is most likely to use illicit drugs?

The National Household Survey on Drug Abuse has shown that—

- males are more likely than females to have ever used drugs and to have used them in the past month
- people age 26 to 34 are the ones most likely to have ever used drugs
- those age 18 to 25 are the ones most likely to have used drugs in the past month
- whites and blacks are more likely than Hispanics to have ever used drugs
- past month use rates for whites and Hispanics are essentially the same.

These drug use patterns may vary somewhat over the decades as drug use changes among cohorts. For example, based on current trends, the lifetime rates of use in 1995 will be highest among those of age 31 to 39. Lifetime rates of use largely reflect the peak drug using years of the late 1970s.

Characteristic	Percent who used any illicit drug	
	Ever	In past month
Total	37%	6%
Sex		
Male	41%	8%
Female	34	5
Age		
12-17 years	20%	7%
18-25	55	15
26-34	62	9
35 or older	28	3
Race/ethnicity		
White	38%	6%
Black	39	9
Hispanic	31	6

Note: Any illicit drugs includes marijuana, nonmedical use of psychotherapeutics, inhalants, cocaine, hallucinogens, and heroin.

Source: NIDA, *National Household Survey on Drug Abuse: Population estimates 1991, 1991*, tables 2A-2D, 19-21.

Self-reported marijuana and cocaine use differs for white and black high school seniors

Analyses of the High School Senior Survey data have indicated higher rates of use for whites than for blacks. The rates do not reflect drug use by dropouts or students not in school when the survey was conducted.

Race	Prevalence of use for school seniors			
	Marijuana	Cocaine	Lifetime	30-day
White	47%	19%	11%	3%
Black	30	9	3	1

Source: NIDA, Andrea J. Kopstein and Patrice T. Roth, *Drug abuse among race/ethnic minorities*, November 1990, table 8, 13.

Analyses of the High School Senior Survey also show that the past year use of most drugs (marijuana, cocaine, hallucinogens, heroin, stimulants, sedatives, tranquilizers, and cigarettes) was highest among Native Americans, according to combined estimates for 1985 to 1989. Alcohol use was highest among whites, slightly higher than among Native Americans. Rates of use were lowest among Asians and almost as low among blacks.

What are the characteristics of users of different drugs?

Drug type	Number of persons who used during the —		Characteristics of current users					
	Past month	Past year	Age group with highest percent of users	Percent of users who are:			Percent of users who are:	
				White	Black	Hispanic	Male	Female
Heroin *	*	701,000	35+	74.5%	14.8%	10.7%	42.7%	57.3%
Cocaine	1,892,000	6,383,000	18-25	62.0	23.4	14.6	70.1	29.9
Crack cocaine	479,000	1,021,000	18-25 & 26-34	49.9	35.9	14.2	82.0	18.0
Marijuana	9,721,000	19,549,000	18-25	75.1	17.5	7.3	63.6	36.4

*For heroin, characteristics data are for persons who used in the past year. Past month data are not available.

Source: NIDA, *National Household Survey on Drug Abuse: Population Estimates 1991, 1991*.

How does drug use vary geographically?

The drug of choice differs among major cities in the U.S.

The Community Epidemiology Work Group (CEWG) tracks trends in drug use in 20 cities according to a variety of indicators. Cities differ in the drugs used, the prevalence of use of specific drugs, the method of administration of drugs, and use among population subgroups. The differences in drugs used are related largely to the availability and price of various drugs across cities. In 1991, cocaine continued to be the major drug used in most cities but use was declining. Heroin use, on the other hand, declined in 11 cities but rose in 6 cities, and was stable in 2 cities. Stimulant use was most common in western cities (Denver, Honolulu, Phoenix, Los

Angeles, San Diego, San Francisco, Seattle) and Dallas.

In 1991, the percentage of the household population using any drug in the past month varied from 5% to 9% in six major metropolitan areas:

	Percent using any illicit drug in past month
Los Angeles	9%
Denver	8
New York City	7
Washington, D.C.	6
Chicago	6
Miami	5

Source: *Health and Human Services News*, press release, December 19, 1991.

The prevalence of drug use varies across urban and rural areas and regions of the U.S.

The prevalence of illegal drug use is higher in large than in small metropolitan areas and nonmetropolitan areas, according to the 1990 National Household Survey on Drug Abuse. Marijuana use is lower in the South than in other regions.

	Percent of respondents who used in past year		
	Any illicit drug	Marijuana	Cocaine
Total	13%	10%	3%
Population density			
Large metro	15%	11%	4%
Small metro	13	10	3
Nonmetro	11	8	2
Region			
Northeast	12%	10%	3%
North Central	14	11	3
South	12	9	3
West	16	12	4

Source: NIDA, *National Household Survey on Drug Abuse: Main findings 1990, 1991*, tables 2.14, 3.2, 4.2.

Drug and alcohol use among youth are similar in rural and nonrural areas

Recent analyses of the High School Senior Survey by GAO showed that the rates of lifetime, past year, and past month use of stimulants, inhalants, sedatives, and tranquilizers were similar in rural and nonrural areas. Marijuana and cocaine were more likely to be used in nonrural than rural areas.

Related analyses of treatment admissions data and arrest data, together with analyses of survey data, concluded that —

- Alcohol is by far the most widely abused drug and rates of alcohol abuse are higher in rural than nonrural areas.
- The prevalence of use of some illicit drugs such as cocaine may be lower in rural than nonrural areas, while the prevalence of use of other drugs such as inhalants may be higher in rural areas than elsewhere.

Drug use varies across cities, as indicated by urinalyses of arrestees

Male arrestees testing positive for any drug ranged from 78% in San Diego to 30% in Omaha.

City	Percent of male arrestees testing positive for:			
	Any drug*	Cocaine	Marijuana	Heroin
Atlanta, GA	62%	59%	4%	4%
Birmingham, AL	64	50	14	5
Chicago, IL	73	54	27	27
Cleveland, OH	55	45	14	3
Dallas, TX	56	43	20	5
Denver, CO	48	24	27	2
Detroit, MI	51	38	15	8
Fort Lauderdale, FL	60	46	22	1
Houston, TX	64	53	21	6
Indianapolis, IN	46	18	31	4
Kansas City, MO	45	30	16	2
Los Angeles, CA	65	45	20	11
Manhattan, NYC	76	65	19	17
New Orleans, LA	61	51	18	5
Omaha, NE	30	10	20	2
Philadelphia, PA	76	65	18	8
Phoenix, AZ	54	29	28	6
Portland, OR	62	22	42	11
St. Louis, MO	54	42	16	6
San Antonio, TX	51	26	26	17
San Diego, CA	78	45	35	19
San Jose, CA	55	26	24	7
Washington, DC	56	48	7	13

Note: DUF data are collected in central booking facilities in participating cities throughout the U.S. For approximately 14 consecutive evenings each quarter, trained local staff obtain voluntary and anonymous urine specimens and interviews from a new sample of arrestees.

*Includes cocaine, opiates, PCP, marijuana, amphetamines, methadone, methaqualone, benzodiazepine, barbiturates, and propoxyphene.

Source: NIJ, *Drugs and Crime Annual Report, 1990*, NCJ-130063 (August 1991).

How is drug use in the U.S. changing?

What are the trends in drug use for various populations?

Household population. Trend data from the National Household Survey on Drug Abuse indicate that current use of most drugs rose from the early to late 1970s, peaked between 1979 and 1982, and has since declined. The increase in cocaine use was especially sharp in the late 1970s. Between 1988 and 1991, the current use of most drugs declined or remained stable for all age groups.

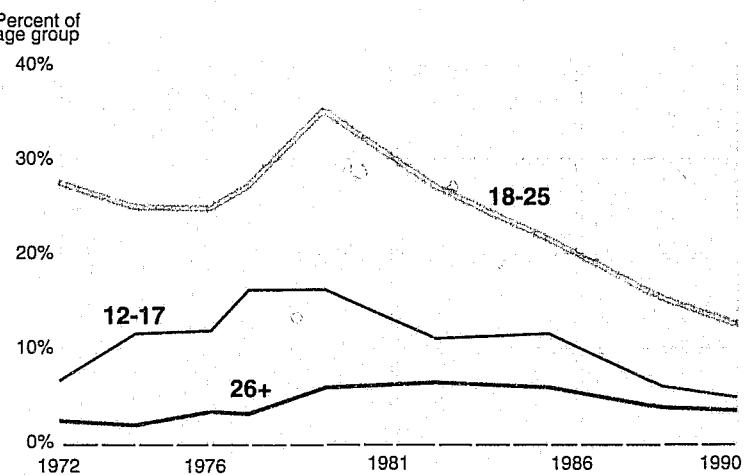
High school seniors. Trends for high school seniors are similar to those in the household population. Current use of any illicit drug was highest in 1978 and 1979, 39% in both years, and fell thereafter. Use of marijuana and most specific drugs also peaked during the late 1970s, but use of stimulants was highest in the early 1980s and use of cocaine and inhalants was highest in the mid to late 1980s. In 1990, for the first time in the 16 years that this study has been conducted, the percentage of high school seniors who had ever used illicit drugs fell to less than 50%, and the rates of current use of many drugs were the lowest since the survey began in 1975. College students and high school graduates 18 to 22 years old had similar decreases.

College athletes. Among college athletes, the use of cocaine, marijuana, and amphetamines fell between 1985 and 1989, but the use of smokeless tobacco and major pain medications increased. Alcohol use and anabolic steroid use remained stable.⁴

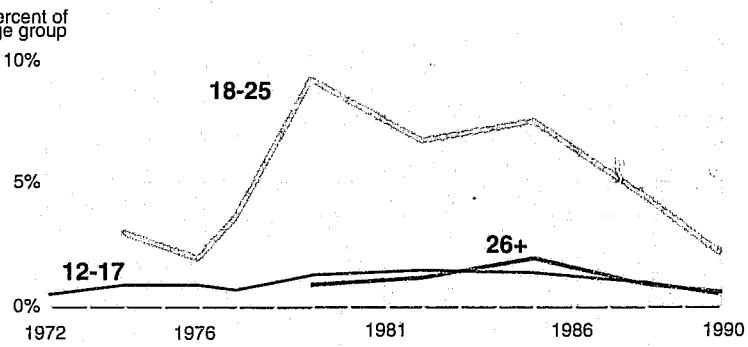
Military personnel. Among active-duty military personnel stationed around the world, current drug use fell during the 1980s, from 28% in 1980 to 5% in 1988. There were clear declines between 1980 and 1988 and between each of the four surveys that were conducted in 1980, 1982, 1985, and 1988.

Marijuana and cocaine use are declining for all age groups

Marijuana use in the past month



Cocaine use in the past month



Note: These lines were constructed from interpolated data.

Source: NIDA, National Household Survey on Drug Abuse, Population estimates 1991, 1991.

Prison and jail inmates. In the 12 years between the first survey of prison inmates and the most recent available survey in 1986, increasing percentages of State prison inmates reported drug use histories and current drug use. For jail inmates, reported use of drugs of all types declined or remained the same between 1983 and 1989, except for cocaine and crack. Convicted jail inmates reported a sharp increase of cocaine and crack use from 12% in 1983 to 24% in 1989.

Illicit drug use decreased in recent years for most but not all groups

Between 1985 and 1991, the percent of the household population age 12 and older who had used one or more illicit drugs in the past month fell significantly — from 12% to 6%. Declines were observed for males and females and most age and racial groups.

Use of specific illicit drugs and alcohol has decreased among the most drug-prone age group

Drug	Percent of people age 18-25 using drugs during the past month								
	1974	1976	1977	1979	1982	1985	1988	1990	1991
Any illicit drug*	—	—	—	37%	30%	26%	18%	15%	15%
Marijuana/hashish	25%	25%	27%	35	27	22	16	13	13
Inhalants	—	1	—	1	—	1	2	1	2
Hallucinogens	3	1	2	4	2	2	2	1	1
Cocaine	3	2	4	9	7	8	5	2	2
Nonmedical use of any psycho- therapeutics	—	—	—	6	7	6	4	3	3
Stimulants	4	5	3	4	5	4	2	1	1
Sedatives	2	2	3	3	3	2	1	1	1
Tranquilizers	1	3	2	2	2	2	1	1	1
Analgesics	—	—	—	1	1	2	2	1	2

— The survey in that year did not include the question about that drug or an estimate was not made for that category. Heroin use in the past month in this household survey was too low to use for a national estimate.

*Use of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP),

heroin, or nonmedical use of psychotherapeutics at least once.

Source: NIDA, *National Household Survey on Drug Abuse: Main findings 1990, 1991*, table 2.11, 1991; and *National Household Survey on Drug Abuse: Population estimates 1991, 1991*.

Although declining rates of use may indicate an increasing reluctance to report use and although surveys miss some segments of the population, self-report surveys of members of the household population, high school seniors, college athletes, and military personnel indicate that drug use is declining in most segments of the population.

Despite statistics from national sources that generally support the conclusion of declining use, there is concern that drug use is persisting in some groups. For example —

- Among those in the U.S. household population who used cocaine in the past year, the number of weekly or more frequent cocaine users did not decline significantly between 1990 and 1991; this holds for males and females, blacks, whites, Hispanics, and those age 18 to 34.
- The percent of college students who used cocaine or marijuana in the past 30 days was not significantly lower in 1991 than 1990.

Declines in drug-related medical emergencies reinforce the findings of household surveys

In participating hospitals across the Nation, the number of drug-related medical emergencies reported by the Drug Abuse Warning Network (DAWN) rose dramatically between 1986 and 1988 but fell from 1989 to 1990. The pattern for cocaine is similar to that for all drugs — a peak in 1989 and a decline between 1989 and 1990.

Data from 19 of the 20 cities summarized by the CEWG further confirm a decline in the proportion of incidents in which cocaine was mentioned as the cause of the hospital visits:

- from June 1988 to 1989, 16 of the 19 cities reported increases
- by the end of 1989, nine cities were reporting declines with New York City down 17% and Phoenix down 34%
- from June 1989 to 1990, 16 of the 19 cities reported declines with some of the largest percent declines among cities with the largest number of drug episodes, specifically Detroit, Los Angeles, New York, and Washington, D.C.
- a comparison of January to September in both 1989 and 1990 showed cocaine emergency room mentions declining in 18 of the 19 cities, with declines of 25% or more in 14 cities.

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Chapter II

Dynamics of the illegal drug business

- How big is the illegal drug business?
- Where do illegal drugs come from?
- How are illegal drugs made?
- How do illegal drugs reach the U.S.?
- How are illegal drugs sold?
- What affects the prices for illegal drugs?
- How do illegal drug prices affect the extent of use?
- What roles do violence and corruption play in the distribution and sale of drugs?
- How is the illegal drug business organized?
- Who produces, distributes, and sells illegal drugs?
- How do the production, distribution, and sale of illegal drugs compare with those of legal products?
- How do drug traffickers conceal drug revenues?
- How do drug traffickers get their drug profits out of the U.S.?

How big is the illegal drug business?

Thousands of tons of illegal drugs are produced and sold

Marijuana-, opium-, and coca-based drugs make up the largest share of illegal drugs smuggled into or grown in the U.S. The estimated volume of such drugs produced grew through the 1980s. In 1991 the *International narcotics control strategy report* estimated net metric tonnage worldwide was more than —

- 23,000 for marijuana
- 337,000 for coca
- 3,400 for opium.

Other illegal drugs are produced in small, clandestine laboratories or diverted from legal medical use. They include stimulants, hallucinogens, depressants, narcotics/analgesics, heroin substitutes/supplements, and controlled substance analogs. These drugs are not as prevalent across the country as marijuana, cocaine, and heroin; their volume in the marketplace varies by drug from one year to the next.¹

Americans spend vast sums of money for illegal drugs

The Office of National Drug Control Policy (ONDCP) estimates that in 1990 illegal drug consumers in the U.S. spent —

- \$18 billion for cocaine
- \$12 billion for heroin
- \$9 billion for marijuana
- \$2 billion for other drugs.

Other estimates are even higher. For example, the Select Committee on Narcotics Abuse and Control estimated that Americans spent \$140 billion on illegal drugs in 1987.

Illegal drug ventures employ a great many people

Arrest data show that hundreds of thousands of people sell drugs illegally in the U.S., yet by far the greatest number of people who work in the illegal drug industry live in other countries:

World production of marijuana, coca leaf, and opium has risen in recent years

	Metric tons produced				
	1987	1988	1989	1990	1991 estimated
Marijuana	13,693	17,455	36,755	25,600	23,650
Coca leaf	291,100	293,700	298,070	310,170	337,100
Opium	2,242	2,881	3,948	3,520	3,429

Source: Bureau of International Narcotics Matters, U.S. Department of State, *International narcotics control strategy report*, March 1991, 22.

- In Peru, Bolivia, and Colombia, an estimated 1 million people, including farmers and laborers, grow coca leaves and process and export cocaine products.²

- In Peru, as many as 60,000 families are thought to depend on coca growing for their livelihood.
- In Bolivia, an estimated 350,000 to 400,000 people, 5-6% of the population, are directly employed in the cocaine industry.
- In Burma, Thailand, and Laos — "the Golden Triangle" — the heroin industry engages hundreds of thousands of peasants in cultivation and thousands more at the refining stage.³

The relative size of the illegal drug business can be seen when it is compared to the size of legal businesses. For example, in the U.S. in 1987 —

- 172,000 employees in the legal drug industry produced shipments valued at \$39 billion
- 32,000 employees in the tobacco/cigarette industry produced shipments valued at \$17 billion.

Only small amounts of cocaine and opium products originate in the U.S. — mainly because growing conditions in the U.S. are not well suited for coca or opium plants. About 18% of the estimated marijuana supply was produced in the U.S. in 1990. Significant amounts of hashish, a drug also made from the cannabis plant, are not produced or consumed in the U.S.

In some countries and some parts of the U.S., the illegal drug trade yields enormous earnings

These earnings have an impact on local economies because those who profit from the illegal trade buy goods and services, save money in banks, and may even invest in legitimate businesses.

In foreign nations where the impact of the drug money is great, U.S. and international organizations (under certain conditions) provide aid to increase potential earnings from legal crops to discourage illegal drug production. (See Chapter III.)

Although the economic impact in some quarters may be positive, illegal drug money generally has negative economic impacts. For the U.S., for example —

- dollars spent to buy imported drugs flow out of the country
- businesses lose productivity because their employees use illegal drugs
- drug violence in inner cities drives out investment and jobs. (Chapter I discusses in detail the consequences of drug use in the U.S.)

Among source countries negative economic impacts include —

- corruption and distortion of investment and consumption patterns
- burdensome enforcement, judicial, and penal expenditures to control the production, manufacture, and distribution of illegal drugs
- loss of U.S. foreign aid if they are unable to prove to U.S. satisfaction that they are doing enough to control drug production and trafficking.

Where do illegal drugs come from?

Marijuana, cocaine, and opium are made from agricultural crops

Illegal drug crops are usually grown by independent peasant farmers. The drug crop may provide these farmers with their only dependable source of cash.

Most legal crops require a combination of infrastructure, such as roads and bridges, and access to markets that is often lacking in less developed countries. In some countries the illegal drug business also helps strengthen political opposition to government eradication efforts.

To supply legitimate pharmaceutical needs, some crops that can be processed into both legal and illegal drugs are grown. In Turkey, for example, poppies are legally grown and cultivated under strict government controls.

Large volumes of illegal drugs made from agricultural crops are smuggled into the U.S.

The main sources of these drugs are —

- Central and South America
- Southeast and Southwest Asia
- the Middle East.

Specific drug types are associated with particular regions:

• In some areas coca and opium poppies have traditionally been grown and used for medicinal purposes or as part of the local culture. This cultivation and use in Burma and Peru, for example, predates the current drug crisis by centuries.

How do metric measures for illegal drugs convert to U.S. measures?

Metric	U.S.
1 gram	= 0.03527 ounce
28.35 grams	= 1 ounce
1 kilogram	= 2.2046 pounds
0.4536 kilograms	= 1 pound
1 metric ton	= 1.102 tons
0.907 metric tons	= 1 ton

Source: Webster's Seventh New Collegiate Dictionary.

- Illegal operations in such countries as Colombia and Mexico have recently begun to produce large amounts of drugs to supply illegal markets in the U.S.

Opium-based drugs consumed in the U.S. come from Southeast and Southwest Asia and Mexico

In *Southeast Asia*, the countries collectively known as the Golden Triangle (Burma, Laos, and Thailand) produced an estimated 2,565 metric tons of opium in 1990 according to the *International narcotics control strategy report*. Burma has the highest illegal opium production.

In *Southwest Asia* opium primarily comes from Afghanistan, Iran, and Pakistan. Afghanistan is the leading source. Southwest Asia 1990 opium production was estimated at 880 metric tons.

In *Mexico* the amount of opium produced is far less than that produced in Asia, but it is important because of Mexico's proximity to the U.S. Production from Mexico for 1990 was estimated at 62 metric tons, almost all destined for U.S. heroin consumption.

Opium poppy fields tend to be in remote and border regions where central government control is minimal. Many growers are members of social or ethnic populations that are outside the official power structure, such as the Kurds in the Middle East and the Hmong in Southeast Asia. Local growers seldom reap large profits.

Southeast Asia is the source for almost three-fourths of the estimated world opium supply

	Percent of total opium production
Burma, Laos, and Thailand	73%
Afghanistan, Iran, and Pakistan	24
Mexico and Guatemala	2
Lebanon	1

Source: Bureau of International Narcotics Matters, U.S. Department of State, *International narcotics control strategy report*, March 1991, 22.

Coca, the base plant for cocaine, is grown primarily in South America

Peru, Bolivia, and Colombia were the major sources of coca in 1990. The *International narcotics control strategy report* estimates that 1990 coca leaf production was 310,170 metric tons.

Climate and soil conditions favor the growth of this crop in many parts of South America. Thus it is not unusual to see coca being produced in new areas of certain countries. The expansion of crop-growing sites is sometimes a response to crop eradication and sometimes a response to other law enforcement pressures. For example, the Chapare region of Bolivia became a major source after the closing of tin mines created mass unemployment. Antigovernment groups are reported to be involved in the trade or in the collection of "taxes" from those who are.⁴

Over half the coca production came from Peru in 1990

	Percent of total coca production
Peru	63%
Bolivia	26
Colombia	10

Source: Bureau of International Narcotics Matters, U.S. Department of State, *International narcotics control strategy report*, March 1991, 22.

Most marijuana consumed in the U.S. is from other countries in the Americas, but the U.S. also supplies much of its own market

In 1990, Mexico and Colombia were the prime foreign sources of marijuana destined for the U.S. market. About 18% of U.S. consumption came from domestic growers.

Domestic marijuana production in 1990 was estimated to be 5,000-6,000 metric tons. A higher proportion of domestic marijuana than imported is the potent variety, sinsemilla, that fetches a higher price.

The domestic trade appears to be multi-faceted, operating on both an intra- and interstate basis. The marijuana plant is grown in every State; but Missouri, Oklahoma, Nebraska, Hawaii, and Kentucky were the five States where the most cultivated cannabis was found in 1990.

The growing and distribution operations are independent and competitive, but operators cooperate to evade authorities. Many domestic marijuana growers use indoor greenhouses and modern technology for crop production. They do this to avoid —

- detection
- theft of crops
- unfavorable weather
- pest problems.

Most hashish consumed in the U.S. comes from the Middle East and Southwest Asia

Hashish, the product of the resinous secretions of the cannabis plant, is prized for its high proportion of the active ingredient tetrahydrocannabinol (THC). Afghanistan, Lebanon, and Pakistan were the major sources of hashish in 1990. Hashish has never been popular in the U.S., and high-THC varieties of marijuana may now be displacing it in the U.S. market.

Many other nations are involved in drug production and trafficking

Some countries are less prominent sources of such crops as coca, opium, and cannabis. In other cases, nations may be transshipment points for illicit drugs between producer countries and the U.S. Other countries function as processors of crop products into "finished" drugs, such as turning coca into cocaine.

Where are illegal drug crops grown?



Source: Based on data from the *International narcotics control strategy report, 1990*, Bureau of International Narcotics Matters, U.S. Department of State, March 1991.



Base Map®
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How are illegal drugs made?

Illegal drugs are produced in various ways

Cocaine, heroin, and marijuana, which can be purchased on the street for immediate consumption, begin at the same place — the farm. The leaves of the coca plant and gum from opium poppies are processed in several phases into bulk forms of consumable drugs. Other illegal drugs, such as PCP and LSD, are synthesized chemically in laboratories. Still others, such as psychedelic mushrooms, grow in the wild and do not require processing. Cannabis that becomes marijuana, hashish, and hashish oil usually is cultivated for illegal products but also grows in the wild.

Cocaine and heroin are usually processed outside the U.S.

Coca leaf is refined into paste at or near the cultivation site. The later processing stages that produce powdered cocaine ordinarily take place in Colombia.

A few labs in the U.S. have converted cocaine base into cocaine powder in recent years, but the number seized has declined since 1985. In 1988 six of the nine labs seized were in Florida.

Fiscal year	Number of cocaine processing labs seized in U.S.
1985	29
1986	23
1987	17
1988	9
1989	1
1990	4

Source: National Narcotics Intelligence Consumers Committee, *The NNICC report 1988: The supply of illicit drugs to the United States*, April 1989, figure 6, 32, 37-39. *The NNICC report 1989: The supply of illicit drugs to the United States*, June 1990, 7. *The NNICC report 1990: The supply of illicit drugs to the United States*, June 1991, 40.

A variety of chemicals or solvents are needed to process coca leaves into cocaine powder

Step	Chemical	Substitute
Coca leaves to coca paste	Kerosene Sulfuric acid Sodium bicarbonate	Gasoline, Benzene Hydrochloric acid Sodium hydrochloride
Coca paste to cocaine base	Sulfuric acid Potassium permanganate Ammonia hydrochloride	Hydrochloric acid Potassium dichromate Sodium hydroxide
Cocaine base to powdered cocaine	Ethyl ether Acetone Hydrochloric acid	Chloroform Methyl ethyl ketone Hydrogen chloride gas

Note: Each kilogram of cocaine requires between 65 and 130 gallons of kerosene and smaller amounts of the other chemicals.

Source: DEA, *Coca cultivation and cocaine processing: An overview*, February 1991, table 2, 8.

Opium gum is produced on the farm. This gum is further refined in a number of countries in Asia and the Middle East. Most Southeast Asian opium processing occurs in Burma. No opium products seem to be processed in the U.S.

For both cocaine and heroin, the precursor chemicals used and the methods of processing differ depending on where the crops were grown.

Illegal labs use many common chemicals to produce drugs

Precursor chemicals become part of the new chemical compound created in the process. *Essential chemicals* do not become a part of the new compound. More than 200 different chemicals are used in the production of the most commonly used illegal drugs. Many of the precursor and essential chemicals used are the same ones used in making paints, paint removers, plastics, cleaning fluids, and lubricants.

Chemicals legally produced in the U.S. are frequently used to process illicit drugs

As discussed in Chapters III and IV, the Federal Government tries to stop the international trafficking of the materials and chemicals necessary for the production of illegal drugs. The Chemical Diversion and Trafficking Act of 1988 requires U.S. companies that manufacture these chemicals to keep records of the sale and export or import of these chemicals, and to submit these sales lists to the Drug Enforcement Administration (DEA) for approval and certification. New chemicals are added to the list of controlled precursors periodically. For example, the Crime Control Act of 1990 added 12.

The monitoring of chemicals has had some effect on drug manufacturing. DEA estimated that in 1988 U.S. companies supplied 55% of the acetone, ethyl ether, methyl ethyl ketone, potassium permanganate, and toluene exported to Colombia to manufacture cocaine. By 1990, that percentage had dropped to 15%. European companies have replaced most of the lost U.S. sales.

Cannabis plants can be processed to produce hashish or hashish oil

The Middle East is the main source of hashish; it is seldom found in the U.S. To produce hashish, the drug-rich resinous secretions of the cannabis plant are collected, dried, and compressed into a variety of forms such as balls or cookie-like sheets. Hashish oil is produced by repeated extraction of cannabis plant materials to yield a dark viscous liquid. The THC content of hashish and hashish oil is much higher than the plant material itself.

Some commonly used illegal drugs are produced in clandestine laboratories in the U.S.

These include —

- hallucinogens (LSD, PCP, MDMA)
- stimulants (methamphetamines and amphetamines)
- controlled substance analogs ("designer drugs").

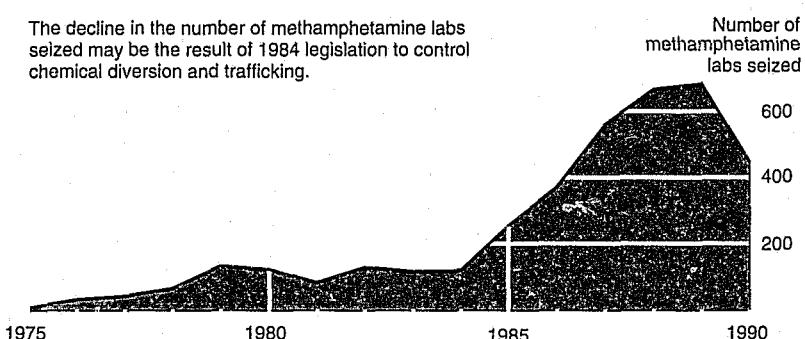
Some of these drugs, such as LSD, seem to be available everywhere in the country, but their production tends to be regional. LSD and PCP tend to be manufactured in California. Most methamphetamine is made in the western and southwestern U.S. in a small number of clandestine labs.

Most laboratories are relatively modest in size, produce a single drug, and are in rural areas. The expertise required to run such a laboratory is fairly minimal, and the equipment and chemicals required to make the drugs are readily available and inexpensive, especially in relation to the profits realized.

The stimulant methamphetamine is one of the drugs most commonly produced in illegal labs in the U.S. Phenyl-2-propanone (P2P) is an immediate precursor that is easily synthesized into methamphetamine. The production of methamphetamine is fairly easy and cheap. Setting up a lab to produce a substantial amount of the drug may cost less than \$2,000 and be enormously profitable — one day's production may be worth \$70,000.

449 methamphetamine laboratories were seized in the U.S. in 1990

The decline in the number of methamphetamine labs seized may be the result of 1984 legislation to control chemical diversion and trafficking.



Source: DEA as presented in BJS, *Sourcebook of criminal justice statistics, 1990*, NCJ-130580, 1991, table 4.43.

Designer drugs are chemically similar to many controlled drugs

Drug manufacturers have tried to sidestep enforcement by making new drugs that are not specifically designated as illegal and are not detectable by standard crime laboratory screening techniques.

The fentanyl is one group of these designer drugs. One of these potent analgesics sold on the street as "China White" is thought to have caused more than 100 overdose deaths in California since 1979. The impurities in designer drugs, their strength, and the inexperience of users add to their deadliness. Few designer drugs have found a permanent market niche.

As noted in Chapter III, the Controlled Substance Analogue Enforcement Act of 1986 makes illegal drugs that have a chemical structure or central nervous system effects "substantially similar" to existing Schedule I or II controlled drugs. The intent of the law is to make newly synthesized drugs of abuse immediately illegal.

Some legally made drugs are used illegally

Legal drugs may be diverted to the illegal market at several levels. They may be stolen from the drug manufacturer or distributors. Such thefts may be major, or they may be from pilferages by employees. Legal drugs can also be diverted or stolen from pharmacies.

More common, however, are diversions at the retail level such as when —

- pharmacists fill forged prescriptions in good faith
- pharmacists sell prescription drugs into the illegal market
- valid prescription holders sell their prescriptions to other people who, in turn, have them filled at a pharmacy
- prescription holders sell prescription drugs they buy from pharmacies.

Finally, legal drugs may enter the illegal market through medical practices. This includes —

- people who "shop" for doctors who will write prescriptions for them
- doctors who prescribe drugs liberally
- doctors themselves who sell drugs or prescriptions into the illegal market.

How do raw agricultural products become illegal drugs?

Manufacturing process	Geographic location	Volume produced	Price
Cocaine			Peruvian origin
Coca plants are cultivated for their leaves that are harvested and dried.	Coca is grown primarily in Peru, Bolivia, and Colombia	1 acre of coca yields about 1,015 lbs. of dry leaf	As most growers in Peru process directly into paste, leaf prices are not available
Coca leaves are processed into coca paste in a simple pit or "pozo." Chemicals such as kerosene are added to the leaves and worked or stomped to extract cocaine alkaloids.	Coca paste is made close to where the leaves are harvested	345 lbs. of dry leaf yields about 3 lbs. of coca paste	\$115-130 for 3 lbs. paste
Coca paste is processed into cocaine base in makeshift laboratories requiring more sophisticated equipment and skills than needed to produce coca paste.	Most cocaine base is made in crude labs in the source countries of Peru and Bolivia	3 lbs. coca paste yields about 1 lb. cocaine base	\$280-\$295 per 1 lb. base
Cocaine base is processed into cocaine hydrochloride (HCl) or powdered cocaine by adding more expensive chemicals such as acetone, ethyl ether, and hydrochloric acid followed by filtering and drying.	Powdered cocaine is usually made in Colombia	1 lb. cocaine base yields 1 lb. powdered cocaine	\$1,350-\$3,900 per 1 lb. powdered cocaine in Colombia and \$6,600-\$11,350 wholesale in Miami (80% purity)
Powdered cocaine is diluted or cut for retail sale by adding various other ingredients such as lactose.	For retail sale, powdered cocaine is diluted in the U.S.	Equal amounts of powdered cocaine and another ingredient are mixed	\$36,300-\$136,000 per lb. powdered cocaine retail (55% purity)
Crack cocaine results when powdered cocaine is dissolved in water, combined with baking soda, and heated until the water evaporates leaving crack rocks.	Crack is made in the U.S.	1lb. powdered cocaine produces 0.9 lbs. of crack	\$5 to \$10 per vial that may contain several rocks of crack
Marijuana			U.S. origin
The leaves and flowering tops of the cannabis plant are harvested and dried into marijuana , a tobacco-like substance.	Most cannabis consumed in the U.S. comes from Mexico and the U.S.	One plant produces 1-2 lbs. of marijuana	\$450-\$2,700 per lb. from the grower in the U.S.; sinsemilla sells for \$500-\$4,000 per lb.
The dried cannabis may be manicured to remove stems and seeds before sale.	The drying and manicuring occurs close to the cultivation site	The ratio of the fresh plant to the dried product is unknown	\$450-\$2,700 per lb. wholesale in the U.S.; sinsemilla sells for \$500-\$5,000 per lb.
At the retail level, marijuana is often sold in bags but individual marijuana cigarettes may also be sold.	Bricks or bales are broken up into 1 ounce bags in the U.S.		Ounce bags of commercial grade sell for \$25-\$200; sinsemilla for \$80-\$300. Single cigarettes sell for \$1-\$5

Note: The procedures used, the volume produced, and the costs of illegal drugs vary according to where

they were cultivated. These tables use examples from a single cultivation source that produces illegal

drugs commonly found in the U.S.

Manufacturing process	Geographic location	Volume produced	Price
Opium poppies are cultivated for seed capsules that are either dried into poppy straw or lacerated to produce sap that is dried into opium gum .	The opium poppy is grown primarily in Southeast Asia, Mexico, Southwest Asia	1 acre of opium poppies yields about 13 lbs. of opium in Burma	10 lbs. of opium sells for about \$545-\$900 on the Thailand/Burma border
The straw or gum is processed with sulfuric acid, calcium hydroxide, ethyl alcohol, and ammonia to produce a morphine solution. Hydrochloric acid is added, and the solution is evaporated. Ammonia is added, and the solution is filtered to yield crystallized morphine base .	The opium poppies are usually converted to morphine base in labs near the fields	10 lbs. opium are reduced to 1 lb. pitzu or impure morphine base on the Burma/Thailand border	Pitzu sells for about \$450 per lb. on the Thailand/Burma border
The morphine base is treated with acetic anhydride or acetyl chloride and sodium acetate. The product is further processed with sodium carbonate and hydrochloric acid to yield heroin .	Generally, morphine base is converted to heroin within the heroin-producing countries or nearby	10 lbs. of opium are estimated to produce 1 lb. of heroin	1 lb. of heroin sells at 70-90% purity sells for from \$1,800-\$2,225 in Chaing Mai, Thailand, and \$2,700-\$5,000 in Bangkok
Before sale heroin is diluted with substances such as sugars, starch, powdered milk, and quinine at a ratio of 1 part heroin to between 9 and 99 parts other substances.	Dilution may occur at each point in the transportation chain	1 lb. of heroin after it is diluted results in 10 to 100 lbs. of saleable powder	At 70-90% purity, 1 lb. of Southeast Asian heroin sells for \$40,000-\$110,000 at the wholesale level in the U.S. and for \$45,000-\$270,000 at the mid-level (usually in ounce or multiounce quantities)
Dealers sell diluted heroin in 0.1 gram (0.03 ounces) single dose bags.	Heroin is cut and packaged for street sale in the U.S. Purity levels are higher at ports of entry.	1 lb. of diluted heroin produces about 4,500 single dose bags	1 gram of cut heroin (0.3 ounces) with an average purity of 40% sells for \$50-\$400 on the street in the U.S. with single hits selling for \$5-\$46 each

Sources: Bureau of International Narcotics Matters, U.S. Department of State, *International narcotics*

control strategy report, March 1991; DEA, "From the source to the street: Mid-1991 prices for

cannabis, cocaine and heroin," *Intelligence trends*, forthcoming; and *Drugs of Abuse: 1989*, 14-16.

How do illegal drugs reach the U.S.?

Drugs are smuggled into the U.S. by land, air, and sea

Illegal drugs from foreign countries must be smuggled into the U.S. for distribution and sale. Totally stopping such drugs from coming into the U.S. is difficult.

The length of the borders and the volume of international traffic make detection of contraband very difficult:

- The U.S. has 88,633 miles of coastline and more than 7,500 miles of borders with Canada and Mexico.
- There are 300 ports of entry to the U.S. In fiscal 1991, more than 438 million people entered or reentered the country. That year more than 128 million vehicles, 157,000 vessels, 586,000 aircraft, and 3.5 million containers also entered the U.S.

The type of transportation used to smuggle drugs varies by drug type

In 1986, the proportion of drugs smuggled into the U.S. by mode of transportation was estimated to be —

	Marijuana	Cocaine	Heroin
Aircraft	17%	41%	48%
Vessel	65	52	17
Land vehicle	10	5	30
Other	8	1	5

Source: GAO, *Drug smuggling: Large amounts of illegal drugs not seized by Federal authorities*, June 1987, 16.

Marijuana is usually shipped in bulk because a small quantity of marijuana is of little value and, for a commercial shipper, not worth the risk of transporting. Small quantities of cocaine and heroin are much more valuable and more likely than marijuana to be transported by air.

Smugglers adapt their methods to avoid detection by law enforcement. The methods used today may be different in the future.

Many ways are used to smuggle illegal drugs

Cocaine and heroin

By courier

One courier had a half pound of cocaine surgically implanted under the skin of each of his thighs. The cocaine was divided into four one-square-inch packages of one-quarter pound each.

Cocaine was concealed in a stuffed teddy bear. Two teddy bears were found, one was heavier and had a velcro closure.

Drugs were transported after couriers swallowed latex condoms, balloons, or tips of surgical gloves filled with drugs.

1.7 pounds of heroin were sewn into a compartment of a woman's undergarment.

Cocaine is carried across the border in Arizona on the backs of mules or horses or on foot. Couriers usually travel in groups through canyons or deserts.

Couriers pose as vacationers and pack their luggage with substantial amounts of drugs.

More than a ton of drugs was carried through a concrete-reinforced tunnel (30 feet underground, 5 feet high, and 4 feet wide). Endpoints of the tunnel were a house in Agua Prieta, Mexico, and a warehouse in Douglas, Arizona. The house had hydraulic jacks to raise and lower the floor at the entrance to the tunnel.

In shipping containers

12 tons of cocaine were shipped from Venezuela to Miami inside concrete fencing posts.

Variable amounts of cocaine were containerized and shipped out of Ecuador with such products as shrimp, cacao, and bananas.

150 kilograms of cocaine were flown from Colombia to Honduras, shipped by truck to port, and packed with crates of plantains, with the fruit on top.

Crack concealed in a box of Cheese Nips was seized in a Greyhound bus station.

225 kilograms of cocaine were packed in false-bottomed metal boxes labeled as toilet seats and bathroom sinks.

Cocaine was found in 17 counterfeit bottles of Pony Malta de Bavaria. The fake bottles were 6.16 ounces, whereas authentic bottles are 6.2 ounces. They were traced to a company called Miami Sweet Import and Export, Inc. and sported an ungrammatical translation of the real company's slogan.

More than a ton of cocaine was found in twelve 55-gallon drums of guava pulp. The cocaine was in plastic packets inside the fruit.

More than 100 of 1,190 cardboard boxes packed with canned fruit were stuffed with cocaine.

Cocaine was wrapped in small plastic packets, wrapped in thick plastic, and buried inside 55-gallon drums of a toxic powdered chemical.

190 pounds of heroin were concealed in a bean-sprout washing machine shipped to Boston from Hong Kong.

2,400 pounds of cocaine were packaged in anchovy cans shipped from Argentina. These cans were weighted and packed to match the surrounding cans which were packed with anchovies.

800 pounds of heroin were packed into shipments of golf-cart tires.

A shipment containing 25 boxes of live goldfish included dead fish which had been loaded with 3 pounds of heroin.

Peruvian handicrafts and cans marked asparagus were filled with 201 kilograms of cocaine.

Panamanian cocaine smugglers have developed a new technology that combines cocaine with vinyl to produce a material that has been used in making luggage and sneakers. The cocaine is separated from the vinyl after reaching its destination.

Smuggling in aircraft, boats, and motor vehicles

Airdrops of drugs are used so that the pilot of the plane does not have to land. To make the airdrop more precise, some pilots have begun to use high-technology transponders and other homing devices.

3000 kilograms of cocaine were smuggled in suitcases which were hidden behind interior panels of airplanes. Three former Eastern Airlines baggage handlers smuggled varying amounts in this manner on 13 different flights.

Cocaine was hidden in a secret tank within the fuel tank of a cabin cruiser.

Cocaine was packed in 1 kilogram lots and placed inside plastic pipe which was bolted to the bottom of a banana boat docked in Bridgeport (CT) Harbor. The pipe was fastened along the center line of the bottom of the ship's hull.

220 pounds of cocaine were found in hidden compartments in a van that could only be opened electronically.

160 pounds of cocaine were sewn into the interior roof of a family station-wagon and transported during a family vacation.

Almost 1,300 pounds of cocaine were concealed in a false compartment in the floor of a motor home.

More than 1000 kilograms of heroin were found in a truck under eight tons of onions.

Cocaine was packed in cartons and transported in rented moving trucks. Occasionally, large recreational vehicles were used. Both of these methods allow couriers to elude suspicion of out-of-state vehicles and licenses.

Cocaine was enclosed in the gas tank of a car equipped with a baffle which made the left side a separate compartment. The compartment was accessible through a plate attached to the top of the gas tank. The gas gauge worked in a normal manner; however, the car had to be refueled more frequently than other cars.

A front-wheel-drive Cadillac had a false drive shaft hump running through the interior of the car to house drugs.

Marijuana and other drugs

Marijuana was filtered through U.S. companies that provided packaging and shipping materials to a Thai front company. The Thai company packaged the drug in vacuum-sealed plastic bags and concealed the bags in pallets of sun-dried arsenicated buffalo hides.

Senior citizens were recruited to carry marijuana with them in their recreational vehicles.

Local shrimping and fishing boats were often used to retrieve marijuana from freighters at sea.

Large quantities of marijuana were stored on ranches in northern Mexico and then broken down into smaller loads to be carried across the border into Arizona. The marijuana then was reassembled and shipped in large loads to its final destination.

Three 5-gallon drums containing 50 pounds of marijuana were sent by Overnight Mail express service.

Pop-up campers and mobile homes were used to carry several hundred pounds of drugs.

Pilots flew into Colombia to obtain hundreds of thousands of Quaalude tablets and transport them to an airport near Birmingham, Alabama, where they were offloaded into waiting vehicles.

Sources: See Technical appendix.

Fifty-ton marijuana shipments were not unusual in the late 1970s. Shipments seem to have been smaller in recent years but still often measure a few tons. If large shipments are being detected and seized, the exporters may break the shipments down into smaller units. This has been done by having a large ship's cargo unloaded offshore into a series of smaller boats that enter different ports at different times. To bring the drugs into U.S. territorial waters, smugglers have used a wide variety of smaller vessels including high-speed boats, sailboats, yachts, and fishing boats. Such a strategy makes detection and seizure more difficult.

Cocaine and heroin are easy to conceal

Because even small quantities of cocaine and heroin have significant value, high-level dealers will use couriers, also known as mules, to carry small shipments when large shipments are frequently being discovered and seized. Couriers can conceal the drugs by carrying them in belts (similar to money belts), sewing them into clothing, or placing them in false linings of suitcases and false heels on shoes. Mules have been known to swallow quantities of drugs in balloons, expelling them after they had landed in the U.S. Several couriers died when the balloons disintegrated, and the drugs were absorbed into the stomach.

The routes for transporting drugs to the U.S. are sometimes called pipelines

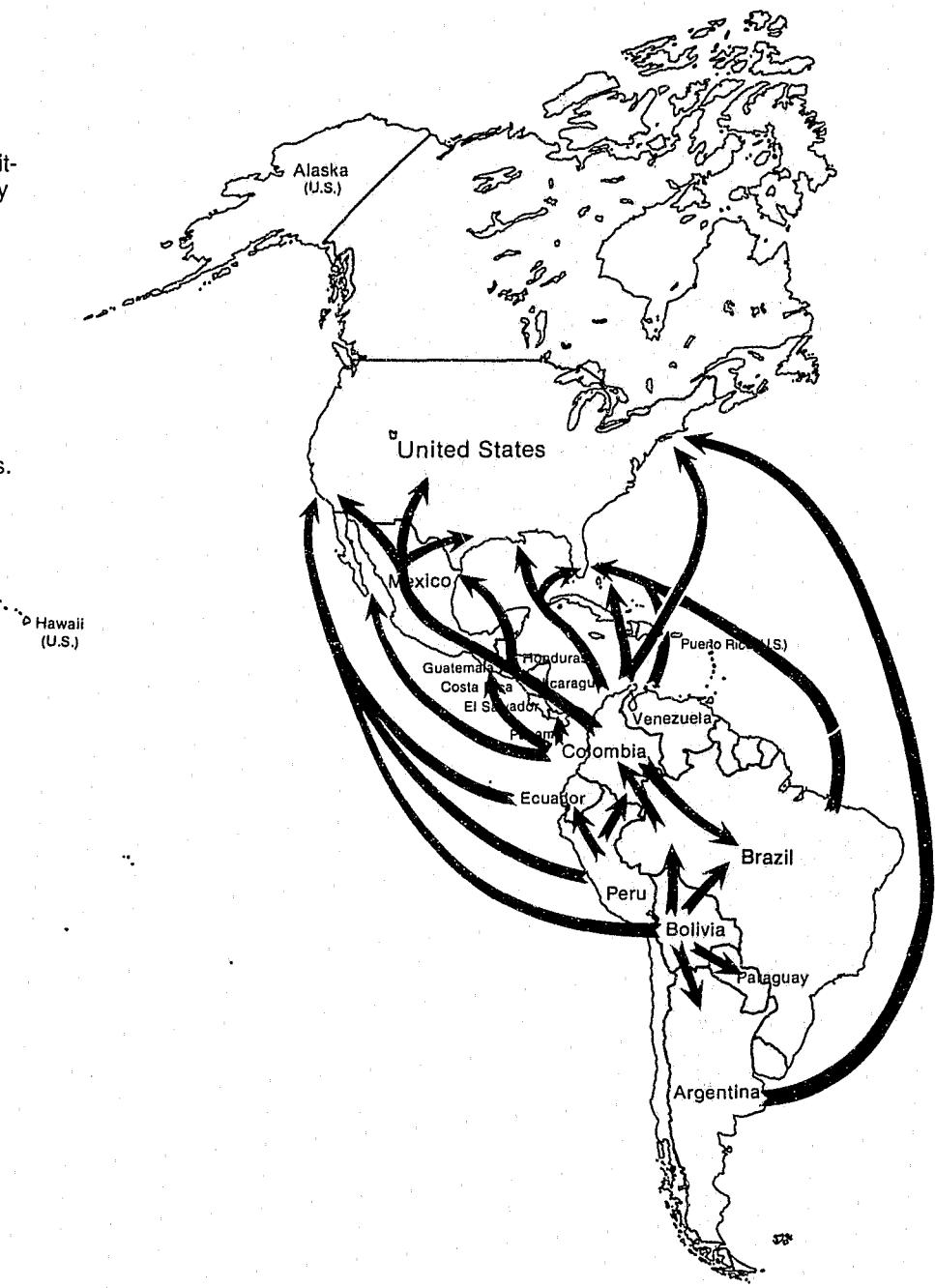
The larger the volume of legitimate travelers that use pipeline routes, the easier it is to hide the drug couriers and the drugs they are transporting. Couriers are relatively safe in large crowds simply because less attention can be given to each traveler as the number of travelers increases. This "safety" also means that the larger the pipeline the easier it is to find a willing courier. Finally, the more immigrants and expatriots there are from the drug source countries, the easier it is to find (or hide) a local distributor.

A drug shipment may change hands several times before reaching the U.S., or it may go directly from the source country to a U.S. delivery point. Although the routes along which drugs travel may be identified at any one point in time, they are not permanent. If the number of seizures along a route increases, or if it appears that seizures are likely, the routes are quickly changed.

Cocaine trafficking to the U.S. originates in the Western Hemisphere

Cocaine enters the U.S. by land, sea, and air. Cocaine is—

- Transshipped overland from South America through Central America.
- Shipped directly to U.S. ports concealed in containers or packed with legitimate products through an extraordinary variety of concealment methods.
- Flown into the U.S. via couriers on commercial airlines or in private airplanes. Hundreds of air strips dot Mexico and Central America. Small planes can land on these strips and quickly off-load cocaine for transshipment to the U.S.
- Airdropped to waiting vessels in the Caribbean for shipment to U.S. markets.

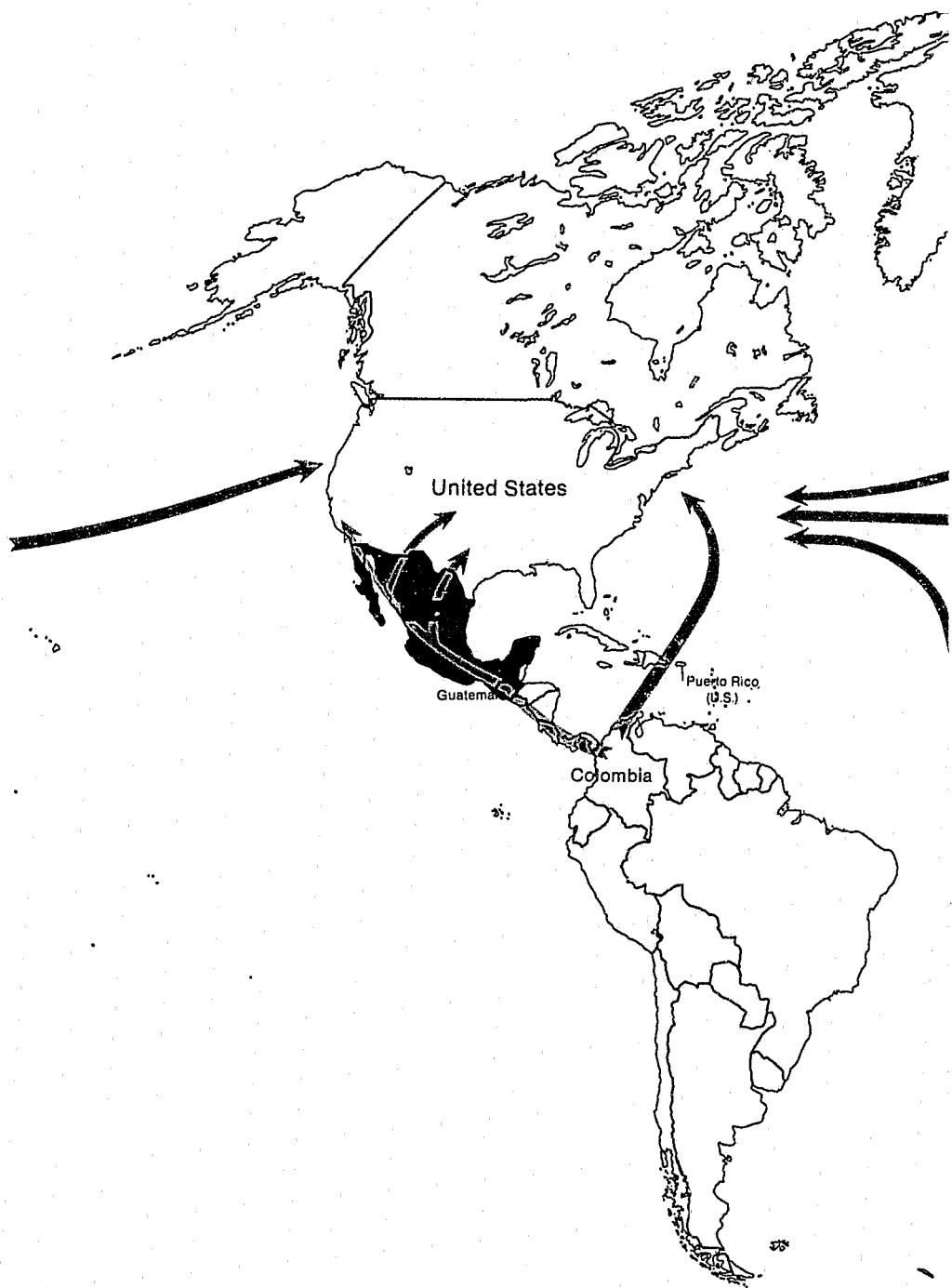


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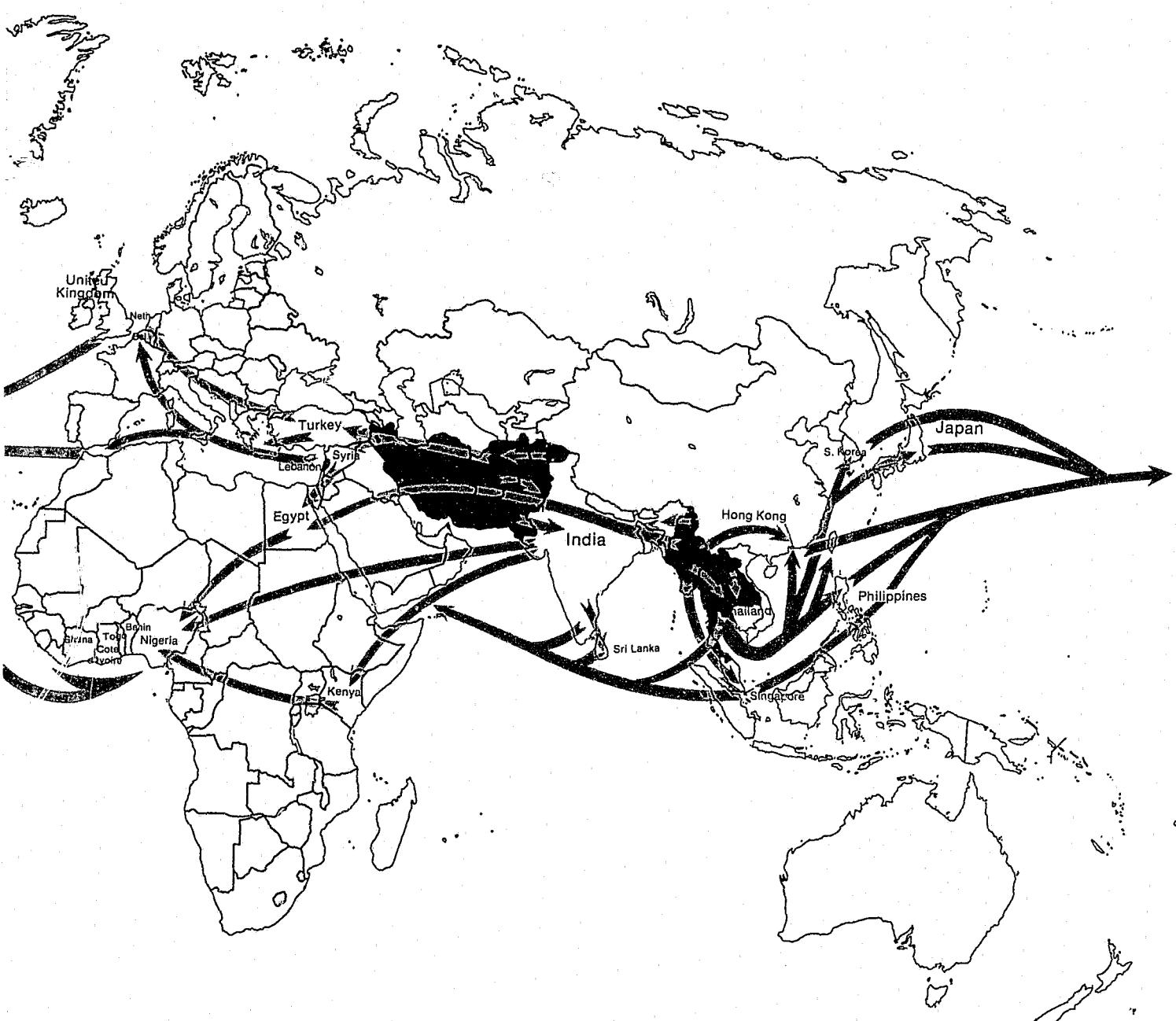
Note: Countries identified in the *International narcotics control strategy report, 1990*, as places where most illegal drugs are produced are tinted. Other countries where some illegal drugs are produced or are transshipped for U.S. consumption are named.
Source: DEA, forthcoming.

Heroin is smuggled to the U.S. across the Atlantic and Pacific coasts and the southern border with Mexico

Heroin is smuggled into the U.S. in west coast and Northeastern States, and across the Mexican border. Southeast Asian heroin originates from Burma, Laos, and Thailand. It transits California for major markets there and is shipped to the eastern seaboard. Heroin smuggled directly to markets such as New York City and other east coast ports is produced in the Golden Triangle, the Middle East, or Southwest Asia. Mexican heroin is smuggled across the U.S.-Mexican border principally to markets in the Southwest U.S. The drug is often transshipped across Africa and Europe. Nigeria, for example, has become a significant transshipment location.



Note: Countries identified in the *International narcotics control strategy report, 1990*, as places where most illegal drugs are produced are tinted. Other countries where some illegal drugs are produced or are transshipped for U.S. consumption are named.
Source: DFA, forthcoming.



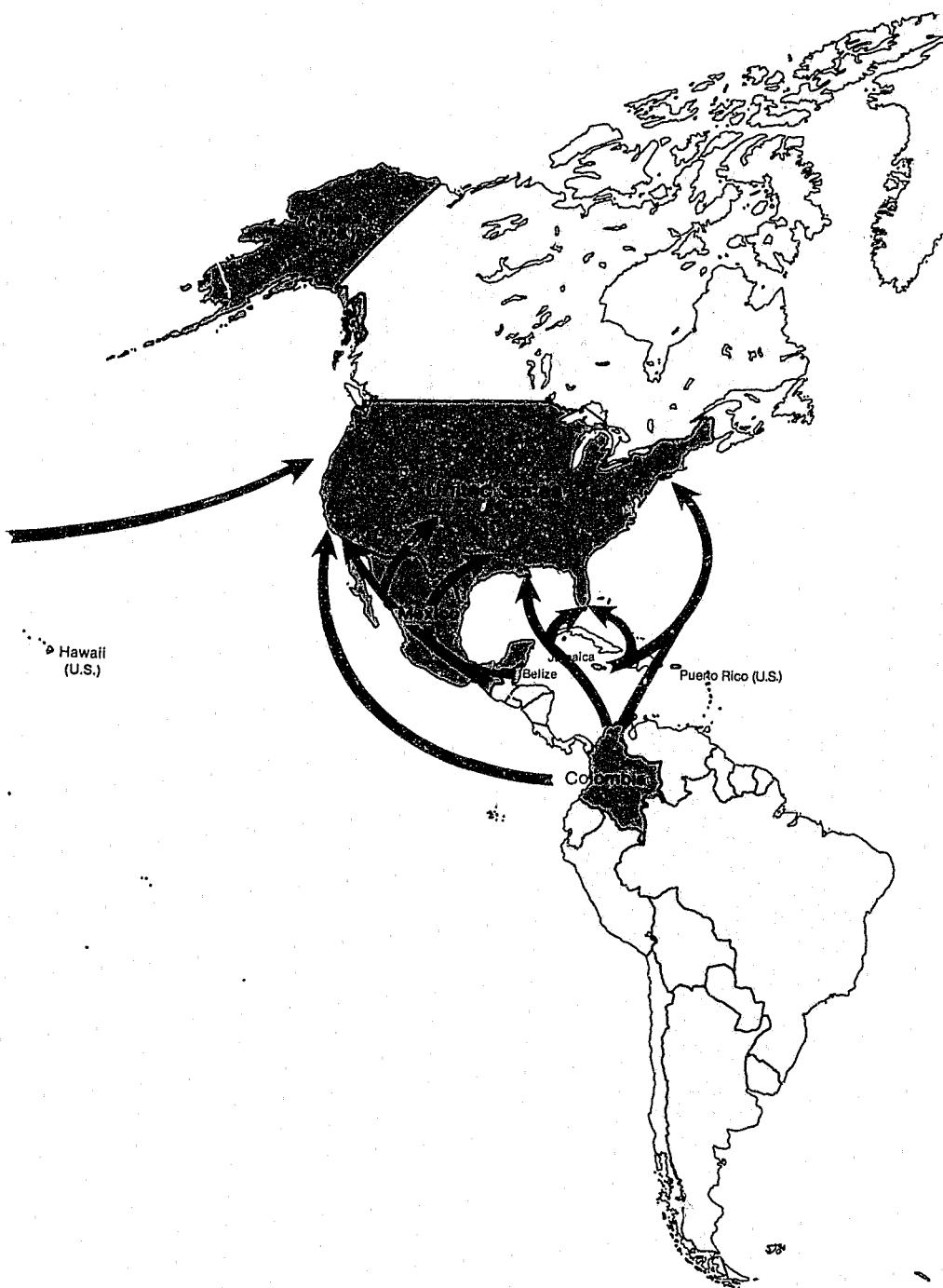
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Marijuana consumed in the U.S. comes primarily from Latin American and domestic sources

Marijuana is smuggled in bulk, making it more difficult to conceal than cocaine or heroin. Marijuana produced overseas is smuggled into the U.S. by ocean-going vessels, small planes, and motor vehicles. Mexico is a principal source of the drug. Some marijuana also comes in from Colombia, Jamaica, and other countries in Southeast Asia such as Thailand.

Domestically, marijuana is grown in small plots and, increasingly, in greenhouses by individual growers.⁵ Outdoor plots are usually located in remote areas and have been found in some national parks and forests. Enforcement using aerial surveillance has driven many growers indoors.

Growers use modern technology to produce large quantities of more potent marijuana, often using special fertilizers and artificial lights in indoor operations. DEA recently seized 14,547 plants in a single indoor sinsemilla production operation.



Note: Countries identified in the *International narcotics control strategy report, 1990*, as places where most illegal drugs are produced are tinted. Other countries where some illegal drugs are produced or are transshipped for U.S. consumption are named.
Source: DEA, forthcoming.



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How are illegal drugs sold?

Illegal drugs are broken into smaller units and distributed domestically through "chains"

When large shipments of drugs arrive in the U.S., they are divided and sold to dealers in small amounts. There may be several stages in this process. Often, to increase profit, the purity of cocaine and heroin is diluted at successive transactions.

The length of distribution chains within the U.S. varies. The distance between importer and user is short in such points of entry as New York City or Los Angeles but longer the farther the user is from these points. Heroin, cocaine, and marijuana often travel a long way before being consumed. Domestic marijuana growers may sell small amounts directly to end users or sell in bulk to large dealers who divide and distribute the drug.

Drug shipments to the U.S. are first sold to upper level wholesalers called the first tier. Recent research reports that for heroin there are at least two and sometimes as many as four wholesaling levels. Cocaine is marketed more directly from importers through one or two intermediate levels. By limiting the number of trusted suppliers and customers, these various levels of wholesaling insulate the wholesalers — especially those at the highest tier — from ripoffs and law enforcement penetration.

Buying and selling drugs often involve complex exchange schemes and a variety of roles

At the retail level, roles and functions vary. Some people not directly involved in the transactions may "steer" customers to the seller for cash or drugs. Others may act as lookouts or guard the drug stock. Often, different people take the money and deliver the drugs. This division of labor takes advantage of the different skills of various individuals. It also insulates participants from police action because it may be difficult or impossible to observe a transaction where drugs are exchanged for money. One ethnographic study in New York City of retail cocaine distribution found that individuals filled different roles at different times but tended to specialize such as

keeping track of the drug product or providing protection to the sellers.

Consumer-level drug transactions do not always involve a monetary cost

Often a user will share his personal supply with friends and intimates. Drugs may also be the full or partial payment for services such as sexual favors or tasks in the retail sale of drugs such as steering a buyer to a seller and being a "holder," lookout, or guard. Drug users often "juggle" their supply to zero out the cost of their personal supply. "Juggling" is a typical pattern: a drug user purchases drugs, uses a portion, "cuts" (dilutes) the remainder, and sells the product to recoup all or part of the purchase price.

Illegal drug dealers try to win sales by differentiating their products

A marijuana dealer may offer for sale "Acapulco Gold" or "African Black," the name denoting the region in which the marijuana was grown. Certain types of marijuana are associated with certain places. For example, "Culican" is a high potency variety grown in Mexico. "Citrol" refers to high potency marijuana grown in Nepal. If a dealer is marketing "Hawaiian" marijuana, the buyer is led to expect very high potency.

Heroin dealers also engage in brand differentiation. To persuade buyers to prefer their heroin over a competitor's, dealers use various techniques, such as —

- marking bags with colored tape, symbols, or pictures
- assigning a particular batch or dealer's heroin a "brand name."

The use of brand names allows potential buyers to easily identify and purchase heroin that is rumored to be of high quality. Such brand names of heroin as "Death Wish," "DOA," "Suicide," and "Kiss of Death" imply that the heroin is so powerful it could kill the user. Many users try to buy the most powerful heroin available. If someone has overdosed from a certain dealer's product, many heroin users will aggressively seek it out, assuming that the deceased

did not realize the uncommon purity of the heroin, a mistake that they assume that they would never make.

Another popular type of brand name points to the alleged effects of heroin highs. Such brand names include "Evening's Delight," "Magic," "Peace," and "Top Shelf." Some recent brand names for heroin or heroin substitutes (such as fentanyl) have been inspired by popular movies such as "New Jack City" and "Tango and Cash."

What are some trade names used to market marijuana?

Acapulco Gold = Southwestern Mexico
Acapulco Red
African Black
Angola Black
Black Gold = high potency
Black Gungi = India
Blue de Hue = Vietnam
Blue Sky Blond = high potency, Colombia
Cambodian Red/Cam Red = Cambodia
Culican = high potency, Mexico
Canadian Black
Citrol = high potency, Nepal
Colombian Black
Hawaiian = very high potency
Indian Boy
Indian Hay = marijuana from Indian hemp plant
Kentucky Blue
'Cica = varieties of cannabis, found in hot climate, grows 3.5 to 4 feet
Manhattan Silver
Maui Wowie = Hawaii
Mexican Brown
Pakistani Black
Panama Gold
Panama Red
Sativa = varieties of cannabis, found in cool, damp climate, grows up to 18 feet
Ruderalis = varieties of cannabis, found in Russia, grows 1 to 2.5 feet
Tex-Mex
Texas Tea
Texas Pot
Zacatecas Purple = Mexico

Source: BJS, Drugs & Crime Data Center & Clearinghouse, *Street Terms: Marijuana*, November 1991.

Dealers respond to enforcement pressures, changing tastes, and market dynamics

Old drugs resurface and new ones emerge. LSD, cocaine, and marijuana have long been familiar on the American drug scene. Crack cocaine, once as obscure as the Colombian towns that made it possible, now dominates the American concern about drugs.

Changes in the drugs of abuse and how they are used are likely to result in —

- development of new drugs, such as designer drugs or drug analogs, in clandestine laboratories
- reemergence of drugs, such as cocaine, that were abused in prior eras
- search for less risky types of drug use, particularly to avoid intravenous drug use to lower the risk of exposure to the AIDS virus
- search for bigger highs.

Drug dealers and traffickers are responsive to their markets and have obliged their consumers' desires for greater highs. For example, the potency of marijuana consumed in the U.S. has risen steadily over the past 15 years.

THC content of seized marijuana (percent)				
	1975	1980	1985	1990
Sinsemilla	—	6.40	7.28	7.60
Buds	1.34	3.81	4.88	5.49
Commercial Grade	.75	.82	3.12	2.81
Hashish*	2.31	2.58	6.49	6.86

*Hashish users represent a very small percentage of the marijuana user population in the U.S. This is due to the general preference for domestically produced marijuana with a high THC content as well as general unfamiliarity with the drug.

Source: National Narcotics Intelligence Consumers Committee, *The NNICC report 1990: The supply of illicit drugs to the United States*, June 1991, 30.

Retail drug markets operate in various private and public places

Most large urban areas have public places where people buy and sell drugs. These places become known as "copping areas" and are well known to those who want to buy drugs. They are often open areas such as street corners where small amounts of drugs are exchanged for cash. Multiple transactions typically occur in a short time span. The buyer goes to such a place, pays the seller, and then receives the drugs.

Drug sales at coping areas or at fixed locations tend to be among strangers or casual acquaintances. The sales areas are often fortified or otherwise arranged to make access difficult for law enforcement. If the police cannot quickly gain access to the distribution point, sellers can dispose of illegal drug evidence. Law enforcement pressure can drive coping areas to other locations.

A truck stop or a home in a well-to-do suburb is sometimes the locus for dealing. A study of upper-level drug dealing and smuggling communities found that middle class buyers often make their purchases away from the typical urban streetcorner coping area — and often arrange transactions by phone.

Drugs are sometimes used and exchanged in "shooting galleries" or "crack houses"

Places where heroin users gather to inject heroin have been called "shooting galleries." Many are located in vacant or dilapidated buildings near open-air drug markets. The drug injection equipment (needle, syringe, and spoon to heat and liquefy heroin) may be rented from the shooting gallery or shared among the users.

"Crack houses" emerged with the crack epidemic in the 1980s. Some are like shooting galleries in the sense that crack users congregate to consume their drugs and share their drug use equipment. Because crack is smoked, the equipment is often a pipe. Research in Detroit identified two kinds of crack houses:

- One was a "buy, get high and party" atmosphere with the drug consumption and other activities, often sexual, taking place on the premises.
- The other was a "hole-in-the-wall" where the crack buyer placed money in a small opening after which the drug is passed back out to the buyer who leaves to consume the drug elsewhere.

What affects the prices for illegal drugs?

Losses from law enforcement and other factors increase the price of drugs

Law enforcement efforts may result in arrest and imprisonment. Illegal drug suppliers compensate the couriers, pilots, and others for risks they bear, thus raising the total cost of supplying the drug.

Losses may result from law enforcement seizures of drug shipments. For example, in 1990, more than 41 metric tons of cocaine were seized from private aircraft and vessels in the Southeast U.S., Bahamas, Caribbean, and other Southeast corridor trafficking routes.

Enforcement actions may eliminate a certain volume of illegal drugs by means other than seizure. Examples include drugs that are—

- thrown overboard at sea to avoid confiscation
- not picked up for fear of surveillance
- flushed down toilets during police raids
- abandoned but not seized when dealers are arrested and jailed.

Drug producers and distributors either absorb such losses or raise the price of what is sold.

Illegal drug prices increase at each stage of trafficking

Price increases of illegal drugs before they enter the U.S. are a small fraction of their ultimate retail cost. Prices rise most steeply after the drugs are in the U.S., in part because, at this point, risks to distributors and dealers rise dramatically.

For example, 10 kilograms of opium from Mexico is valued at \$15,000 to \$80,000. When this opium is then transformed into heroin of 40% to 70% purity, it sells for \$70,000 to \$140,000 per kilogram at the U.S. wholesale level. At the U.S. mid-level stage of distribution,

heroin of 20% to 70% purity can be sold in the range of \$160,000 to \$700,000 per kilogram. After passing through the U.S. wholesale and mid-level trafficking stages, Black Tar heroin of 20% to 60% purity sells on the street for \$275,000 to \$1,250,000 per kilogram. The street price of this heroin is between 153 and 183 times the price at cultivation.

Wholesale prices for marijuana and cocaine vary by country of origin

Source country	Price per lb or kg
Marijuana	
Mexico	\$350 - \$1,600/lb
Colombia	\$800 - \$1,000/lb
Thailand	\$2,000 - \$3,000/lb
Jamaica	
Commercial grade	\$1,500 - \$2,000/lb
Sinsemilla	\$2,000 - \$3,000/lb
U.S.	
Outdoor grown	\$450 - \$2,700/lb
Indoor grown	\$500 - \$5,000/lb
Cocaine	
Bolivia	\$1,000 - \$2,500/kg
Colombia	\$800 - \$1,500/kg
Peru	\$3000 - \$8,500/kg

Source: DEA, *From the source to the street: Mid-1991 prices for cannabis, cocaine, and heroin*, forthcoming, 2 and 5-6.

Illegal drug prices vary greatly from one place to another

The DEA tracks wholesale and retail drug prices at the national level and for a few major cities. The DEA reported that the retail price of a gram of cocaine varied in 1990 from as low as \$35 in

Miami to as high as \$125 in Los Angeles. According to DEA's Domestic Monitor Program, the retail prices for heroin of Southeast Asian origin were lowest in New York and Los Angeles.

Why do illegal drug prices vary?

Their retail prices vary because of—

- distances the drugs travel
- number of rungs on the distribution ladder before the retail level
- shortages of drug supplies due to wholesale and retail losses
- changes in pricing at the export/import and subsequent levels
- changes in the risks associated with retail dealing (generally reflected as changes in purity rather than dollar costs to the retail buyer)
- buyer preferences for drugs from a certain nation and of certain varieties (Mexican vs. Colombian marijuana or sinsemilla vs. commercial grade marijuana).

For example, wholesale and retail prices for both commercial grade and sinsemilla marijuana were lowest in Houston. The supplies came from Mexico and the Dominican Republic and probably entered the U.S. across the Mexican border near Houston. Thus, the distribution chains for these supplies were shorter than those that supplied the marijuana sold at higher wholesale and retail prices in Boston, San Francisco, and Los Angeles.

The retail price of cocaine varies by region and over time

	Price per gram					1st half
	1986	1987	1988	1989	1990	1991
National range	\$80-120/gm	\$80-120/gm	\$50-120/gm	\$35-125/gm	\$35-175/gm	\$40-175/gm
Miami	50-60	50-60	55-85	50-80	35-80	60-70
New York	70-100	80-100	50-90	50-80	50-80	50-90
Chicago	100	100	75-100	70-100	60-100	100-140
Los Angeles	100	100	50-100	60-125	80-125	80-125

Source: DEA, *Illegal drug wholesale/retail prices report, 1985 to March 1988* and *Illegal drug price/purity report, United States, Calendar year 1988 through June 1991*, October 1991, 2.

How do illegal drug prices affect the extent of use?

How do price changes affect illegal drug buying?

A rise in price may cause a user of illegal drugs to—

- continue to buy the same amount of the drug regardless of the price because he prefers it over all other drugs
- decide the drug is not worth more money and stop using it
- cut back on consumption
- substitute a cheaper drug
- seek drug treatment.

Some law enforcement strategies based on these assumptions about buyers aim to restrict supplies and raise prices in order to discourage use.

A rise in price is more likely to keep nonusers from starting drug use and to make occasional users stop than to force heavy drug users to lower their consumption.

The "effective price" of a drug to a consumer can include many factors beyond the dollar cost, such as—

- inconvenience in gaining access to the drug
- uncertainty about its quality.⁶

Consumers may react more to these other disincentives than to a rise in the dollar cost.

How does the use of various illegal drugs respond to changes in price?

Elasticity of demand refers to how sensitive a change in the use of an item is to a change in its price. For most commodities, if the price rises, the total amount purchased decreases. How much the total amount purchased decreases depends on how sensitive the demand is to the change in price. The greater the change in consumption relative to the change in price, the more price-elastic is demand.

The price elasticity of demand varies from drug to drug

Data on the effect of prices on the use of given drugs are not precise enough to permit systematic estimates of price elasticity. The short-run price elasticity of demand is likely to vary from drug to drug.

The price elasticity of demand for heroin is probably lower than it is for marijuana because heroin is physically addictive and marijuana is not. In other words, heroin may be more of a "necessity" to its users.

The demand for cocaine for some users is also probably quite inelastic with respect to price because of its strong potential to create compulsive users, particularly for heavy crack smokers and intravenous cocaine users.⁷

Smoking marijuana is relatively inexpensive. Marijuana purchases probably account for a small share of the total spending of most marijuana users, and the next best intoxicant is much more expensive. The average price of a marijuana cigarette that made the user "high" for about 2 hours was estimated to be 80 cents in 1982. At such a low cost, the demand for marijuana is probably insensitive to small changes around its current price.⁸

The effect of price on consumer demand for illegal drugs is greater over time

Price elasticity for a given drug is not a single number. Price elasticity may vary with the size of the price change and the time consumers have to adjust their behavior to the new conditions.

The longer a price change remains in effect, the longer a drug user has to consider various substitutes for the usual drug of choice. If the price of marijuana rises substantially, for instance, a user may eventually switch to a less expensive substitute. In the short run, however, the marijuana user may not know any dealers of other drugs or may not even know that other drugs are plausible substitutes, and therefore continues to buy marijuana.

Over time the user may learn of alternatives and reduce the use of marijuana in favor of other lower cost drugs. This example illustrates that, as time goes on, the price elasticity of demand for a commodity increases.

What roles do violence and corruption play in the distribution and sale of drugs?

Violence substitutes for legal contract enforcement in the illegal drug market

Legal industries rely on the judicial system to enforce contracts and punish those who violate the terms of agreements. In the drug world, buyers and sellers rely only on their own resources to enforce contracts. Violence is often the only effective preventive measure against unfair trade practices. A dealer, especially when selling to a new buyer, risks having his drugs stolen and even being killed. Chapter I discusses drug trafficking violence.

A reputation for violence is one advantage established drug dealers can have over new drug dealers

New dealers may not be able to compete successfully against experienced dealers because it is difficult to establish a —

- reputation for "paybacks" through violence
- trusted network of buyers and sellers.

A reputation for violence is the dealer's best guarantee that his business transactions will be accomplished as agreed upon. Once the reputation for violence is established, it is not as necessary to continue violent acts to protect transactions.

An established drug producer is more likely to know which middlemen and street-level dealers he can trust and which buyers are likely to be law enforcement agents or informers. This ability to judge the trustworthiness of a contact comes only with experience. Newer players may be more likely to be informed upon and/or arrested.

Violence may result from revolving credit arrangements to finance drug transactions

Failure to pay for a drug delivery is a common source of violence. Those who do not pay what they owe can expect to be disciplined violently or killed. A dealer who fails to pay for a drug delivery risks losing his supply source.

Dealers often fail to pay because they were cheated or robbed or the drugs and/or money was confiscated by law enforcement.

Revolving credit arrangements are important for drug distribution networks, but they often do not operate in an orderly way. This helps account for the high "mortality" rate among drug dealers and organizations. Violence or financial collapse often puts them out of business.

Firearm violence has become a key feature of drug trafficking

Violence in the drug distribution system is especially lethal because guns — often automatic weapons — are frequently used:

- In a New York City study of drug-related homicides, a large percentage of the victims were killed with handguns; homicide victims in killings that did not involve drugs were much less likely to be killed by handguns.
- 14% of the weapons seized by the Bureau of Alcohol, Tobacco and Firearms (BATF) in 1989 were machine guns or converted machine guns.
- Of the weapons seized by the DEA in 1989, 40% of them were semiautomatic, up from 29% the previous year.

Countries around the world are affected by drug trafficking violence

In Colombia, the national government has struggled to control the political and economic power of the cocaine cartels. The killings of scores of officials and threats of violence were especially damaging to the Colombian justice system:

- According to a DEA report, 2,250 Colombian National Police were killed in actions against drug traffickers and insurgents between 1981 and 1990.
- The Justice Minister was gunned down on a Bogota street in 1984.
- In 1985 a terrorist group took over the Colombian Palace of Justice and killed 12 Supreme Court Justices including the Supreme Court President. There is reason to believe this incident was financed by Colombian drug traffickers.

There is evidence that lethal violence in Central and South America is facilitated by the trading of guns for drugs. The DEA has documented cases where handguns, shotguns, and automatic weapons from the U.S. have been traded for cocaine. BATF investigations in Latin America revealed that many of the weapons seized there can be traced back to the U.S. — especially to Florida and California.

To facilitate their activities drug traffickers attempt to corrupt public servants

While drug corruption may be rare among public officials, one study identified an average of two public officials per week during 1983-85 who were linked to drug corruption.⁹

The police are closest to drug trafficking and, thus, at highest risk of corruption, but other Federal, State, and local public officials are sometimes involved.

Some police officers, tempted by the sizable profits in the illegal drug trade are corrupted. Examples of police corruption identified by one researcher, include —

- selling information about upcoming police raids, agents, and police informants
- accepting bribes to tamper with evidence or committing perjury in order to protect an illegal drug dealer
- stealing drugs from police property rooms or laboratories for personal use or sale
- stealing drugs or money for personal use from sellers and users without arresting them
- extorting money or property from drug dealers in exchange for failure to arrest them or seize their drugs.¹⁰

Another form of corruption occurs when police officers resort to illegal means to arrest and prosecute drug offenders.

How is the illegal drug business organized?

Is drug trafficking "organized crime?"

The term "organized crime" has traditionally been used to refer to groups such as the Mafia or La Cosa Nostra. These groups have greater stability and longevity than most drug trafficking groups. The Medellin and Cali cartels in Colombia are also organized crime groups. Together these two cartels are estimated to control close to 90% of the world's cocaine business.¹¹

In one sense all drug trafficking is organized crime, but it is helpful to distinguish drug trafficking as organized crime from organized crime's involvement in drug trafficking. Producers and distributors of illegal drugs need routine ways to transact business. A distribution system is needed to move drugs to the consumer. Credit arrangements are needed to facilitate financial transactions.

Traditional organized crime is heavily involved in drug trafficking in the U.S.

This involvement has been illustrated in recent years by the Pizza Connection — a major heroin distribution network. The Department of Justice estimated that this conspiracy imported more than \$1.6 billion worth of heroin into the U.S.¹² A long investigation in the early 1980s revealed extensive multikilo heroin trafficking and related money laundering totaling many millions of dollars. The heroin operation was shielded in part by pizza parlors operated by a number of the principal participants. Eighteen of the participants were convicted in Federal court on March 2, 1987. The case established clearly the organized crime network and its links to organized crime families.

Many domestic drug trafficking groups are not highly organized

One analysis suggested that many factors influence illegal networks to be "...served by localized, fragmented, ephemeral, and undiversified enterprises."¹³ One factor is organized, stable organizations that operate over long periods of time become visible to the authorities and thus become vulnerable to successful enforcement.

An analysis suggests that the organization of illegal drug traffic in New York City has changed in recent years. In the 1960s and 1970s, it was characterized by loose organization and free-lance dealers. The advent of the crack business may have given rise to organizations that control all aspects of sales and employ special measures to insulate participants from law enforcement.

Drug production and distribution may be becoming more organized

In the 1960s and 1970s in New York City, one of the first places in the U.S. to have widespread heroin and cocaine use, the marketplace for buying and selling illegal drugs could be described as "freelance" with only "loose cooperation" among wholesalers, house dealers, and street sellers.¹⁴ A street seller, for example, may have dealt with different suppliers each week and vice versa. There was no commitment for transactions by either party weeks or even days ahead. Drug sellers typically worked independently, bearing alone the full risk of being arrested.

Drug distribution may be becoming more vertically integrated. In the legitimate business world, such integration occurs when one firm merges with either a firm from which it purchases an input or a firm to which it sells its output. For example, vertical integration would occur if a shoe manufacturer bought a retail shoe outlet. Vertically organized selling groups in the illegal drug market maintain operations at several stages, such as regional distribution and street sales. These organizations became more popular with the spread of crack cocaine. A vertically integrated illegal drug organization that is carefully controlled makes it more difficult for police to arrest "sellers" with standard "buy-and-bust" techniques (see Chapter IV). Each person in the organization has a specific role, and everyone works as a team: one person is a lookout, another seeks new customers, another stores the drugs for upcoming sales, and another collects payment from buyers.

In a present day selling group, a retail seller and his team typically —

- work in a given locale
- work for a specific time
- hand over all money to someone at a higher level in the organization
- are paid at the end of the day in drugs, money, or both.

Illegal drug production is also becoming vertically integrated. It is estimated that cocaine production and distribution are the most vertically integrated. It is difficult in the illegal drug market to tell where one organization ends and another begins, but it is clear that there is a high level of cooperation in the processing of coca paste into cocaine and in its distribution in the U.S.

Some drug organizations have consolidated their activities

Some drug organizations behave in a way somewhat similar to that of legitimate firms that are horizontally integrated. This typically occurs when one firm acquires another firm in the same industry. The merger of two shoe manufacturing companies is an example of horizontal integration. In the illegal drug industry, for example, the Medellin cartel, the cocaine exporters named after Colombia's now second-largest city, is said to have been organized by Carlos Enrique Lehder Rivas. After serving time in a U.S. prison for marijuana smuggling, he began collaborating with Jorge Luis Ochoa Vasquez, a leader in the existing cocaine-smuggling operations headquartered in Medellin. Together they consolidated Colombia's fragmented cocaine exporting business and began smuggling massive amounts of cocaine into the U.S. aboard private airplanes in order to make the export business more efficient.

Who produces, distributes, and sells illegal drugs?

A limited number of cocaine and heroin cartels that control imports to the U.S. have been identified

In some respects, the distribution of cocaine and heroin is organized like that for legal commodities. There are many farmers — few producers, refiners, and wholesale distributors — and many independent operators along the distribution chain:

- The Medellin and Cali cartels in Colombia have controlled a large percentage — 80% by one estimate — of the cocaine sent to the U.S.
- The Mafia has been a large-scale distributor of heroin to the U.S.

The cocaine cartels wield extraordinary economic and political power

They employ thousands — including many with expertise in law, finance, government, chemistry, and distribution. The Medellin cartel is said to have its own 200-man army.¹⁵

For much of the 1980s the two cartels agreed to divide much of the lucrative U.S. market. Some evidence shows that the agreement is no longer in force: at least 12 Colombians were killed in New York City in 1988 in an apparent struggle for control of the New York market. As a result of these feuds, actions by the Colombian Government, as well as enforcement and prosecution successes in the U.S., the power of the two cartels appears to have weakened.

The Mafia has been involved in the heroin trade for decades

The famous French Connection operated between the 1950s and 1970s. Turkish heroin was processed in Marseilles, France, and transported by the Sicilian Mafia to New York and other places in North America.

More recently, the Pizza Connection distributed a large share of heroin consumed in the U.S. This loosely affiliated combination of Sicilian and American organized crime families arranged the shipment of heroin to the U.S. and used pizza parlors in the U.S. to shield its

heroin operations and related financial transactions.

National/ethnic/racial groups are sometimes involved in drug distribution

Like other social groups, drug selling groups tend to be made up of individuals whose similar backgrounds and experiences facilitate communication and trust. These groups tend to be racial, ethnic, or sometimes national such as black, Hispanic, or Jamaican. Unlike traditional organized crime groups, drug trafficking groups are seldom based on extended family ties.

Chinese, Thai, and Sicilian groups have controlled large segments of wholesale heroin distribution to the U.S. In more recent years, Mexican nationals have distributed heroin throughout the U.S. Initially, Chinese and Thai groups did not distribute their heroin within the U.S. But more recently, they have made distribution arrangements with local groups in the U.S. Chinese street gangs have been reported to be involved in distributing heroin in New York, San Francisco, and other large cities. Reportedly, Nigerians have been distributing heroin in such east coast cities as New York and Baltimore.

Central and South Americans have been major wholesale and retail distributors of cocaine and marijuana from that part of the world. Colombian cartels tightly control wholesale cocaine distribution, but various other groups are domestic distributors. Jamaican, Cuban, and Dominican youths sell cocaine powder and crack in many areas — especially larger eastern cities. The Jamaicans who distribute crack and marijuana are noted for frequent use of violence. While the Jamaicans are perceived to be especially prone to violence, violence appears to be more prevalent in the Latin American drug trade than in the drug trade in other parts of the world.

Some motorcycle gangs have been involved in drug distribution

Official sources show that some motorcycle gangs have been distributing methamphetamine and PCP since at least the 1960s. The Hell's Angels, the Outlaws, the Pagans, and the Bandidos are thought to have been involved. Each is prominent in a different part of the country. There is evidence of cooperation between the Angelo Bruno organized crime family and the Pagan motorcycle gang in producing and distributing methamphetamine in the Philadelphia area between the late 1970s and early 1980s. Motorcycle gangs are also involved in cocaine and marijuana distribution.

Are youth gang members involved in drug distribution as a group?

Members of youth gangs often engage in delinquent and criminal behaviors — including drug use and sales — and some observers believe that as groups youth gangs are heavily involved in distributing drugs. This view is most common for the "Crips" and the "Bloods" — gangs that originated in Los Angeles. These gangs are described as establishing drug trafficking operations in other parts of the country. However, research completed to date gives a much more ambiguous picture, suggesting that drug distribution is not usually an organized activity of youth gangs.¹⁶ Some law enforcement officials would disagree, finding youth gangs to be heavily involved in drug trafficking in many areas.

Some very young juveniles are selling drugs

Pre-teenage juveniles are sometimes recruited to serve as lookouts or in other roles in support of trafficking. A major reason for recruiting youth to work in the drug trade is that they come under the jurisdiction of the juvenile justice system and are not usually subject to adult criminal penalties.

The number of juvenile drug arrests in the District of Columbia rose from 279 in 1986 to 1,550 in 1987 when the law was changed to increase the difference between sentence lengths for adult and juvenile drug dealers.

Many retail drug sellers are also users

Many adults who distribute drugs are drug users. In the Drug Use Forecasting Program, 65% of those arrested and in jail for a drug offense who were voluntarily tested were found positive for cocaine. Often the major reason for being a distributor is to support one's own use and to assure access to a drug supply. Drug use frequency may be linked directly with frequency of selling drugs. A study in New York City found that frequent heroin users were more likely than less frequent users to sell and engage in a high number of transactions.

Type of heroin user	Annual number of drug transactions	Annual drug business income
Daily	880	\$10,405
Regular	823	\$5,611
Irregular	245	\$3,200

Source: Bruce D. Johnson, Paul J. Goldstein, Edward Preble, James Schmeidler, Douglas S. Lipton, Barry Spunt, and Thomas Miller, *Taking care of business: The economics of crime by heroin abusers* (Lexington, MA: Lexington Books, 1985), 235.

One study found that most juvenile drug dealers work strictly for the money and are not frequent users.¹⁷ This is also likely to be true of retail drug distribution bosses and dealers above the street sales level. Studies suggest that some dealers know that their own drug use places them at higher risk of apprehension, reduces profits, and may lead to personal deterioration that will make them unable to function efficiently.

A few drug dealers make large amounts of money, but most do not

Wholesale and mid-level dealers often make hundreds of thousands or millions of dollars. One study indicates that many are able to escape detection.¹⁸

Lower-level dealers, especially ones who are heavy drug users, usually operate on a smaller scale. Drug-using retail sellers accumulate little wealth because —

- their profits often support drug use
- the drug business is a fragile enterprise subject to disruption by law enforcement efforts, frequent absence of a reliable supply, and a high risk of loss from predatory competitors and employees
- their involvement in drug sales is sporadic
- earnings tend to be spent ostentatiously for expensive cars, gold jewelry, and other consumer goods
- many dealers spend a substantial portion of their time in jail or prison.

A 1985 study of the economics of drug buying and selling estimated the annual cash income from drug transactions, payments of drugs, theft of drugs, and avoided expenditures for substances at \$6,357.¹⁹ A Washington, D.C. study estimated a typical seller's gross earnings per year at \$15,600.²⁰

Is drug dealing a full-time occupation?

A RAND study in Washington, D.C., found most dealers sell drugs parttime and earn modest sums of money:

- The typical dealer among its respondents netted \$700 a month from drug sales.
- Typical small earners netted \$25 and typical large earners \$2,500. These figures reflect the relatively low commitment of time to drug dealing.
- Of those interviewed, 75% held legitimate jobs in addition to dealing drugs. Drug dealing supplemented their incomes from their regular, legitimate jobs. Mean drug earnings for this population were twice as large as earnings from their legitimate jobs, and much greater than the earnings of those who reported earnings from other crimes.

Most dealers interviewed in this study were heavy drug users themselves. These dealers still spent an average one quarter of their earnings on drugs, even when allowances were made for "in-kind" drug consumption (that is drug consumption provided by withholding some of the inventories which they were consigned to sell). This suggests that dealers tend to withhold only small amounts of their inventories as "in-kind" payments.

In the case of marijuana dealers, profits from the sale of this drug are so much smaller than the profits from other drugs that "in-kind" withholding would significantly reduce their income. Further, marijuana dealing is much more casual and less frequent than dealing more dependence-producing drugs.

Those who deal in heroin or cocaine were as likely to be working for someone else as they were to be working independently. Employees charged with selling drugs on consignment who use part of the consignment to satisfy their own habit are in danger of incurring their employers' anger and subsequent violence.

How do the production, distribution, and sale of illegal drugs compare with those of legal products?

Illegal drugs are produced and distributed in some of the same ways as legal commodities

Cocaine, heroin, and marijuana are products of agriculture. Other illegal drugs, such as PCP and LSD, are produced chemically. The production of most illegal drugs often involves chemical processes that are crude replicas of manufacturing standards in legitimate industry.

Much like business executives, producers of illegal drugs manage the processing and exporting of the finished product to wholesalers all over the world. As with any legal industry, the wholesaler organizes bulk shipments into the quantities to be shipped to various regions. Regional distributors repackage and distribute the illegal drugs to street vendors, who sell the drugs to the consumer.

The production and sale of illegal drugs escape regulatory scrutiny

In the pharmaceutical industry, the production of drugs is regulated. A legal drug manufacturing plant under construction must be inspected periodically. Substances used to produce the drugs, as well as sanitary conditions in the manufacturing sites, must be monitored.

No such regulatory system governs the production of illegal drugs. Marijuana growers may use banned pesticides. A clandestine laboratory may pour hazardous chemicals directly into a water supply or store flammable or explosive materials in unsafe places.

How do the roles and functions at various levels of the drug distribution business compare with those in legitimate industry?

Approximate role equivalents in legal markets	Roles by common names at various stages of the drug distribution business	Major functions accomplished at this level
Grower/producer	Coca farmer, opium farmer, marijuana grower	Grow coca, opium, marijuana; the raw materials
Manufacturer	Collector, transporter, elaborator, chemist, drug lord	All stages for preparation of heroin, cocaine, marijuana as commonly sold
Traffickers		
Importer	Multikilo importer, mule, airplane pilot, smuggler, trafficker, money launderer	Smuggling of large quantities of substances into the U.S.
Wholesale distributor	Major distributor, investor, "kilo connection"	Transportation and redistribution of multikilograms and single kilograms
Dealers		
Regional distributor	Pound and ounce men, weight dealers	Adulteration and sale of moderately expensive products
Retail store owner	House connections, suppliers, crack-house supplier	Adulteration and production of retail level dosage units (bags, vials, grams) in very large numbers
Assistant manager, security chief, or accountant	"Lieutenant," "muscle men," transporter, crew boss, crack-house manager/proprietor	Supervises three or more sellers, enforces informal contracts, collects money, distributes multiple dosage units to actual sellers
Sellers		
Store clerk, salesmen (door-to-door and phone)	Street drug seller, runner, juggler	Makes actual direct sales to consumer; private seller responsible for both money and drugs
Low-level distributors		
Advertiser, security guards, leaflet distributor	Steerer, tout, cop man, look-out, holder runner, help friend, guard, go-between	Assists in making sales, advertises, protects seller from police and criminals, solicits customers; handles drugs or money but not both
Servant, temporary employee	Run shooting gallery, injector (of drugs), freebaser, taster, apartment cleaner, drug bagger, fence, launder money	Provides short-term services to drug users or sellers for money or drugs; not responsible for money or drugs

Source: Bruce D. Johnson, Terry Williams, Kojo A. Dir, and Harry Sanabria, "Drug abuse in the inner city: Impact on hard-drug users and the community," in *Drugs and crime*, Michael Tonry and

James Q. Wilson, eds., volume 13, *Crime and justice* (Chicago: The University of Chicago Press, 1990), 19. © 1990 by The University of Chicago Press. All rights reserved.

Before a legal drug is sold to a consumer, it passes through 10 years of tests for its safety and efficacy, on average. Dosage, instructions, and warning labels are commonly included on the packages of legal drugs. No reliable information is provided to the buyer of illegal drugs. A person buying a marijuana cigarette, rarely knows if it contains .2% THC or 20% THC. In fact, buyers cannot be sure that it contains THC at all. Nothing prevents an illegal drug dealer from diluting a drug and passing it off as pure to the buyer or inadequately mixing drugs that can result in lethal doses.

The purity per kilogram of cocaine reaching the U.S. was 80% in 1990. By the time it reached the street, the purity had been cut to 54% per gram by sellers as the drug moved down the distribution chain toward the final consumer. The purity of cocaine has steadily decreased over the past few years, while the purity of heroin has increased.

Strong doses of heroin can depress respiration and cause death. Since the dosage and purity of illegal drugs are not regulated, a drug consumer may buy and use unexpectedly dangerous dosages. For example, a drug called "Tango and Cash" resulted in the deaths of 15 heroin users and overdoses of 213 others who ended up in emergency rooms in February 1991 in New York, New Jersey, and Connecticut. These heroin users purchased what they thought was especially pure heroin. The drug was actually an analgesic or synthetic narcotic, fentanyl, many times more potent. Fentanyl and its variants were blamed for more than 100 overdose deaths in the U.S. during the 1980s.

New illegal drugs are introduced less frequently than new legal drugs

In 1988, the U.S. Food and Drug Administration approved 20 drugs for marketing in the U.S.

Only a few illegal drugs emerged in the U.S. during the 1980s. They include—

- *ice*, or crystalline d-methamphetamine hydrochloride, the smoking of which became common in Hawaii between 1987 and 1990 but is still rare in the continental U.S.
- *crack cocaine*, a relatively new drug that first appeared in the early 1980s and became widely available in some cities beginning in 1985 and 1986.
- "*designer drugs*," which were developed to avoid legal sanctions. Designer drugs are products of clandestine laboratories. Chemically similar to illegal drugs, they are often more dangerous and potent than the drug whose effects they mimic.

Unlike legal business operations, an illegal drug operation cannot legally be financed by the banking industry

Drug traffickers cannot use normal procedures, such as obtaining a business loan from a bank, to finance an illegal drug operation.

To compensate for this lack of available financing, arrangements are often made to allow a drug trafficker to pay for a purchase after selling the drugs. Payment is usually made when the drug trafficker takes delivery on the next illegal drug shipment. Such "revolving credit" arrangements appear to be the mode of operation for very large transactions, as well as for dealers just above the retail level.

As their financial resources grow, drug traffickers may begin to finance their operations through shell corporations or other business arrangements designed to disguise, or launder, drug revenues.

Sales of illegal drugs do not produce sales tax revenue

Another difference between legal industries and the illegal drug industry is that the public earns no revenues from market transactions.

In normal selling operations, taxes are paid to the government in proportion to the amount of money changing hands. In this way, industry funds the operations of the government to protect and serve its constituency.

In the illegal drug market, products are bought and sold completely tax free, while the enforcement of laws against the buying and selling of illegal drugs requires many tax dollars. A discussion of drug taxes as a sanction appears in Chapter IV.

How do drug traffickers conceal drug revenues?

Illegal drug trafficking can generate vast amounts of cash

At every point in the distribution chain, drug transactions are often conducted with cash. Illegal transactions have traditionally involved currency because it has known value, is easily exchanged for goods and services, and does not leave a paper trail.

As discussed earlier, ONDCP estimated that the illegal drug trade in the U.S. generates \$40-\$50 billion in sales annually, most in cash.

Reliance on cash poses problems for drug traffickers

Cash poses problems for drug traffickers because it is:

- heavy and bulky; \$1 million in \$20 bills weighs over 100 pounds.
- easily stolen because its ownership is not traceable and it is easily exchanged.
- not income producing the way that bank deposits or other investments are.

Drug traffickers want to use their drug money to capitalize their business, to support their lavish lifestyles, and to increase their wealth and power. Business expenses include payment of suppliers, attorney's fees, salaries, and travel, investment, capital, and asset acquisition. Much drug money is eventually invested in the legitimate economy in businesses, bonds, stocks, real estate, and other assets.

Large cash transactions signal a deviation from normal business practice and attract attention

In general, legal business and personal transactions are conducted with non-cash-based financial instruments such as checks and credit cards. Cash transactions are often used to avoid taxes. Therefore, drug traffickers who deal with a large amount of cash may attract official attention. For example, an investigation of a suspected Idaho drug trafficker found that he had never held any legitimate employment, yet over a 4-year period had spent over \$400,000.²¹

This triggered an investigation that resulted in his conviction and incarceration on income tax evasion.

Cash is easily detectable

Cash is often conspicuous because of its bulk. In 1990, the U.S. Customs Service announced its largest cash seizure of \$22 million in proceeds from drug sales. The seizure contained more than 900,000 individual bills, of which \$11 million was in \$20 bills. The cash weighed about 3,000 pounds. Customs agents used vans specially equipped with heavy duty shocks to transport the cash to the Federal Reserve Bank for deposit.

In addition to being bulky, the cash used in drug transactions often comes in contact with the drugs, making the cash detectable to drug-sniffing dogs used by law enforcement, and to forensic analysis.

Cash transactions also generate official notification. Since the 1970 Bank Secrecy Act, banks must report all cash transactions of \$10,000 or more to the Internal Revenue Service. This Act also required that persons transporting \$10,000 or more across U.S. borders file a report with the U.S. Customs Service. Therefore, drug traffickers find it difficult to use legitimate financial systems without revealing their ownership of the cash.

What is money laundering?

Money laundering is the *concealment* of income and its *conversion* to other assets in order to disguise its illegal source or use.²² At its most basic level, money laundering involves three steps —

- **placement** — physically getting the cash into the financial system including the conversion of cash into other types of negotiable instruments such as money orders and cashiers checks
- **layering** — separating the proceeds from the source through layers of transactions such as wire transfers
- **integration** — providing an apparent legitimate explanation for the illicit proceeds.

More complex money laundering schemes involve multiple transactions with foreign banks and a variety of instruments.

Money laundering is not new

In addition to hiding illegal income, money laundering has been traditionally used by people who seek to hide assets including —

- tax evaders
- corporations setting up slush funds for bribes and kickbacks
- foreign nationals avoiding currency restrictions at home.

The IRS estimates that tax cheaters in legitimate businesses skim as much as \$50 billion a year from the tax collector.

Banking experts speculate that in the last 10 years private citizens from several Latin American countries have smuggled more than \$200 billion out of their home country to avoid currency restrictions.

Cash surpluses can be an indicator of money laundering

The Federal Reserve System branches supply the currency for the banking system in the U.S. While currency normally flows from one region to another, excessive surpluses can signal the possibility that the region has become a money laundering center. For example, the Miami branch had a \$6 billion surplus in 1985 that fell to \$4.5 billion in 1988 after intense Federal probes of South Florida banks.

Launderers convert cash into a variety of financial instruments and assets

Launderers and traffickers generally prefer to convert their cash to negotiable instruments such as cashiers checks and money orders. These instruments are preferred because they —

- entitle the holder to surrender them for payment without inviting questions of ownership
- allow immediate payment without waiting for funds to be transferred to the paying institution such as when a check clears a bank.

To convert the currency, launderers use banks, savings and loan associations, and credit unions as well as nonbank financial institutions such as check cashing services, currency exchanges, and gambling casinos.

Launderers also convert cash into a variety of relatively liquid assets including —

- gold
- jewelry
- rare or expensive coins
- automobiles and other conveyances
- communications equipment.

How do drug traffickers avoid cash reporting requirements?

"Smurfing" or structuring, the legal definition, involves the conversion of cash in amounts less than \$10,000, the threshold level that triggers reporting, into bank accounts or other negotiable instruments to avoid reporting. Drug traffickers often send several different couriers to make bank deposits of less than \$10,000 in cash in one or more accounts. More sophisticated "smurfing" schemes involve deposits in one account at several different branches of the same bank.

Drug traffickers also bribe bank officials either to record wrong information on the reporting forms or to fail to forward the completed forms to the IRS. According to the FBI, between 1980 and 1981, bank officials of the Great American Bank in Miami were bribed to launder \$94 million by not forwarding the reporting forms for deposits made by drug traffickers and by making false loans.

Bank officials may also be coerced into putting the drug traffickers' accounts on the exempted list of businesses that do not have to file Currency Transaction Reports (CTR). Banks are permitted to exempt legitimate businesses that use cash in most of their transactions.

Legitimate businesses are often used to launder illegal drug money

Businesses offer a cover for the introduction of cash into the legal financial system. Launderers often buy businesses such as bars, restaurants, entertainment establishments, jewelry stores, and grocery stores that transact much of their business in cash. For example, the Bandidos motorcycle gang invested in a string of after-hours nightclubs in Arkansas that laundered drug money and acted as fronts for the gang's drug and prostitution businesses.

Generally, receipts are falsified to support the deposits of the illegally generated cash. The businesses then pay taxes and avoid detection. Such businesses also provide legitimate employment for the criminals.

Launderers transfer funds between corporations in attempts to hide ownership of assets

On occasion, launderers conduct transactions through several corporations to make tracing the money difficult. The transactions between corporations are made to appear legitimate such as payment for goods and services but they are often fabricated. In some foreign countries, bank secrecy laws may limit or prohibit law enforcement from tracing funds through these fake transactions.

While some legitimate corporations are used for these transfers, "shell" corporations are often created as paper entities to transfer funds through their accounts without revealing ownership or origin. They do not actually undertake the legitimate business that they are incorporated to conduct. The true ownership of these corporations may be hidden by "straws," people who stand in as owners and may be present only at the incorporation.

Wire transfers facilitate laundering

Once the money is in a financial institution it can be moved between financial institutions by wire transfer (the electronic transmission of funds). Much legitimate business is conducted using wire transfers. Launderers like wire transfers because they are quick, impersonal, and not now subject to the reporting requirements of currency transactions. Wire transfers are often used to move the money out of the country.

The volume of wire transfers has risen greatly in recent years, making it difficult to trace suspicious transfers. For example, in 1992, the Clearing House for Interbank Payments System (CHIPS), the private international funds network in the U.S., handled a daily average of 152,000 wire transactions involving \$928 billion.

The need for money laundering has given rise to a laundering service industry

This industry straddles the legitimate financial world and organized crime. Laundering specialists provide a full range of services from transport of funds to investment advice.

Laundering organizations tend to be loose, ad hoc arrangements of professionals. Laundering relationships appear fairly fluid so employees can easily start their own laundering business. The violence associated with other aspects of drug trafficking is absent in the money laundering business.

As the volume of drug trafficking has grown, so has this service industry. With more competition, drug traffickers can shop for services and diversify their risk of detection by using many launderers.

Who provides money laundering services?

There are three types of laundering specialists —²³

- **Couriers** who arrange for the transport and exchange of currency for monetary instruments
- **Currency exchangers** who receive cash as deposits in one country's currency and issue monetary instruments such as money orders in another country's currency
- **White-collar professionals**, including lawyers, accountants, and stockbrokers who provide financial services ranging from investment counseling to the incorporation of dummy businesses.

Most people caught in DEA money laundering stings did not have prior criminal records.

What are the fees for money laundering?

The amount launderers are paid varies according to what services they render and what the market will bear. For example, a currency smuggler might request a 5% fee while a wire transfer specialist may charge 8%. According to the FBI and other law enforcement agencies, fees may range from as low as 1% to as high as 10%. Fees may be a percentage of the amount of money to be laundered or a set price like that charged by the intermediaries who bring together traffickers and launderers.

La Mina, The Mine, reportedly laundered \$1.2 billion for the Colombian cartels over a 2-year period

Currency from selling cocaine was packed in boxes labeled jewelry and sent by armored car to Ropex, a jewelry maker in Los Angeles.



The cash was counted and deposited in banks that filed the CTRs, but few suspicions were raised because the gold business is based on cash.



Ropex then wire transferred the money to New York banks in payment for fictitious gold purchased from Ronel, allegedly a gold bullion business.



Ronel shipped Ropex bars of lead painted gold to complete the fake transaction. Ropex used the alleged sale of this gold to other jewelry businesses to cover further currency conversions.



Ronel then transferred the funds from American banks to South American banks where the Colombian cartel could gain access to them.

Source: "Getting banks to just say 'no,'" *Business Week*, April 17, 1989, 17 and Maggie Mahar, "Dirty Money: It triggers a bold new attack in the war on drugs," *Barron's*, June 1989, 69(26):6-38, 7.

How do drug traffickers get their drug profits out of the U.S.?

Bank secrecy in many foreign countries has aided laundering

Many foreign countries promote bank secrecy; the best known may be Switzerland which became famous for numbered accounts. Many of these countries are also tax havens for investors. Once funds are deposited in the banks of these countries, the identity of the owner of the account is protected by law within limits. Drug traffickers often try to have their assets transferred to banks in these countries to hide their ownership and protect them from investigation and forfeiture actions in the U.S. Money laundering may continue in some countries with bank secrecy even though their governments have taken actions to curb laundering.

Some countries are particularly exposed to money laundering

According to the Financial Action Task Force of the industrialized nations, some countries or territories are exposed to money laundering due to —

- the importance of their international financial activities
- their geographic location
- the low degree of regulation in their financial system
- past money laundering activities by some financial institutions.

Some of the countries and territories identified as being exposed include Monaco, Liechtenstein, the British Dependent Territories of Gibraltar, the Cayman Islands, Montserrat, Anguilla, the British Virgin Islands, Turks and Caicos Islands and Bermuda, the Crown Dependencies of Jersey, Guernsey, and the Isle of Man, and the Netherlands territories of the Netherlands Antilles and Aruba.

How do foreign drug traffickers access their illegal drug proceeds?

Many foreign-based traffickers simply want their money and assets as close as possible. Accessibility is important to traffickers who must pay suppliers and employees in the cultivation, processing, and manufacturing aspects of the drug business. Panama has been a leading

What are some of the key terms associated with money laundering ?

Brokers — Intermediaries who unite traffickers and launderers and negotiate contracts for laundering services.

Casas de Cambio — Legitimate or illegitimate currency exchanges in Latin American countries.

Currency or Monetary Instrument Reports (CMIRs) — Reports that must be filed with the U.S. Customs Service upon the export of \$10,000 or more in U.S. currency.

Currency Transaction Reports (CTRs) — Reports that must be filed with the IRS by financial institutions upon the deposit or exchange of \$10,000 or more in currency.

Hawala or Hundis — South Asian non-banking financial system used for centuries to move money, gold, and consumer goods across the subcontinent and between it and Europe and the Middle East.

Hui kuan — Ethnic Chinese family-oriented underground banking system.

Mules — People who actually smuggle drugs or drug money by carrying it on their person.

Pigeons — Intermediaries who steer traffickers to launderers for a set price.

Offshore banks — Financial institutions in foreign countries that usually have bank secrecy laws and are often tax havens.

Smurfing — Making numerous currency transactions usually converting cash into money orders or cashiers checks that are each under the reporting requirement of \$10,000 in order to avoid reporting.

Smurfs — People who make the currency transactions in smurfing.

Straws — People who stand in for actual owners of businesses and shell corporations in order to hide ownership.

Structuring — Arranging currency deposits in order to avoid reporting requirements.

Shell corporations — Corporations established to hide or launder money and that do not actually engage in the business they are incorporated to perform.

Wire transfers — Electronic communication of funds between financial institutions both within the U.S. and abroad.

How is drug money smuggled out of the U.S.?

Couriers smuggle currency out of the U.S. in much the same way that drugs are smuggled into the country — by air, land, and sea routes:

- Using common carriers, couriers will carry from \$10,000 to \$20,000 on their person or in carry-on luggage or hidden in toys, gift-wrapped packages, etc.
- Using a variety of vehicles including trucks and motor homes, traffickers will transport cash across land borders
- Using international cargo such as household products, traffickers hide currency.

Some foreign exchange houses have been involved in laundering drug dollars

Domestic business is generally conducted in a country's own currency. Foreign exchange houses buy and sell currency to permit international transactions. Legitimate exchange houses make money on the difference between the values of the currencies to be exchanged and by charging commission. For example, a foreign exchange house may exchange 10 pesos for 1 dollar while the official rate is 11 pesos for 1 dollar.

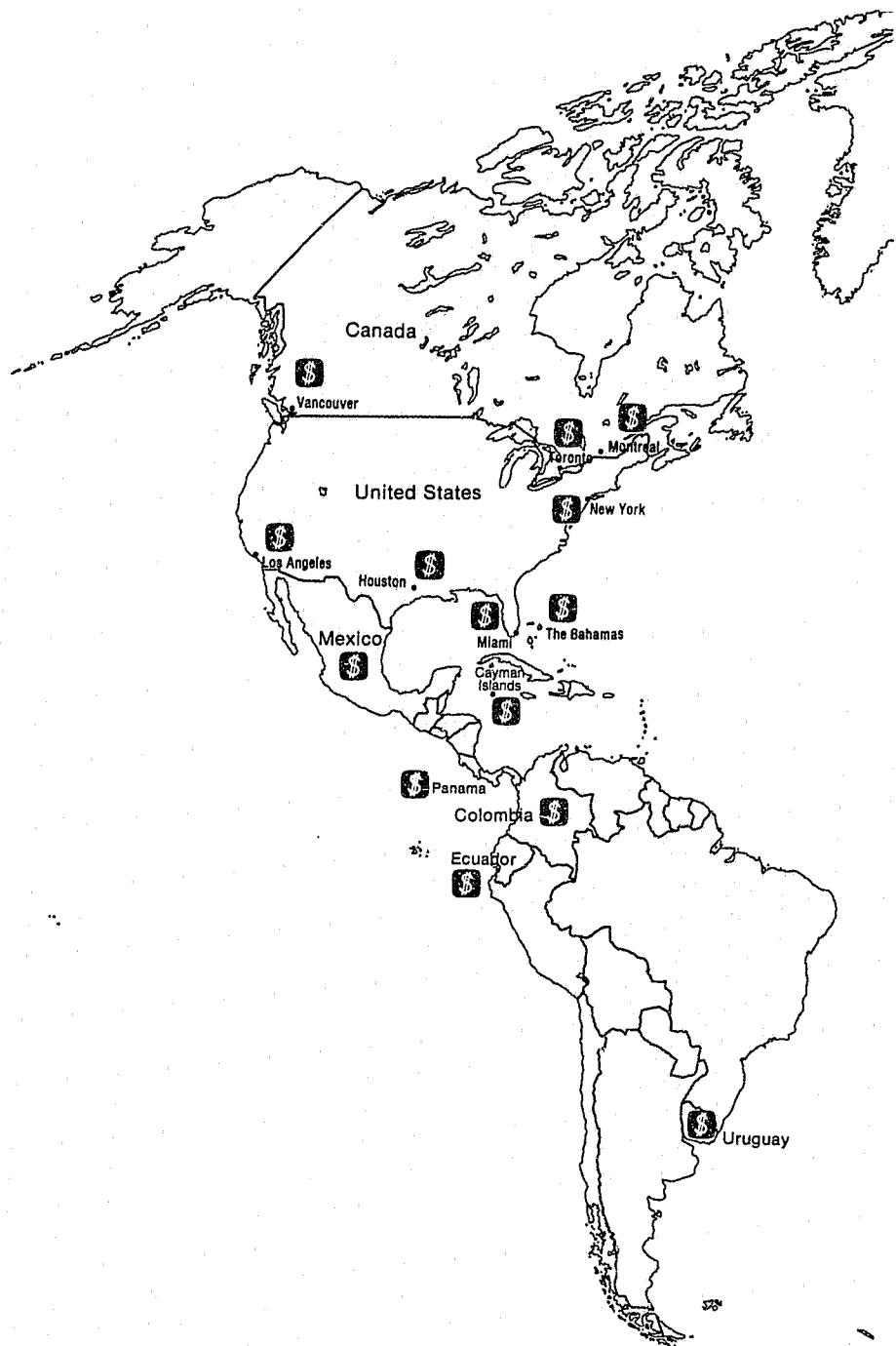
The funds in an exchange sometimes do not actually leave the countries of origin. Exchanges and their clients may have accounts in both countries where the transactions take place. An exchange company will accept funds from the client in the U.S. and will deposit funds in the client's home country.

In South American countries, legitimate and illegitimate currency exchangers are called "casas de cambio." Some exchange houses will buy American dollars from the drug traffickers and put local currency in an account for them so that the traffickers can use their funds locally. They then sell the American dollars to local businessmen who wish to do business in the U.S.

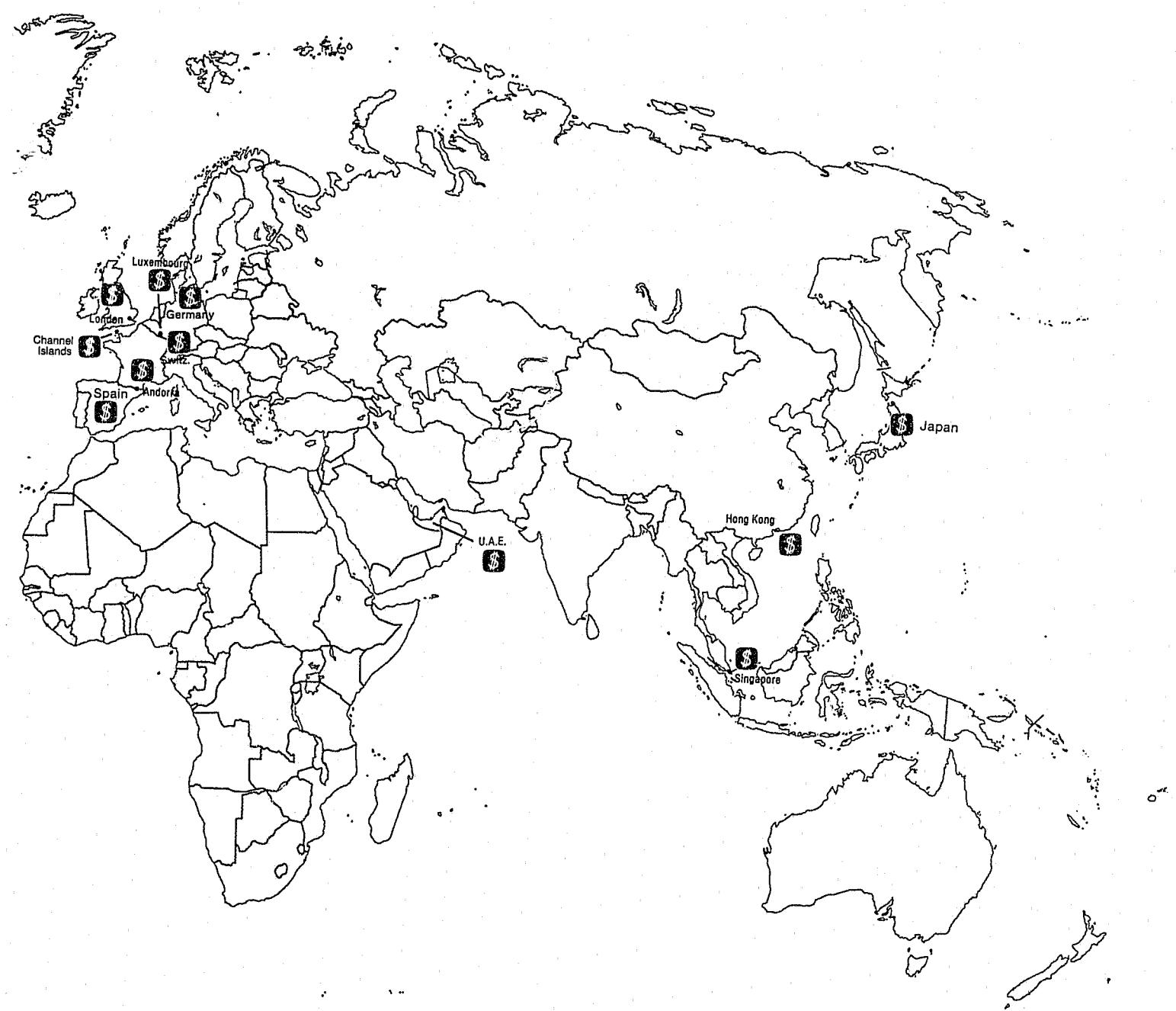
Nonbanking financial systems are used to launder drug money

Nonbanking financial systems used to launder drug money include the "casas de cambio" in Latin America and check cashing services in the U.S. In Southwest Asia, the "hawala" or "hundi" systems were established centuries ago as an informal banking system. They have been invaluable to generations of guest workers in Western Europe who send money to relatives in the Middle East and South Asia. Some ethnic Chinese also use an underground banking system called "hui kuan" that is centered around gold and jewelry shops, teak importers, and other businesses.

Where do the drug dollars go?



Note: The governments of many countries noted on this map as money facilitation centers do not condone money laundering and have taken steps to combat it.
Source: DEA, forthcoming.



Money facilitation centers

Base Map®
Meridian Maps

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Chapter III

Responses to the drug problem

Section 1. History of drug control

- What policies, strategies, and tactics have been applied to the drug problem in the U.S.?
- Who is involved in drug control efforts?
- What are some of the historic milestones in early U.S. drug control efforts?
- How has the government sought to control both the supply of and demand for drugs over the past quarter century?
- What drug control strategies has the Federal Government issued since 1973?

Section 2. Public opinion

- What role does public opinion play in drug control policy?
- How serious is drug use perceived to be?
- How available and risky are illegal drugs thought to be?
- Does the public think the drug problem is more important than other public policy issues?
- What strategies are perceived to be effective in combatting the drug problem?

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- What type of substance abuse control laws have Federal, State, and local governments enacted?
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- What are the drug control aspects of U.S. foreign policy?
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- What types of drug treatment programs are used and who provides them?
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- Who is tested for drugs and why?
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- What are the costs to society of illegal drug use?
- How much does the Federal Government spend on the drug problem?
- What are the trends in Federal spending on the drug problem?
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- What are the public and private health care costs of illegal drug use?
- How much does drug treatment cost?

Section 1. History of drug control

What policies, strategies, and tactics have been applied to the drug problem in the U.S.?

Federal, State, and local governments have responded to the drug problem and the public's concern

The nature and extent of responses by governments in the U.S. to the drug problem have been shaped by —

- the constitutional authority of government to intervene
- the intergovernmental division of responsibility under the American system of government
- the national dimensions of the drug problem at various times in our history
- the nature and extent of drug use across the nation and in specific regions, cities, and communities
- public attitudes and opinions.

Since the 1860s, governments at all levels have used a variety of policies and tactics to deal with a changing drug problem

Initial drug control efforts focused on domestic regulation such as restrictions for certain populations, labeling and reporting requirements and taxation, and on efforts to persuade other countries to cooperate in establishing international controls. Later policies shifted toward prohibition and the imposition of criminal and, more recently, civil sanctions.

Since the use of criminal sanctions became firmly established, periodically some have argued for abandoning this approach. The degree of legalization proposed has ranged from no restrictions to government regulation similar to that used for alcohol and cigarettes. Rather than total or partial legalization, some proposals call for the decriminalization of controlled substances by eliminating or reducing criminal penalties for possession or distribution of some drugs. Some States and localities did reduce penalties for possession of marijuana in the 1970s. Further information on public opinion about some of these proposals is in Section 2 of this chapter.

Also, the drugs of concern changed over time, beginning with opium about the turn of the century and later expanding to include marijuana, heroin, cocaine, amphetamines, barbiturates, PCP, and, most recently, crack (smokable cocaine). For more information about types of illegal drugs, see Chapters I and II.

Historically, drug control efforts aim at both the supply of and demand for drugs

Supply reduction programs —

- aim to lower drug use by making drugs more expensive or more difficult to obtain for users — whether casual users or addicts
- focus on limiting the availability of illegal drugs within the U.S. through eradication of crops, disrupting smuggling routes into this country, and interdiction or seizing drugs at the border
- involve law enforcement and criminal justice system responses within the U.S.
- include crop eradication, substitution, and seizures abroad.

Demand reduction programs —

- aim to lower drug use directly by changing the behavior of current and potential users
- focus on reducing the consumption of drugs through education about the consequences of illicit drug use and drug abuse treatment
- are designed to avert the onset of drug use and treat people who are addicted to or dependent on drugs.

Supply and demand strategies have not been mutually exclusive

Criminal justice programs influence demand as well as supply, while prevention/education efforts reduce supply as well as demand.¹ For example —

- when police make it difficult for drug users to find a seller, users, particularly casual users, cannot satisfy their demand for drugs
- when users successfully end drug use because the criminal justice system required them to seek and complete a treatment program, demand is reduced
- when prevention programs are successful in preventing the onset of use, the future market for the illegal drug business is affected, making drug dealing less profitable and therefore less appealing.

Legislation and even national strategies tend to blur the supply/demand dichotomy:

- Laws that punish drug use serve educational and prevention ends by shaping public opinion as to the dangers of drug use, thus diminishing demand.
- Recent National Drug Control Strategies have merged supply and demand efforts at the community level, forging partnerships of educators, law enforcement officials, and health/treatment providers.

A wide variety of policies, strategies, and tactics have been used to control the illegal drug problem

Policies

Prohibition is the ban on the distribution, possession, and use of specified substances made illegal by legislative or administrative order and the application of criminal penalties to violators.

Regulation is control over the distribution, possession, and use of specified substances. Regulations specify the circumstances under which substances can be legally distributed and used. Prescription medications and alcohol are the substances most commonly regulated in the U.S.

Strategies

Demand reduction strategies attempt to decrease individuals' tendency to use drugs. Efforts provide information and education to potential and casual users about the risks and adverse consequences of drug use, and treatment to drug users who have developed problems from using drugs.

Supply reduction focuses diplomatic, law enforcement, military, and other resources on eliminating or reducing the supply of drugs. Efforts focus on foreign countries, smuggling routes outside the country, border interdiction, and distribution within the U.S.

User accountability emphasizes that all users of illegal substances, regardless of the type of drug they use or the frequency of that use, are violating criminal laws and should be subject to penalties. It is closely associated with zero tolerance.

Zero tolerance holds that drug distributors, buyers, and users should be held fully accountable for their offenses under the law. This is an alternative to policies that focus only on some violators such as sellers of drugs or users of cocaine and heroin while ignoring other violators.

Tactics

Criminal justice activities include enforcement, prosecution, and sentencing activities to apprehend, convict, and punish drug offenders. Although thought of primarily as having supply reduction goals, criminal sanctions also have demand reduction effects by discouraging drug use.

Prevention activities are educational efforts to inform potential drug users about the health, legal, and other risks associated with drug use. Their goal is to limit the number of new drug users and dissuade casual users from continuing drug use as part of a demand reduction strategy.

Taxation requires those who produce, distribute, or possess drugs to pay a fee based on the volume or value of the drugs. Failure to pay subjects violators to penalties for this violation, not for the drug activities themselves.

Testing individuals for the presence of drugs is a tool in drug control that is used for safety and monitoring purposes and as an adjunct to therapeutic interventions. It is in widespread use for employees in certain jobs such as those in the transportation industry and criminal justice agencies. New arrestees and convicted offenders may be tested. Individuals in treatment are often tested to monitor their progress and provide them an incentive to remain drug free.

Treatment (therapeutic interventions) focus on individuals whose drug use has caused medical, psychological, economic, and social problems for them. The interventions may include medication, counseling, and other support services delivered in an inpatient setting or on an outpatient basis. These are demand reduction activities to eliminate or reduce individuals' drug use.

Who is involved in drug control efforts?

Drug control efforts have involved a mix of governmental responsibilities at all levels

These responsibilities reflect the traditional functions of the Federal, State, and local governments:

- The Federal Government has responsibility for international relations. Therefore, efforts to curtail the manufacture of illegal drugs or cultivation of illegal drug crops in foreign countries is the responsibility of the Federal Government.
- Delivery of education, prevention, and treatment activities are almost the total responsibility of local school districts, school boards, and State, regional, and local health agencies. Local schools are generally responsible for providing drug prevention information to children and youth. Drug abuse treatment services are delivered in residential and outpatient programs in local communities. The Federal Government, through the Departments of Health and Human Services and Education, provides funding, technical assistance, and sponsored research to guide local efforts.
- Criminal justice is primarily a State and local function. However, with Federal jurisdiction over many drug offenses and the international and interstate nature of drug trafficking, the Federal criminal justice system is more heavily involved with drug law enforcement than it is with most other types of crime. Yet State and local criminal justice agencies bear the brunt of increased domestic enforcement: in 1990 State and local law enforcement agencies made an estimated 1.1 million arrests for drug offenses compared to the Drug Enforcement Administration's (DEAs) 22,000 arrests in fiscal 1990.

The division of intergovernmental responsibilities is reflected in the spending for various functions

Function	1990 total direct expenditure			State and local governments	
	Total	Federal	Total	State	Local
Billions of dollars					
National defense and international relations	\$344.1	\$344.1	0	0	0
Education	305.6	17.4	\$288.1	\$75.5	\$212.7
Hospitals and health care	92.5	17.9	74.6	35.5	39.1
Criminal justice	79.5	10.2	69.3	25.8	43.5
Percent distribution					
National defense and international relations	100%	100%	0%	0%	0%
Education	100	6	94	25	70
Hospitals and health care	100	19	81	38	42
Criminal justice	100	13	87	32	55

Note: Detail does not add to total because of rounding.

Source: U.S. Department of Commerce, Bureau of the Census, *Government finances*, series GF/90-5, 1991, table 8.

The legal bases for Federal drug control efforts have evolved over time

While reserving police powers to the States, the Constitution gave the Federal Government the power and authority to raise revenues and to conduct international relations. Federal control over domestic drug use, and particularly the prescription practices of the medical profession, was viewed as unconstitutional at the turn of the century. Therefore, early Federal drug control efforts were constrained to tactics within Federal authority: treaties and taxes.

In the last decade of the 19th century, State laws aimed at drug abuse, particularly of morphine and cocaine, were enacted requiring these drugs to be obtained only by a physician's prescription. These laws were seldom effective because these drugs could be brought in

from bordering States without such restrictions. The Pure Food and Drug Act of 1906, the first major Federal law to regulate narcotics, required the labeling of drugs in patent medicines shipped in interstate commerce.

At the turn of the century, following the continuous enactment of State regulations since before the Civil War, the Federal Government finally became active in drug control through State Department participation in international initiatives. Congress responded by passing the Harrison Act of 1914 which used the Federal Government's constitutional authority to raise revenue and to tax and regulate the distribution and sale of narcotics. Two crucial Supreme Court decisions in 1919 (*U.S. v. Doremus* and *Webb v. U.S.*) upheld the constitutionality of the tax and prohibited maintenance supplies for addicts with no intention to

recover; thus, the Harrison Act's broad police powers were upheld. The Harrison Act, as interpreted by the Supreme Court, remained the basis of narcotics regulation for the next 50 years.

In 1970, the myriad regulations and amendments to the Harrison Act over its 5 decade evolution were consolidated in the Controlled Substances Act (Title II) and the Controlled Substances Import and Export Act (Title III), termed the Comprehensive Drug Abuse Prevention and Control Act of 1970. This legislation, reflecting a fundamental change in judicial interpretation of the Constitution's commerce clause, used the commerce powers, thus eliminating the need to portray a police function as a revenue measure.

Local variations in the drug problem have affected drug intervention efforts

Drug policy in American cities and communities is a matter of local option — a mix of statutes, programs aimed at populations in distinct socioeconomic settings with different drugs of choice, and allocations of public budgets. A RAND study noted that the "Federal Government may lead, cajole and finance, but the Nation's drug policy emerges primarily out of the decisions of officials at other levels."²

The prime example of local option is in enforcement where the choices range from cooperation with the Federal Government on high-level dealers and traffickers, street sweeps of both open-air markets and indoor locations (such as crack houses), focused crackdowns on flagrant markets (many servicing consumers from outside the specific jurisdiction), suppressing gang activity as a form of organized crime concentrating

on drugs, concentration on users to promote accountability and deter those other than the heavily addicted, and protecting the young by focusing on drug dealing affecting minors. See Chapter IV for further discussion of enforcement options.

The law enforcement tactics adopted by a community have a great impact on downstream components of the criminal justice system, specifically on the adjudicatory apparatus (courts, prosecution, and public defense) and correctional institutions. Street sweeps, with a high volume of arrests, place a burden on initial detention facilities and, if convictions result, on jails and prisons. High-level enforcement directed at so-called "kingpins" yields fewer prosecutions and burdens the judiciary with cases of great complexity and length. If, under the sanction of the courts, a large proportion of arrestees is referred for treatment, the community's capacity for care may be stretched.

Substantial differences in the drug problems confronting major metropolitan areas have shaped local responses

The differences are the extent of drug use and the consequences of such use.

For example, while cocaine deaths during the 1980s increased in nearly all major metropolitan areas, the timing of the spread of cocaine use, including the introduction of crack, varied by city. Also, cocaine-related deaths rose in some cities at the same time they were falling in others. Only in Washington, D.C., and Los Angeles has PCP been a factor in deaths reported by medical examiners. Amphetamines have been a factor only in San Diego and San Francisco.

Consequences of drug trafficking also vary among large cities, particularly with relation to drug-related violence. While direct measures of drug-related violence are not available nationally, trends in homicide rates among some major cities are instructive. Washington, D.C., experienced an epidemic of violence associated with drug trafficking and distribution from 1988 to 1990. Other cities such as Los Angeles and San Francisco have not had similar waves of violence.

The consequences of drug use, particularly the transmission of AIDS, also vary by area. Intravenous drug use has been shown to be a major factor in the spread of HIV infection in New York, but is a relatively minor factor in the spread of AIDS in many other major American cities.

Private initiatives to address drug use have expanded

Nongovernmental entities have focused extensively on drug demand reduction activities in recent years. Foundations and corporations have been active in the development and dissemination of drug prevention programming. The Drug Abuse Resistance Education (DARE) program, for example, sometimes has corporate sponsorship. The media provide time for "public service" announcements that often address the drug problem.

Many major companies require candidates for employment to pass drug tests. Many companies have employee assistance programs (EAPs) that refer drug abusing employees to treatment. Many of the treatment programs are operated by private entities, and the treatment itself is paid for by private insurance.

What are some of the historic milestones in early U.S. drug control efforts?

Drugs of abuse have changed since the 1800s — most rapidly over the past quarter century

Problems with opiate addiction date from widespread use of patent medicines in the 1800s. The range of drugs included opium, morphine, laudanum, cocaine, and, by the turn of the century, heroin. The tonics, nostrums, and alleged cures that contained or used such drugs were sold by itinerant peddlers, mail order houses, retail grocers, and pharmacists. There also was unrestricted access to opium in opium-smoking dens and to morphine through retailers.

When morphine was discovered in 1806, it was thought to be a wonder drug. Its use was so extensive during the Civil War that morphine addiction was termed the "army disease." The availability of the hypodermic syringe allowed non-medical use of morphine to gain popularity among veterans and other civilians. After 1898, heroin was used to treat respiratory illness and morphine addiction in the belief that it was nonaddicting.

In the 1880s coca became widely available in the U.S. as a health tonic and remedy for many ills. Its use was supported first by the European medical community and later by American medical authorities. In the absence of restrictive national legislation, its use spread. Initially cocaine was offered as a cure for opiate addiction, an asthma remedy (the official remedy of the American Hay Fever Association), and an antidote for toothaches.

By 1900, in the face of an estimated quarter of a million addicts, State laws were enacted to curb drug addiction. The major drugs of abuse at the time were cocaine and morphine.

The first laws controlling drug use were passed in the last quarter of the 19th century

By the late 1870s concern about opiate addiction and the nonmedical use of drugs had intensified. The first recorded antidrug law was a municipal ordinance passed in San Francisco in 1875 that banned smoking opium in opium dens. A series of State and local legislative

Major Federal legislation and international conventions

Opium importation, domestic
cultivation, manufacture, and
trafficking limited/prohibited
(1887-1890)

Pharmacy Act of 1868
required registration of
those dispensing drugs

Executive branch initiatives:

San Francisco and numerous
Western States prohibit opium
dens (1875-90)

Cocaine introduced (mainly
as a wine) as a substitute for
opium and a cure for asthma
and toothaches

Concern with Nation's
cocaine epidemic
surfaces

Morphine and syringe
availability in the Civil
War created the "army
disease"

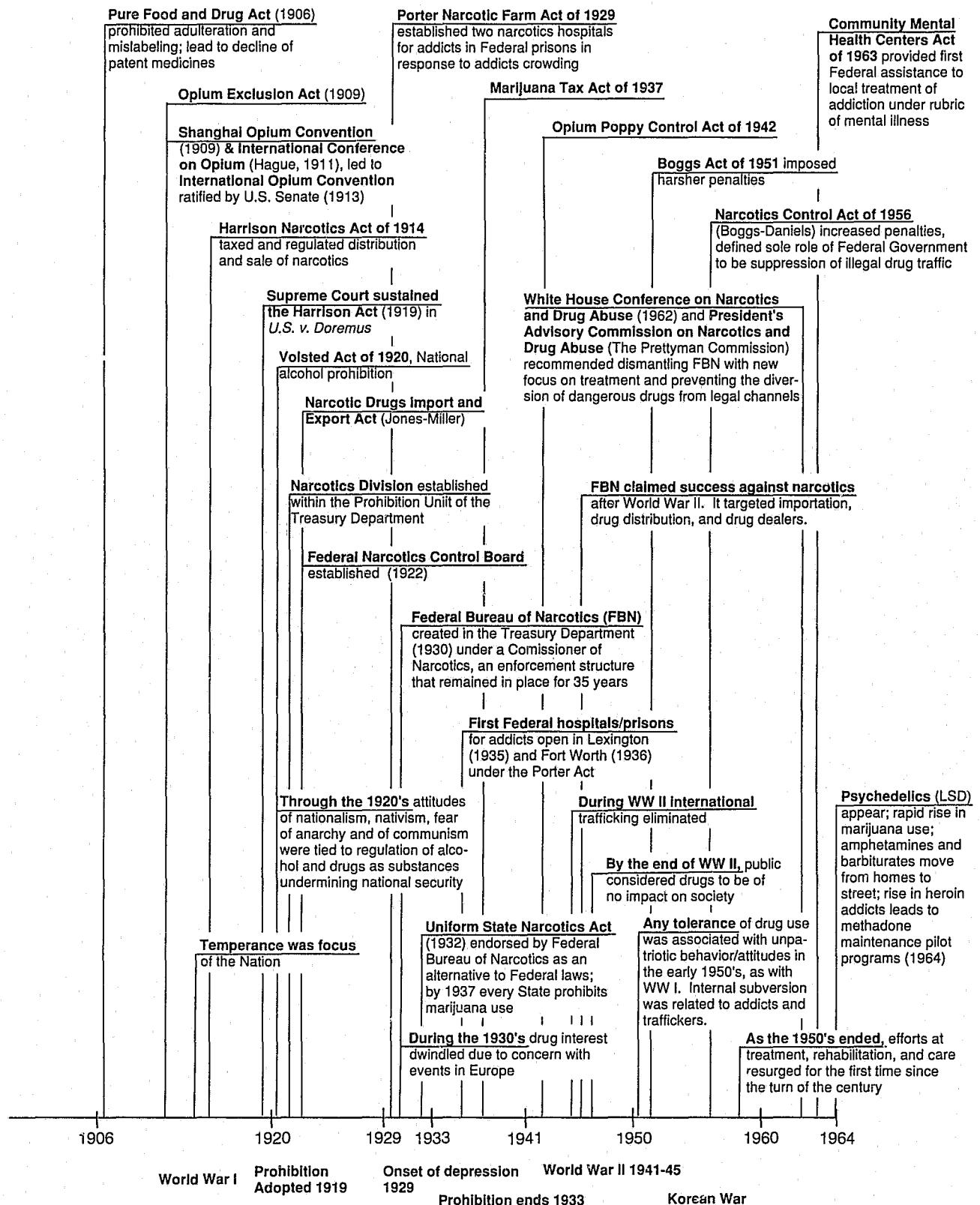
Major national
events

1860

Civil War

1900

10 years = 13/16 inches



actions followed. By 1912 nearly every State and many municipalities had regulations controlling the distribution of certain drugs.

The first actions taken at the Federal level prohibited importation of opium by Chinese nationals (1887) and restricted opium smoking in the Philippines (1905). These actions were followed by passage in 1906 of the Pure Food and Drug Act, which required over-the-counter medicines to correctly label the inclusion of certain drugs but did not restrict their use.

Much Federal antinarcotics legislation before the 1930s supported U.S. efforts to reduce international drug traffic

The U.S. launched a series of international conventions designed to stimulate other nations to pass domestic laws on narcotic control. The Shanghai Opium Convention of 1909 strongly supported such controls, but its recommendations generated little actual legislation among the nations involved, including the U.S. Failure to pass the proposed Foster Anti-narcotic Bill led to debate at the 1911 International Conference on Opium at The Hague about whether the U.S. would actually enact such legislation.

Ratification of the convention resulting from this Hague conference by the Senate in 1913 committed the U.S. to enact laws to suppress the abuse of opium, morphine, and cocaine and helped ensure passage of the Harrison Act as the cornerstone of Federal antidrug policy.

The U.S. experienced a cocaine problem for a 35-year period around the turn of the 20th century

The epidemic of cocaine and crack that struck the U.S. in the 1980s was not this Nation's first addictive experience with the "white powder." America's "first cocaine epidemic" extended from around the mid-1880s until the 1920s. Cocaine abuse decreased substantially by the 1920s and then virtually disappeared from the American scene until the 1970s.

The first epidemic had three phases—

- first its introduction to the American public in the 1880s
- a middle period of wide use and initial recognition of the potential for addiction
- a final period of regulation and suppression just prior to World War I.

By the turn of the century the dangers of addiction had become apparent. As early as 1887 some States had begun regulation. Despite the absence of Federal police power, by 1910 the President presented Congress with a State Department report stating that cocaine was "more appalling in its effects than any other habit-forming drug used in the U.S."

A year earlier, President Roosevelt had led the effort to ban drugs in the Nation's capital when informed by local police that the use of cocaine predisposes the user to commit criminal acts. When the Harrison Act became law in 1914 the use of cocaine had largely died out (though the consequences of use extended into the 1920s) and the national focus was on the temperance movement which led to the prohibition of alcohol.

Passage of the Harrison Act in 1914 shaped Federal domestic drug policy

The Act was ostensibly a revenue measure that required persons who prescribe or distribute specified drugs to register and buy tax stamps. It also provided that possession of narcotics by an unregistered person is unlawful unless prescribed by a physician in good faith. It was enforced by Treasury agents in the Prohibition Unit of the Narcotics Division.

The Harrison Act was passed amidst controversy on the treatment of drug users

This conflict in the medical community and between physicians and Federal law enforcement agencies influenced Federal drug law enforcement for the next several years. From the first, the Treasury Department held that medical maintenance of opiate addicts (treatment through declining usage) was not permissible, but physicians opposed this

view. Initially, maintenance was upheld by the lower courts, but a series of Supreme Court decisions ended in a 1919 ruling in *Webb v. U.S.* that prescriptions for addicts were illegal. This ruling was handed down on the same day as *U.S. v. Doremus* that upheld the Harrison Act.

Initial enforcement included arrests of physicians, pharmacists, and unregistered users. Private sanitariums that claimed to cure addiction had existed since the mid-1800s, but they were inadequate to serve all the addicts left without treatment when private physicians became wary of prescribing maintenance regimens. In response to this need, 44 cities opened municipal clinics between 1919 and 1921 to provide temporary maintenance for addicts. However, a primary goal of the Narcotics Division was closure of such clinics. The clinics did not receive enough public support to withstand this opposition, and all had closed by 1925.

The 1922 Narcotic Drugs Import and Export Act expanded Treasury Department responsibilities in drug control

The Act restricted opium imports and exports to nations that had ratified The Hague Convention. It also created the Federal Narcotics Control Board composed of the Secretaries of State, Treasury, and Commerce.

Most details for enforcing this law were left to the Narcotics Division, but the act did expand the role of the Customs Department in prohibiting illegal shipments of narcotics into the U.S.

During the 1930s the Treasury Department's focus shifted from heroin to marijuana

In 1930, the Federal Bureau of Narcotics (FBN) was created within the Treasury Department under the direction of Commissioner Harry Anslinger. It officially separated enforcement of alcohol laws from enforcement of other drug laws. The FBN was charged with enforcing the Harrison Act and other related drug laws, but the responsibility for interdiction remained with the Bureau of Customs. Marijuana use had not been

included in earlier Federal antidrug legislation, but the FBN did include an optional provision in the Uniform Narcotic Drug Act that it promulgated to the States. However, growing public concerns about marijuana prompted the passage of many State laws prohibiting its use. By the mid-1930s marijuana had been elevated to national awareness and was placed on the FBN agenda. The antimarijuana efforts of the FBN led to the Marijuana Tax Act of 1937, modeled after the earlier Harrison Act, which required a substantial transfer tax for all marijuana transactions.

Federal involvement in drug treatment began with the opening of hospitals for convicted addicts

In 1929 the Porter Narcotic Farm Act authorized the Public Health Service to open Federal hospitals for the treatment of incarcerated addicts. Two facilities were eventually opened: one in Lexington, Kentucky, in 1935 and one in Fort Worth, Texas, in 1938. These facilities provided medical and psychiatric treatment for inmates, but they were essentially modified prisons. This model for Federal treatment efforts held until the mid-1960s when the focus changed to financial support for community-based treatment.

In 1963, the President's Advisory Commission on Narcotics and Drug Abuse (the Prettyman Commission) called for a larger Federal role in treatment of narcotics addicts, judged the Lexington and Fort Worth facilities to be inadequate and only marginally effective, and prescribed a network of treatment and rehabilitative services. The Community Mental Health Centers Act of 1963 provided the first Federal assistance to non-Federal entities for treatment. The 1968 amendments to this Act established specialized addict treatment grants which expanded rapidly during the early 1970s. Federal drug control measures were extended to programs to prevent initiation of drug taking by adolescents. By including "narcotic addiction" in the definition of mental illness, Congress brought about a major policy shift that paved the way for Federal support of local drug dependence treatment.

During the 1950s, Federal sanctions for drug violations were increased

In two major laws, the Boggs Act in 1951 and the Narcotic Control Act of 1956 —

- the severity of criminal penalties for violations of the import/export and internal revenue laws related to narcotics and marijuana were significantly increased
- penalties included mandatory minimum prison sentences that were later increased and broadened and higher potential fines for violations.

In the early 1960s, concern about the drug problem led to a variety of drug control activities

The United Nations adopted the Single Convention on Narcotic Drugs in 1961. It established regulatory schedules for psychotropic substances and quotas limiting production and export of licit pharmaceuticals. The signatories, which included the U.S., committed themselves to work cooperatively to control these substances.

In 1963, the Prettyman Commission recommended —

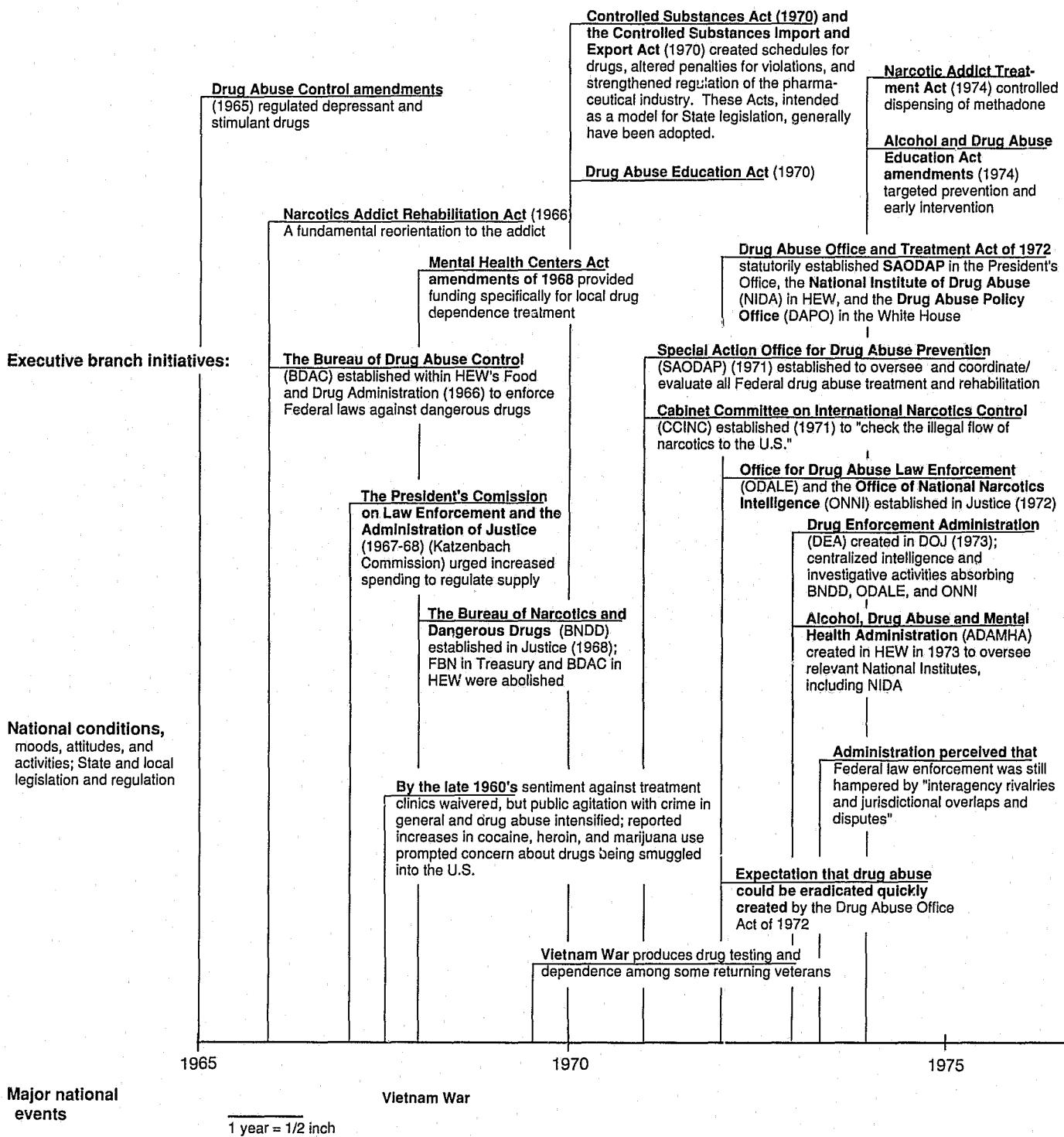
- imposition of strict Federal control for nonnarcotic drugs
- transfer of the Treasury Department's enforcement and investigative responsibilities to the Department of Justice (DOJ)
- transfer of responsibilities for the regulation of legitimate drug trade from the Treasury Department to the Department of Health, Education, and Welfare (HEW).

Key rulings of the Supreme Court (such as *Robinson v. State of California*, 370 U.S. 660 (1962) and the recommendations of several Presidential Commissions supported a renewed clinical approach to the drug problem.

In 1964 Drs. Vincent Dole and Marie Nyswander launched a pilot program in New York City for methadone maintenance that met with early enthusiasm as a treatment for opiate addiction.

How has the government sought to control both the supply of and demand for drugs over the past quarter century?

Major Federal legislation and international conventions



			<p>Department of Defense Authorization Act of 1982 permits military to operate civilian equipment</p>
	<p>Drug Abuse Prevention Treatment and Rehabilitation amendments of 1979</p>		<p>Comprehensive Crime Control Act (1984) amended drug control laws (included civil and criminal forfeiture provisions) and created the National Drug Enforcement Policy Board</p>
<p>Cabinet Committees on Drug Law Enforcement (CCDLE) and Abuse, Prevention, Treatment and Rehabilitation (CCDAPTR) created in 1976 to focus on Federal strategy and coordination, modeled after 1971 cabinet committee (CINC)</p>		<p>Anti-Drug Abuse Act of 1986 contained enforcement provisions, State assistance, and research provisions. Also established The White House Conference for a Drug Free America and created the Office for Substance Abuse Prevention (OSAP) aimed at community prevention</p>	<p>Crime Control Act of 1990 contained 37 titles including drug-free school zones, rural drug enforcement, drug grants, and regulation of precursor chemicals</p>
<p>Office of Drug Abuse Policy (ODAP) created (1976) to assume responsibilities of SAODAP abolished in 1975 under sunset provision</p>		<p>Anti-Drug Abuse Act of 1988 created the Office of National Drug Control Policy (ONDCP) and focused on penalties for trafficking, on new offenses and regulations, and on reducing foreign production and trafficking; OSAP expands to education and early intervention</p>	
<p>Reorganization Plan Number 1 (1977) abolished ODAP and transferred functions to the Domestic Policy Staff in the Executive Office of the President (EOP)</p>	<p>Federal Bureau of Investigation (FBI) given concurrent jurisdiction with DEA over drug laws</p>	<p>National Drug Enforcement Policy Board (1985) focuses on supply reduction</p>	
<p>National Narcotics Intelligence Consumers Committee (NNICC) Created (1978) to coordinate foreign and domestic intelligence</p>	<p>South Florida Task Force created (1982) to coordinate Federal antidrug efforts in region</p>	<p>National Drug Policy Board evolved from the Drug Enforcement Board to oversee all Federal drug control efforts</p>	
	<p>Executive Order assigns EOP functions to the Office of Drug Abuse Policy (DAPO)</p>	<p>White House Conference on a Drug Free America issued its final report</p>	
	<p>Organized Crime Drug Enforcement Task Forces (OCDETF) created regional law enforcement task forces</p>		<p>Office of National Drug Control Policy (ONDCP) created, abolishing the Drug Policy Board and the Drug Abuse Policy Office</p>
	<p>National Narcotics Border Interdiction System (NNIBS) (1983) created to informally coordinate interdiction efforts</p>		<p>Office of Treatment Improvements (OTI) created in HHS to examine treatment</p>
	<p>Plane crash on aircraft carrier USS Nimitz led to military drug testing (1981)</p>		
		<p>Crack appears in American cities</p>	
		<p>AIDS first described in medical literature</p>	
			<p>Athletes Len Bias and Don Rodgers die from overdoses, showing the lethal implications of crack/cocaine (1986)</p>

1976

1980

1990

Illegal drug use patterns changed between the 1960s and 1980s

Beginning in the 1960s, there was a discontinuous or shifting pattern in drugs of choice. Use of psychedelic substances, heroin, cocaine, and marijuana began in the 1960s and early 1970s, but they followed very different courses over the next 20 years:

- The use of hallucinogens, such as LSD, grew during the 1960s but waned and all but ceased in the 1970s. These early psychedelic drugs were joined during the later 1970s and 1980s by newer ones, such as PCP and MDMA or Ecstasy.
- The heroin epidemic was contained, leaving a core group of heavily addicted users.
- Cocaine use grew rapidly in the 1970s during a time of tolerance of drugs; it produced serious consequences through the early and mid-1980s and since then has declined, particularly between 1988 and 1991. Crack first appeared in American cities in 1985 and peaked in 1988.
- Marijuana use became widespread and pervasive in the late 1970s and early 1980s. It remains the most commonly used illegal drug.

Major drug control laws were enacted in the late 1960s

The 1965 Drug Abuse Control Amendments —

- brought the manufacture and distribution of amphetamines and barbiturates under Federal control
- imposed criminal penalties for illegally producing these drugs
- established the Bureau of Drug Abuse Control within the Department of Health, Education, and Welfare (HEW) to enforce the amendments' provisions
- enabled the HEW Secretary to add substances to the controlled list, and LSD was added in the next year
- relied on the Federal power to regulate interstate commerce rather than the Federal power to tax.

The 1966 Narcotic Addict Rehabilitation Act initiated a Federal compulsory treatment program and established Federal financial support for community-based treatment programs. The 1968 Drug Abuse Control Act provided Federal grants for financing treatment of narcotics addiction.

In 1968, the Federal Bureau of Narcotics was transferred to the Justice Department and merged with the Bureau of Drug Abuse Control to form the Bureau of Narcotics and Dangerous Drugs (BNDD).

Federal laws sought ways to reduce supply during the 1970s

The Controlled Substances Act of 1970 completed the shift in the constitutional basis for Federal intervention from taxing to interstate commerce powers. It created a common standard of dangerousness to rank all drugs rather than focusing on specific substances. It allowed the scheduling of substances to be changed administratively. A new Uniform Controlled Dangerous Substances Act modeled on this act was distributed to the States.

The Racketeer-Influenced and Corrupt Organizations (RICO) and Continuing Criminal Enterprise (CCE) laws of 1970 focused on the leaders of illegal drug enterprises and added forfeiture of their profits to the possible sanctions.

Controlling global production and trafficking became a foreign relations issue during the 1970s

A Presidential Cabinet Committee for International Narcotic Control, chaired by the Secretary of State, was formed in 1971, and the Foreign Assistance Act was passed the same year. Committee policies and the Act authorized assistance to countries to control drug production and traffic. It also allowed suspension of military or economic aid to countries that failed to control production and traffic of controlled substances.

Specific actions to control international drug traffic included —

- Operation Intercept, a large-scale effort to intercept marijuana smuggled across the Mexican border
- an agreement with Turkey in which U.S. aid was exchanged for government cooperation in reducing opium production
- foreign aid to finance spraying of opium poppy and marijuana cultivation sites with the herbicide paraquat.

Federal drug law enforcement and treatment agencies were substantially balanced during the 1970s

The Drug Abuse Office and Treatment Act of 1972 statutorily created the Special Action Office for Drug Abuse Prevention (SAODAP) and the National Institute on Drug Abuse (NIDA). SAODAP was created within the Executive Office of the President to coordinate Federal programs for treatment, prevention, and research in ways to reduce demand. These laws derived from testimony calling for greater emphasis on treatment, rehabilitation, training, education, and research. The demand focus then, particularly through the policy focus of SAODAP, was on direct State spending for services to individuals, educational classes for students, and prevention and treatment programs.

In the area of supply reduction, the Drug Enforcement Administration (DEA) was established in 1973 by combining the Bureau of Narcotics and Dangerous Drugs (BNDD), the Office for Drug Abuse Law Enforcement, and the Office of National Narcotics Intelligence. All Customs Service personnel mainly involved in drug law enforcement were also transferred to DEA.

Decriminalization of marijuana was debated during the 1970s

Arrests for marijuana possession soared in the late 1960s and early 1970s. The arrestees included large numbers of middle-class youth. This, combined with growing scientific debate over the dangers of marijuana, generated pressure to reduce the penalties for possessing small amounts of marijuana. The Com-

prehensive Drug Abuse Prevention and Control Act of 1970 did reduce Federal penalties. Over the next few years 11 States decriminalized possession, although small penalties were usually retained, and many other States revised their laws.

Major initiatives in the 1980s focused first on reducing supply and later on reducing demand

Major initiatives in Federal drug policy during this decade included —

- a dramatic increase in the use of asset seizure
- use of the military to aid interdiction efforts
- introduction of mandatory urine testing for specific populations and in the workplace
- greater emphasis on preventing drug use
- mobilizing national intolerance to any use of drugs
- an emphasis on user accountability.

The first half of the 1980s emphasized spending to reduce supply by aggressive internal enforcement (drug and asset seizures) and interdiction. The second half increased spending for prevention and treatment, but demand reduction emphasized mobilization against any use and individual users. User accountability through workplace policies, volunteer and community efforts at prevention and media outreach, and drug testing dominated the policy arena in the late 1980s.

Supply concerns dominated the late 1970s and early 1980s, but increased interest in demand reduction surfaced in the 1986 and 1988 laws and the Drug Control Strategies of September 1989 and January 1990. The Anti-Drug Abuse Act of 1986 authorized expanded alcohol and drug treatment and rehabilitation grants to States, and created the Office for Substance Abuse Prevention (OSAP).

Military containment of drugs has intensified in the past decade

Early focus on treatment and prevention

Except for the drug-addicted veterans who returned from the Civil War, the American military establishment had little experience with illegal drug use prior to the Vietnam conflict. In 1967, alarmed by the increase in drug use by American troops in both Vietnam and the European theaters, the Department of Defense (DoD) convened a task force to investigate drug use in the services. The task force was primarily concerned with prevention and treatment of illegal drug use, but Congress insisted that alcohol be included in the DoD's proposed drug program; the program emphasized preventive drug and alcohol abuse education, enforcement procedures, and early intervention.

In September 1971, Title V of the Military Selective Service Act mandated that a program be initiated to identify and treat drug and alcohol dependent persons in the Armed Forces. Although the "drug scare" of the 1960s gave rise to the military programs, a key 1972 policy directive primarily emphasized prevention, rehabilitation, and treatment policies for alcohol abuse. This relative tolerance remained the focus for the rest of the decade.

Lessening tolerance of drug use

In August 1980 a new DoD directive superseded the 1972 directive and reflected a more stringent and far less tolerant attitude toward alcohol and drug abuse. This was a significant shift away from the earlier policies that focused on treatment. Becoming "free of the effects of alcohol and drug abuse," and of possession, trafficking, use, sale, or promotion of illicit drugs and drug use paraphernalia were the new DoD objectives.

The year 1980 also marked the first systematic effort to obtain data as a basis for substance abuse and health

programs, under the direction of an Assistant Secretary of Defense for Health Affairs. Worldwide surveys were launched in that year — and were also conducted in 1982, 1985, 1988, and 1992 — to provide data on the nature, causes, and consequences of drugs in the military, evaluate existing programs, and anticipate the need for future program policies. All five of these surveys looked at the extent and consequences of drug use, with the last three expanded to assess health (illnesses, nutrition, responses to stress and hypertension).

In May 1981, a major incident — the crash of a jet on the aircraft carrier USS Nimitz with 14 Navy personnel killed, 44 seriously injured, and damage exceeding \$100 million — had emphasized the military's drug problem and led to the initiation of urine testing for drugs later in 1981. After some early problems with procedures for handling the samples and achieving worldwide consistency in the conduct of the testing, the urinalysis program is firmly rooted in the DoD.

Zero tolerance

The current military policy of zero tolerance for drugs has evolved over a quarter of a century from a policy that first emphasized treatment and rehabilitation. For the military, any use of drugs constitutes abuse and will result in instant discharge for all but the lowest graded personnel.

Military policies and programs directed toward illegal drug use appear to be successful, with the urinalysis testing program perceived by the military to be an especially effective component, promoting combat readiness. Drug use is at minimal levels, though not entirely eliminated. Military policies in recent years have concentrated on alcohol abuse, because containment efforts have had less impact on alcohol than on drugs.

The 1988 Anti-Drug Abuse Act added programs to treat —

- intravenous drug abusers (as part of AIDS control)
- women who use drugs and their children.

Through this 1988 legislation Congress focused on the quality, appropriateness, and costs of drug treatment programs. Similarly, the 1989 National Drug Control Strategy urges evaluation of treatment programs to learn "what works" — what approaches to treatment fit which drugs.

Federal interdiction expanded to include authorization of military assistance

The Posse Comitatus Act of 1876, which prohibited military involvement in law enforcement, was amended in 1982 to allow State and local law enforcement officials to draw on military assistance for training, intelligence gathering, and investigation of drug law violations. The amendment provided for the use of military equipment by civilian agencies to enforce drug laws.

Support for this approach was generated by the success of Operation Hat Trick I in 1984, in which a blockade of Coast Guard and Navy vessels off the coast of Colombia eroded that country's position in the marijuana market. Other successes include establishment in 1983 of the National Narcotics Border Interdiction System to coordinate the work of agencies charged with drug interdiction.

In 1989, Congress enacted a law designating the Department of Defense as the lead agency for detecting and monitoring aerial and maritime transit of illegal drugs. (The military is still prohibited from making arrests and from conducting civilian searches.)

Four major Federal antidrug bills were enacted in the past decade

The 1984 Crime Control Act —

- expanded criminal and civil asset forfeiture laws
- amended the Bail Reform Act to target pretrial detention of defendants accused of serious drug offenses
- established a determinate sentencing system
- increased Federal criminal penalties for drug offenses.

The 1986 Anti-Drug Abuse Act —

- budgeted money for prevention and treatment programs, giving the programs a larger share of Federal drug control funds than previous laws
- restored mandatory prison sentences for large-scale distribution of marijuana
- imposed new sanctions on money laundering
- added controlled substances' analogs (designer drugs) to the drug schedule
- created a drug law enforcement grant program to assist State and local efforts
- contained various provisions designed to strengthen international drug control efforts.

The 1988 Anti-Drug Abuse Act —

- increased penalties for offenses related to drug trafficking, created new Federal offenses and regulatory requirements, and changed criminal procedures
- altered the organization and coordination of Federal antidrug efforts
- increased treatment and prevention efforts aimed at reduction of drug demand
- endorsed the use of sanctions aimed at drug users to reduce the demand for drugs
- targeted for reduction drug production abroad and international trafficking in drugs.

The Crime Control Act of 1990 —

- doubled the appropriations authorized for drug law enforcement grants to States and localities
- expanded drug control and education programs aimed at the Nation's schools
- expanded specific drug enforcement assistance to rural States
- expanded regulation of precursor chemicals used in the manufacture of illegal drugs
- provided additional measures aimed at seizure and forfeiture of drug trafficker assets
- sanctioned anabolic steroids under the Controlled Substances Act.
- included provisions on international money laundering, rural drug enforcement, drug-free school zones, drug paraphernalia, and drug enforcement grants.

Efforts to coordinate Federal drug control activities evolved in the 1980s

In the late 1970s and early 1980s Federal drug policy was coordinated by various offices in the Office of the President.

- In 1985 the National Drug Enforcement Policy Board was created with the Attorney General as its chair and membership from the Departments of the Treasury and Defense. The Board dealt only with international and criminal justice issues.
- In 1987 the National Drug Policy Board was constituted and assigned supply and demand responsibilities. The Attorney General was its chair and its vice chair was the Secretary of Health and Human Services (HHS).

The Anti-Drug Abuse Act of 1988 created the Office of National Drug Control Policy (ONDCP) in the Executive Office of the President and phased out the National Drug Policy Board.

- The Director of ONDCP (or drug "czar") is charged with coordination of all national drug control policy with jurisdiction extending to both supply and demand.
- The Act also created two top executive positions in ONDCP, a deputy director for supply reduction and a deputy director for demand reduction.
- The creation of a Bureau of State and Local Affairs in ONDCP acknowledged the intergovernmental dimensions of the drug problem and the need for a truly national strategy.

The Anti-Drug Abuse Act of 1988 required ONDCP to —

- publish a national strategy based on quantifiable goals annually
- advise the National Security Council on drug control policy
- recommend management, personnel, and reorganization changes needed to implement the strategies
- consult with State and local governments.

Federal drug policies during the 1980s involved important international components

Forty-three signatory United Nations members adopted the Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances in 1988.

The Convention included provisions for countries to —

- share evidence with law enforcement agencies of the signatory nations
- authorize seizure of drug-related assets
- prohibit money laundering and relax bank secrecy rules
- permit extradition and prosecution of individuals charged with drug law violations
- control shipment of precursor and essential chemicals
- reaffirm their commitment to crop eradication and reduction.

The 1986 Anti-Drug Abuse Act and its amendments and the Kerry Amendment to the 1988 Anti-Drug Abuse Act were other key foreign policy initiatives.

The 1986 Act requires that foreign assistance to countries be withheld if the President does not certify that they have "... cooperated fully with the U.S., or taken adequate steps on their own, with regards to preventing drug production, drug trafficking, and drug-related money laundering."

The Chiles Amendment to this act in 1988 made it unlawful to certify a country's compliance unless it had signed a treaty with the U.S. that addresses drug eradication, interdiction, demand reduction, chemical control, and cooperation with U.S. drug enforcement agencies.

The Kerry Amendment to the Anti-Drug Abuse Act of 1988 directs the Secretary of the Treasury to initiate negotiations with governments whose banks are known to engage in significant U.S. dollar transactions. The banks of these nations are asked to record all U.S. dollar transactions. The Amendment's purpose is to identify money laundering and illicit drug transaction funds.

What drug control strategies has the Federal Government issued since 1973?

Over the past two decades the Federal Government has formulated a series of strategies to combat the drug problem

In 1973, 1974, and 1975, three documents, each entitled *Federal strategy for drug abuse and drug traffic prevention* were issued. In 1975 a White Paper on Drug Abuse was produced by a Domestic Council Task Force, in 1976 a Drug Abuse Prevention Strategy, and in 1979 and 1982 Federal strategies aimed at prevention of drug use and trafficking. In 1984, the first effort calling itself a "national strategy" came from the White House Drug Abuse Policy Office, followed by publications from the National Drug Policy Board and the White House Conference for a Drug-Free America followed in 1987 and 1988 respectively.

From 1973 to 1984, the objectives and expenditures outlined in the strategies shifted

The 1973 Federal strategy focused on —

- reduction in drug abuse
- consequences of use
- drugs that cause the greatest harm to society.

A balanced demand/supply approach was laid out as the "foundation" of Federal policy through the middle 1970s, with budget allocations generally supporting this balance. Federal expenditures for prevention and treatment efforts exceeded those for trafficking control until 1975. Law enforcement expenditures exceeded those for prevention in fiscal 1976, 1978, and 1979.

The 1976 strategy initiated the "lead agency concept" with the —

- Justice Department responsible for enforcement
- Department of State dealing with international drug control
- the then Department of Health, Education, and Welfare handling prevention, treatment, and rehabilitation.

The 1982 and 1984 strategies (with opening letters from the President) had five program elements: international co-operation, drug law enforcement, education and prevention, detoxification and treatment, and research. The 1982 strategy urged a "flexible framework" responsive to "local priorities based on the nature of drug problems and drug trafficking threats which exist in a particular geographic area." The 1984 strategy called for \$1.2 billion for enforcement in fiscal 1985 — the highest in history — compared to \$252.9 million for demand functions.

The strategies recognized that the threat was shifting from heroin to cocaine

Assessments of the threat posed by specific drugs focused almost solely on heroin in the strategy documents from 1973 to 1984.

The 1984 strategy signaled a shift, recognizing that cocaine was as potentially destructive as heroin. By 1987-88 the focus had shifted predominately to cocaine. *The National and International Drug Law Enforcement Strategy* released in January 1987 indicated that cocaine and crack consumption, as shown by rising numbers of cocaine-related hospital emergencies and deaths, were the most serious drug threat to the U.S.

International and U.S. data collection were contentious issues in the 1973 to 1984 papers. The initial strategy focused on the Drug Enforcement Administration (DEA) gathering complete drug intelligence and data bases. But strategies in 1978 and 1979 suggested a broader role for the Customs Service in the Department of the Treasury. The 1984 strategy returned the focus to DEA, calling for objective statistical reporting of Federal activities.

Investigation and prosecution emphases were fairly constant over the 1973 to 1984 period

The 1973 strategy encouraged —

- use of investigative grand juries
- early attorney involvement
- speedy trials
- restrictions on bail (pretrial release) and parole (post incarceration release)
- a "uniform sentencing philosophy among the judiciary."

This strategy also stressed the need for improved data on arrests, convictions, time served by those in prison, and rates of recidivism.

The 1974 strategy listed five targets for investigations —

- major traffickers
- smuggling efforts —particularly at the Mexican border
- local and regional distribution networks
- clandestine laboratories
- quasi-legitimate drug handlers involved in diversion of licit drugs.

The 1975 and 1976 documents urged a focus on high-level drug trafficking organizations through minimum-mandatory sentences, financial investigations aimed at drug profits, and consecutive sentences.

The 1984 strategy reiterated the priority for attacks against the financial aspects of drug trafficking, including use of criminal and civil forfeiture laws, currency statutes, tax laws, international agreements against tax evasion and money laundering, and criminal conspiracy statutes.

Strategies reflected the overlapping responsibilities of enforcement agencies for education and treatment

The 1974 strategy stated that "development of an effective relationship between criminal justice and treatment activities in the drug abuse field lies at the very heart of the Federal strategy."

By 1979 the Federal Government had shifted the principal obligation for prevention to local communities, urging them to use local resources, respond to regional needs, and adopt programs evaluated as successful.

The 1982 strategy reinforced this limited Federal prevention role, then defined as providing leadership, encouragement, and support.

The 1984 strategy highlighted law enforcement operations contributing to drug use prevention. Law enforcement's role in reducing demand was seen as including support for citizen efforts, expertise and information, publications, and mobilization of professional athletes.

Federal drug policy boards issued several strategies from 1986 to 1988

Created in 1985, the National Drug Enforcement Policy Board coordinated drug policy and international and criminal justice issues. It produced a *National and International Drug Law Enforcement Strategy* in 1987 attacking the distribution chain from the field and laboratory to the consumer. The five major supply reduction components of this strategy were intelligence, international drug control, interdiction and border control, investigation and prosecution, and diversion and controlled substance regulation.

Also in 1987 the National Drug Policy Board was constituted with assigned demand responsibilities. It issued a progress report based on the activities of lead agencies in intelligence, international narcotics control, interdiction, investigation, prosecution, prevention/education, high-risk youth, mainstream adults, and treatment and rehabilitation.

Toward a Drug-Free America was the 1988 strategy issued by the Drug Policy Board describing programs aimed at workplaces, schools, treatment, international cooperation, enforcement, and public awareness and prevention. The absence of any direction to State and local governments, however, led a consortium of State and local agencies, under the leadership of the National Association of Attorneys General and the National District Attorneys Association, to issue a companion volume to guide State strategy development, including the law enforcement strategies specifically required by the 1986 Anti-Drug statute.

Since 1989 ONDCP has developed four comprehensive plans for Federal drug control

An innovation in these strategies is a national report card on progress in drug control that sets quantified 2- and 10-year objectives. The objectives are measured by nine indicators:

- current overall drug use
- current adolescent drug use
- occasional cocaine use
- frequent cocaine use
- current adolescent cocaine use
- drug related medical emergencies
- drug availability
- domestic marijuana production
- student attitudes toward drugs.

These objectives are measured by some of the major national statistical surveys in the drug policy field used in Chapter I.

The 1989 and 1990 strategies stated the objectives. The 1991 and 1992 strategies indicated the progress in achieving them.

These strategies also set forth a blueprint for Federal drug control efforts. For example, the third *National Drug Control Strategy*, published in February 1991, identified seven national priority areas —

- criminal justice system initiatives
- drug abuse treatment, prevention, and control
- education, community action, and the workplace
- international initiatives
- interdiction of illegal drugs at the southwest border
- research
- integration of intelligence and information management.

The fourth strategy, published in January 1992, embarked on a new direction by expanding its coverage to include alcohol and tobacco use by youths and adults. This strategy also organized its priorities to target illegal drug organizations, supply networks, and street dealers.

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¹ James Q. Wilson, "Drugs and crime" in *Drugs and crime*, Michael Tonry and James Q. Wilson, eds., volume 13, *Crime and justice* (Chicago: The University of Chicago Press, 1990), 521-545, 527-529.

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Section 2. Public Opinion

What role does public opinion play in drug control policy?

Public opinion both shapes public policy and is shaped by public policy

The wishes and concerns of citizens influence decisionmakers to act. Public opinion can shape public policy on prevention, intervention, and treatment programs and on the allocation of public revenues among program alternatives.

Public opinion can be altered by particular events, announced government policies, educational programs, and media campaigns against drugs. For example, public opinion polls showed a steep rise in concern about the drug problem just after the President's 1989 speech declaring war on drugs.

How does public opinion about drugs affect public policy?

Public opinion can affect drug policy by —

- indicating how much government attention and public expenditures should be focused on drug programs
- showing the public's preferences for specific drug control policies and strategies
- informing policymakers about which programs may be unacceptable to the public
- providing guidance to effectively target public education efforts to reduce drug use among high-use segments of the population.

Events affect public attitudes and behavior

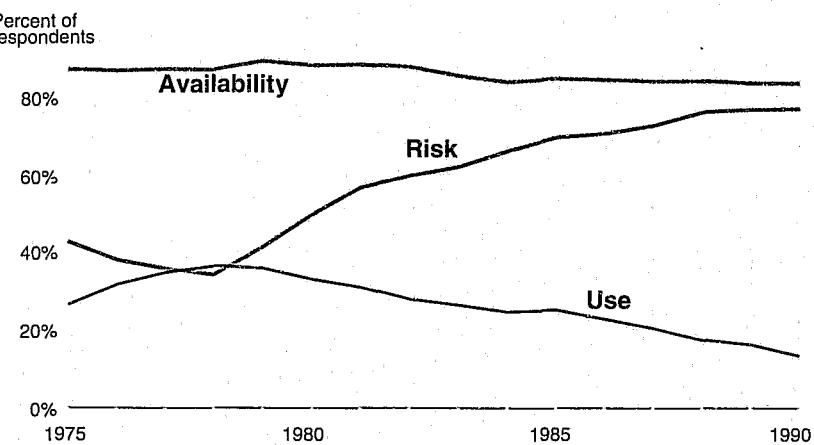
Public attention as well as public opinion and behavior are influenced by events — particularly ones the media cover extensively. The 1986 cocaine-related death of basketball star Len Bias received wide media attention and is considered a watershed event in public attitudes about the risk of taking illegal drugs. Specific acts of drug-related violence have mobilized many communities to eliminate drug markets. Further, drug-related workplace disasters such as the 1987 Amtrak collision that resulted in 16 deaths and scores of injuries have contributed to an increased public concern about drugs.

How does public policy about drugs affect public opinion and behavior?

Various programs and policies including public education campaigns, criminal sanctions, and increased law enforcement appear to affect public opinion about drug use and drug use behavior. For example —

- Intensified public education and information campaigns about the effects of drug use have contributed to the widespread belief that drug use is risky. Recent declines in drug use have been attributed to this greater awareness of its risks.
- Antidrug policies in the workplace, such as drug testing, make it clear drug use will not be tolerated and have discouraged drug use in the workplace.

As the percentage of high school seniors perceiving risks in smoking marijuana increased, the percentage reporting use declined. Perceived availability remained fairly constant.



Source: NIDA, Lloyd D. Johnston, Patrick M. O'Malley, and Jerald G. Bachman, *Drug use among American high school seniors, college students and young adults, 1975-1990*, volume 1, High School Seniors, DHHS Publication No. (ADM)91-1813, 1991, 131.

How serious is drug use perceived to be?

Drug abuse has been a common public concern in recent years

Thirty-eight percent of all respondents in a 1989 Gallup poll named drug abuse as the most important problem facing the country. Young people have been particularly likely to name drug abuse as a problem for their generation. Drug use and economic issues remain among the concerns most often mentioned in public opinion polls. Thirty-eight percent of adults the Gallup poll surveyed in 1990 thought the use of drugs was the biggest problem facing the public schools in their communities. A year later, 22% gave the same response.

Many people think that the effect of illegal drugs on children in the 1990s will be very negative

"Which one of the following factors will have the most negative effect on children growing up in the 1990s?"		Percent of respondents
Illegal drugs	40%	
Poor education	21	
Single-parent homes	13	
Violence on television	12	
Working mothers	7	
Values promoted in rock music	5	
Don't know/No answer	2	
Number of respondents	1,001	

Source: The Sixth Annual Hearst Survey, "The American public's hopes and fears for the decade of the 1990s: A national survey of public awareness and personal opinion" (New York: The Hearst Corporation, 1989), question 33, 45.

Almost half of the Nation's adults think drug use is a serious problem in their neighborhoods

According to a 1990 Media General/Associated Press poll, the people who were more likely to see drug use as a problem in their neighborhoods were —

- people with low incomes (under \$7,500)
- blacks, Hispanics, and other
- residents of the South.

	Percent of respondents who answered "In your opinion, how much of a problem is illegal drug use in your neighborhood?"			
	Very or somewhat serious*	Not too serious	Not at all serious	Don't know/ Not available
Total	48%	31%	19%	2%
Sex				
Male	48%	32%	20%	1%
Female	49	30	18	3
Age				
18-29	47%	32%	20%	1%
30-44	50	32	17	1
45-64	52	26	19	3
Over 64	41	34	21	5
Education				
Less than high school	47%	27%	23%	3%
High school graduate	51	30	17	3
Some college	48	29	20	3
College graduate	47	33	19	1
Postgraduate	45	38	16	1
Race/ethnicity				
White	47%	32%	19%	2%
Black	57	24	20	—
Hispanic	64	30	—	7
Other	67	30	4	—
Income				
Under \$7,500	61%	20%	18%	2%
\$7,500-\$14,999	49	31	12	7
\$15,000-\$24,999	46	34	18	2
\$25,000-\$34,999	52	26	20	2
\$35,000-\$49,999	52	29	18	2
\$50,000 or over	41	34	24	1
Region				
Northeast	48%	32%	17%	3%
North Central	43	37	18	3
South	55	25	18	2
West	42	32	23	2

*The responses "very" and "somewhat serious" were combined.

Source: Media General/Associated Press Poll #30, May 11-20, 1990, question 2.

The drug problem is thought to be increasing

According to a 1990 Media General/Associated Press poll, the people who were more likely to see the drug problem increasing in the next 10 years were —

- women
- people with low incomes (under \$15,000)
- blacks and Hispanics.

Percent of respondents who answered
"In the next 10 years, do you expect drug
problems in the United States to increase,
decrease, or stay about the same?"

	Increase	Decrease	Stay about the same	Don't know/ Not available
Total	55%	20%	22%	2%
Sex				
Male	52%	23%	23%	2%
Female	59	18	21	2
Age				
18-29	59%	19%	22%	—
30-44	57	20	22	1
45-64	54	21	23	2
Over 64	50	21	23	6
Education				
Less than high school	64%	21%	11%	5%
High school graduate	55	21	22	2
Some college	54	18	26	2
College graduate	51	22	26	1
Postgraduate	57	20	22	2
Race/ethnicity				
White	55%	20%	23%	2%
Black	61	21	18	1
Hispanic	66	27	7	—
Other	55	35	6	4
Income				
Under \$7,500	65%	18%	17%	—
\$7,500-\$14,999	64	17	16	3
\$15,000-\$24,999	56	19	23	3
\$25,000-\$34,999	53	22	22	3
\$35,000-\$49,999	55	20	25	1
\$50,000 or over	52	24	23	1

Source: Media General/Associated Press Poll #30, May 11-20, 1990, question 1.

The public thinks that drugs are the major cause of crime in our Nation today

The percentage who think drugs are the factor most responsible for crime rose from 13% in 1981 to 58% in 1989. Drugs have far outdistanced economic factors such as unemployment as the perceived major cause of crime.

"In your opinion, what factors are most responsible for crime in the U.S. today?"	Percent of respondents 1981	Percent of respondents 1989
Drugs	13%	58%
Unemployment	37	14
Breakdown of family, society values	19	13
Courts too lenient	20	4
Punishment too lax	13	4
TV violence	3	2
Others	17	19
No opinion	8	6

Note: Totals to more than 100% due to multiple responses.

Source: *The Gallup Report* (Princeton, NJ: The Gallup Poll, June 1989), 285:25 as presented in BJS, *Sourcebook of criminal justice statistics 1989*, NCJ-124224, 1990, table 2.23, 144.

As discussed in Chapter I, drugs and crime are interwoven in complex ways.

How many Americans see drug-related crime as a serious problem in their neighborhoods?

A 1988 Gallup poll found that 29% of the American population felt that drug-related crime had risen in their neighborhoods in the past year, and 10% felt that drug-related crime was a serious problem in their neighborhoods.

How available and risky are illegal drugs thought to be?

Drugs are seen to be readily available

In a 1988 poll, 20% of the American public thought they knew a specific place in their communities where drugs were sold or knew someone who sold them. Almost 50% of adults thought it would be very easy to buy marijuana in their area, and 25% thought it would be very easy to buy cocaine.

A third of adults said they knew someone personally who used cocaine or crack. This belief was more common among younger than older persons, persons who were better educated, and blacks. Of those who personally knew someone who they thought used cocaine or crack, about half thought these users were addicted and about half had tried to get them to stop.

In the 1990 National Household Survey on Drug Abuse, 37% of youth age 12 to 17 reported they had ever had the opportunity to use marijuana, 14% had the opportunity to use cocaine, 8% reported the opportunity to use hallucinogens, and 4% reported the opportunity to use heroin. In the same year, 84% of high school seniors thought it would be fairly easy to get marijuana if they wanted some; comparable percentages were 55% for cocaine, 41% for LSD, and 32% for heroin.

More high school seniors thought heroin was fairly easy to get in 1990 than at any time since this perception was first measured in 1975. Seniors' perception of the easy availability of cocaine peaked in 1989 (59%). By contrast, the perceived availability of prescription type psycho-therapeutic drugs (amphetamines, barbiturates, tranquilizers), has declined fairly steadily over the past 10 years, and the perceived availability of marijuana has remained essentially unchanged.

People think regular drug use poses great risk of harm to users

Drug use pattern	Percent in age group responding that this drug use pattern poses great risk				
	12-17	18-25	26-34	35 or older	Total
Marijuana					
Smoke occasionally	36%	22%	23%	46%	37%
Smoke regularly	85	72	67	85	80
Heroin					
Try once or twice	49	64	77	83	75
Use regularly	90	94	97	98	96
Cocaine					
Try once or twice	55	55	61	77	69
Use regularly	94	95	96	97	96
Use "crack" occasionally	76	81	86	91	87

Source: NIDA, *National Household Survey on Drug Abuse: Main findings, 1990*, DHHS Publication No. (ADM) 91-1788, 1991, table A 11.1, 138.

About 20% of fifth and sixth graders have ever seen illicit drugs or alcohol at their school, the mall, or where they play. Three percent have been offered illicit drugs, and 11% have been offered alcohol. One teen in four (23%) has been given the opportunity to purchase or use drugs in the past 30 days. By age 16, one teen in three (33%) has been approached to use or buy drugs.

The public thinks that illegal drug use is risky

According to the National Household Survey on Drug Abuse, in 1990 the public generally thought that illegal drug use was riskier than drinking or smoking cigarettes and that regular use of any drug is far riskier than occasional use. More than 90% of the public feel that regular use of cocaine, PCP, or heroin is very risky, and 71% to 83% feel that occasional use of these drugs is very risky. Fewer than 40% feel that using marijuana once or twice presents great risk. Having four or five drinks every day is seen to be about as risky as regular marijuana use or trying heroin once or twice. Those age 35 or older were more likely than other age groups to perceive most types of drug use to be very risky.

Youth perceive regular drug use to be very risky

Findings from the High School Senior Survey are similar to those from the National Household Survey on Drug Abuse. Most high school seniors think that regular use of marijuana and other illegal drugs poses great risk of harm to the user. Regular drug use is perceived to be riskier than occasional or experimental use, and use of heroin or cocaine is perceived to be far riskier than use of marijuana. Occasional use of illegal drugs is perceived to be more risky than occasional use of alcohol, but frequent heavy use of alcohol is perceived to be very risky. The percentage saying that use of most drugs causes great risk of harm to the user has risen since 1975.

Does the public think the drug problem is more important than other public policy issues?

When did the public first perceive drug abuse as the most important problem facing the country?

Public opinion surveys have for many years asked respondents to name the most important problem facing the country. Respondents to this open-ended question have identified many issues, including the economy, poverty, homelessness, and international conflicts.

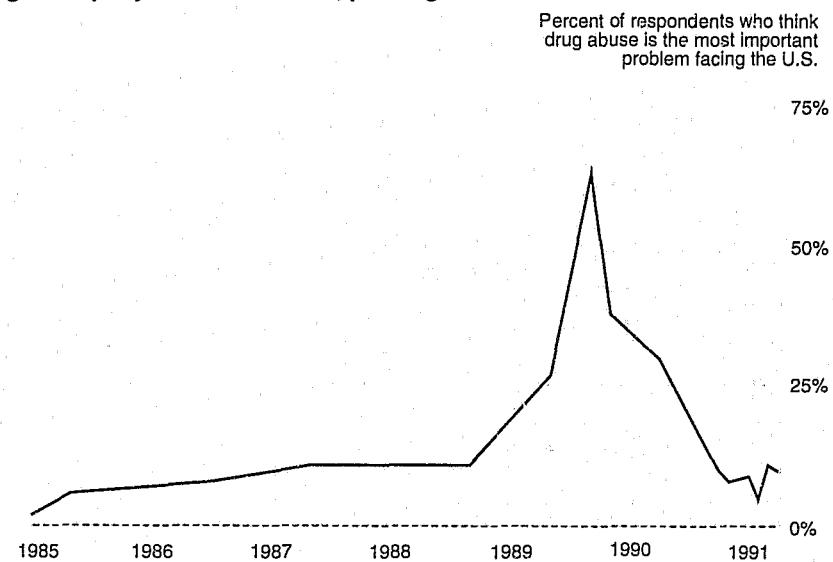
During the 1970s drug use emerged as an important problem. From 1979 to 1985, few respondents to the Gallup surveys identified drug abuse as the most important problem facing the country. In January 1985 the problem of drug abuse emerged again when 2% of respondents identified it as the most important problem. The percentage believing that drug abuse was the most important problem increased to a high of 63% in September 1989. Over the past 6 years, drug abuse has consistently been mentioned as one of the most important problems facing the country.

The relative importance of any issue varies according to the perceived importance of other political and economic events. The Middle East crisis, for instance, was seen to be the most important problem facing the Nation during January and February 1991, but its perceived importance has waned relative to other issues.

Concern about drug abuse is related to media coverage

The degree of importance placed on the drug problem is partially related to how much coverage the media gives it. One study found that public concern about drug use was directly related to the number of stories about drugs in newspapers and magazines and on television.¹

The opinion that drug abuse is the Nation's most important problem grew rapidly in the late 1980s, peaking in 1989



Source: The Gallup Poll as presented in BJS, *Sourcebook of criminal justice statistics, 1990*, NCJ-130580, 1991, table 2.1, 152; and *The Gallup Poll Monthly* (Princeton, NJ: The Gallup Poll, May 1991), 308.

To the public, drug use and various economic issues are seen as important problems facing this country

	"What do you think is the most important problem facing this country today?"				Kuwait/Iraq/ Middle East crisis/Gulf crisis/the war
	Drug abuse	Economy (general)	Federal bud- get deficit/ failure to balance	Poverty/ homeless	
April 1987	11%	10%	11%	5%	
May 1989	27	8	7	10	
September 1989	63	4	5	5	
November 1989	38	7	7	10	
April 1990	30	7	6	11	
July 1990	18	7	21	7	10%
November 1990	8	11	11	6	17
January 1991	9	15	4	6	25
February 1991	5	16	6	6	37
March 1991	11	24	8	10	4
April 1991	10	20	6	13	3

Note: The specific categories used varied across polls. See original sources for exact wording.
Source: The Gallup Poll as presented in BJS, *Sourcebook of criminal justice statistics, 1990*, NCJ-130580, 1991, table 2.1, 152; and *The Gallup Poll Monthly* (Princeton, NJ: The Gallup Poll, May 1991), 308.

What strategies are perceived to be effective in combatting the drug problem?

The public favors both supply restriction and demand reduction strategies to combat drugs

When asked in polls, the American public has endorsed both strategies to reduce the supply of drugs and strategies to dampen consumer demand for drugs. According to a January 1990 Gallup Poll, teaching young people about the dangers of drugs, a demand reduction strategy, was the approach the American public favored most (40%). This approach was followed by such supply restriction strategies as working with foreign governments to stop the export of drugs to this country (28%) and arresting drug sellers (19%).

Questions in other polls suggest specific policies that might be undertaken. A May 1990 Media General/Associated Press poll found that 57% of Americans feel that putting drug users into treatment programs is more effective than punishing them. According to the same poll, 49% felt that occasional drug users should be sent to military-style boot camps for punishment. About two-thirds felt that if an occasional drug user were caught with illegal drugs in his or her car that the car should be taken away, and 83% thought the driver's license should be suspended as part of the penalty.

Many favor drug testing of workers

A majority of workers surveyed by Gallup in 1989 supported drug testing in the workplace. Over 90% of adults felt that drug testing was a good idea for airline pilots, workers in safety-sensitive jobs, transportation workers, and truck drivers. Between 80% and 90% felt that drug testing was a good idea for health care, construction, and utility workers. The fewest felt that office workers should be tested (61%). Many groups have opposed widespread drug testing as an infringement on workers' rights, but most adults feel that employers should be allowed to test employees, particularly in occupations that involve public safety. More information about drug testing can be found in Section 4 of this chapter.

Most people do not favor the legalization of drugs

In 1990, the Gallup Poll asked respondents to react to the following: "Some people feel that current drug laws haven't worked and that drugs like marijuana, cocaine, and heroin should be legalized and subject to government taxation and regulation like alcohol and tobacco. Do you think legalization is a good idea or a bad idea?"

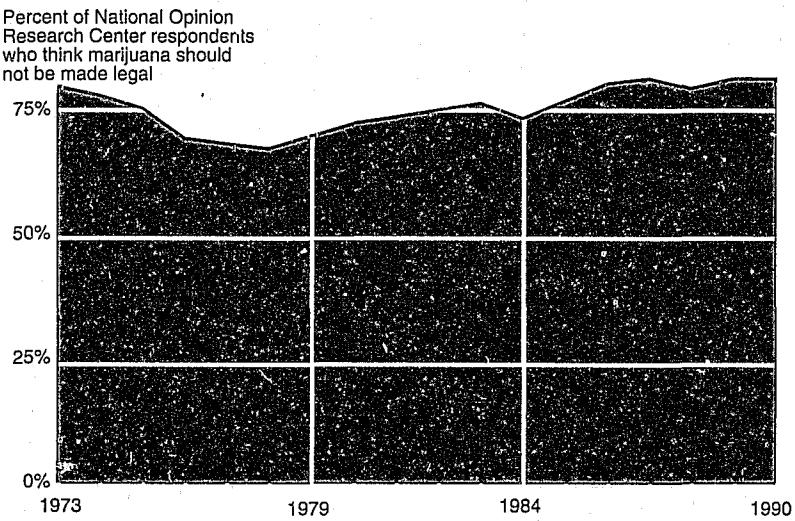
In response —

- 80% said it was a bad idea
- 14% said it was a good idea
- 2% said some legalized, some not
- 4% had no opinion.

Most of the population felt that if drugs were legalized, drug use in the public

schools would increase, and the number of drug addicts and drug overdoses would increase; about half felt that the amount of drug-related crime would increase.

In 1989, the High School Senior Survey showed that 17% of high school seniors favored making marijuana use entirely legal; 19% felt that it should be a minor violation like a parking ticket but not a crime; and 50% felt that it should be a crime (15% were unsure). The percentage of high school seniors favoring making marijuana use entirely legal peaked at about 34% in 1977. In recent years, the percentage of high school seniors favoring legalization of drug use has fallen.



Note: This line was constructed from interpolated data. Between 2% and 5% responded "don't know," depending on the year.

Sources: Graphic: Data from the National Opinion Research Center are made available through the Roper Public Opinion Research Center as presented in BJS, *Sourcebook of criminal justice statistics, 1990*, NCJ-130580, 1991, table 2.87, 228.

Text: Diane Colasanto, "Widespread public opposition to drug legalization,"

The Gallup Poll Monthly (Princeton, NJ: The Gallup Poll, January 1990), 292:6 and NIDA, Lloyd D. Johnston, Patrick M. O'Malley, and Jerald G. Bachman, *Drug use among American high school seniors, college students and young adults, 1975-1990*, volume 1, High School Seniors, DHHS Publication No. (ADM)91-1813, 1991, table 21, 142.

The public increasingly sees restricting the supply of drugs as a major way to combat crime

More respondents thought that drug interdiction was the most important step that could be taken to reduce crime in 1989 than 1981, and fewer thought that reducing unemployment would be effective in reducing crime. According to a 1989 Gallup poll, decreasing the supply of drugs and providing harsher punishment for criminals were seen to be the most important means of reducing crime, each favored by about a fourth of the Nation's adults. Eight years earlier a Gallup poll found that harsher punishment for criminals, followed by reducing unemployment, was perceived to be the most effective strategy.

"What is the most important thing that can be done to help reduce crime?"	Percent of respondents	
	1981	1989
Cut drug supply	3%	25%
Harsher punishment	38	24
Teach values, respect for law	13	12
Reduce unemployment	22	10
More police	11	5
Try cases faster	6	2
Other	13	21
No opinion	11	14

Note: Detail adds to more than 100% because of multiple responses.

Source: *The Gallup Report* (Princeton, NJ: The Gallup Poll, June 1989), 285:26 as presented in BJS, *Sourcebook of criminal justice statistics 1989*, NCJ-124224, 1990, table 2.28, 175.

The public favors cracking down on drug dealers, producers, and users to reduce illegal drug use

"Which do you think will do the most to reduce the use of illegal drugs — cracking down on drug producers overseas, on drug dealers in this country, or on drug users in this country?"	Percent of respondents in 1990
Drug dealers	34%
Drug producers	22
Drug users	19
Equal	19
None of these	3
Don't know/not available	2

Source: Media General/Associated Press Poll #30, May 11-20, 1990.

The public would favor spending more money on and raising taxes for a variety of drug strategies

"Would you favor or oppose spending more money on, and raising your own taxes to pay for...?"	Percent of respondents who:		
	Favor	Oppose	Not Sure
An education campaign to convince young people and others not to use drugs	79%	19%	2%
A sharp increase in the prisons available for locking up convicted drug pushers	71	26	3
The expansion of drug rehabilitation centers so that any addict can be immediately admitted for treatment	67	28	5
An increase in aid to Bolivia, Peru, and Colombia to combat cocaine traffic from those countries to the U.S.	50	45	5

Source: Louis Harris, *The Harris Poll* (Los Angeles: Creators Syndicate, Inc., August 27, 1989) as presented in BJS, *Sourcebook of criminal justice statistics 1989*, NCJ-124224, 1990, table 2.87, 202.

The public feels too little money is being spent on dealing with illegal drug use

In 1990, 64% of the population felt that too little was being spent on the drug abuse problem, an increase since the 1978 response of 55% according to the National Opinion Research Center.

The percentage of the population who felt that too little was being spent on the environment, health, and education also increased during the 1980s. Support for increased spending on some problems such as law enforcement remained about the same, while support for increased spending for national defense decreased.

The percentage of the population who felt too little was being spent on the drug abuse problem in 1990 (64%) was somewhat higher than for other spending priorities such as law enforcement (58%) but slightly lower than for education (74%) or health (69%).

In 1989, 62% of the population stated they were willing to pay a higher Federal income tax to help combat drug abuse, according to a Gallup poll.

Americans support paying for a bigger Federal anti-drug program with various taxes

Type of tax	Percent of respondents who:		
	Support	Oppose	Not applicable
Higher Federal taxes on:			
Alcoholic beverages	79%	19%	2%
Cigarettes	77	21	2
A 1% increase in Federal income taxes			
Personal	45%	52%	3%
Corporate	63	32	5

Source: Media General/Associated Press Poll #30, May 11-20, 1990, questions 9a-9d.

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Notes

¹ Pamela J. Shoemaker, Wayne Wanta, and Dawn Leggett, "Drug coverage and public opinion, 1972-1986," in *Communication campaigns about drugs: Government, media, and the public*, Pamela J. Shoemaker, ed. (Hillsdale, NJ: Lawrence Erlbaum Associates, Publishers, 1989), 67-80.

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Section 3. Current laws, policies, and programs

What type of substance abuse control laws have Federal, State, and local governments enacted?

What do drug laws prohibit?

Federal and State laws define drug offenses. The specific features of the laws vary across jurisdictions, but the laws fall into three general categories.

Possession or use laws prohibit having a controlled drug on one's person or under one's control such as in one's car or house. Most States prohibit possessing a controlled substance in other than expressly permitted circumstances such as when prescribed by a doctor. Some States also separately prohibit drug use or being under the influence of a controlled substance. Specific provisions and levels of proof, such as the amount that differentiates simple possession from possession with intent to sell, vary among the States that have such laws.

Manufacturing prohibitions generally include any activity related to the production of illegal drugs — such as cultivation, harvest, processing of certain chemicals, production of the substance, and preparation and packaging for distribution.

Distribution offenses include all activities related to the sale and delivery of controlled substances, including wholesale and retail sales, importation, shipment, and maintaining a place for selling drugs, such as a crack house.

Most State and Federal laws specify the sanctions for drug offenses according to the drug involved, amount involved, and type of involvement, such as possession, driving while intoxicated (under the influence of drugs), manufacturing, or distribution. As discussed in Chapter IV, sanctions for drug law violations vary widely across States.

Other Federal and State laws also cover illegal activities related to drug possession and trafficking

Such laws are not typically part of State or Federal controlled substance laws. They prohibit or regulate drug-related activity other than the possession, sale, or manufacture of the drugs.

Drugs are scheduled under Federal law according to their effects, medical use, and potential for abuse

DEA schedule	Abuse potential	Examples of drugs covered	Some of the effects	Medical use
I	Highest	heroin, LSD, hashish, marijuana, methaqualone, designer drugs	Unpredictable effects, severe psychological or physical dependence, or death	No accepted use; some are legal for limited research use only
II	High	morphine, PCP, codeine, cocaine, methadone, Demerol®, benzedrine, dexedrine	May lead to severe psychological or physical dependence	Accepted use with restrictions
III	Medium	codeine with aspirin or Tylenol®, some amphetamines, anabolic steroids	May lead to moderate or low physical dependence or high psychological dependence	Accepted use
IV	Low	Darvon®, Talwin®, phenobarbital, Equanil®, Miltown®, Librium®, diazepam	May lead to limited physical or psychological dependence	Accepted use
V	Lowest	Over-the-counter or prescription compounds with codeine, Lomotil®, Robitussin A-C®	May lead to limited physical or psychological dependence	Accepted use

Source: Adapted from DEA, *Drugs of abuse: 1989*.

- **Drug paraphernalia laws** prohibit the possession or sale of articles used to administer illegal drugs although the articles may not be otherwise illegal.

- **Precursor chemical laws** regulate legitimate chemicals that may be used in the processing of illegal drugs.

- **Money laundering laws** regulate the transfer of large amounts of cash and other proceeds of unlawful activity including drug law violations.

- **Organized crime laws** such as Racketeering Influenced Corrupt Organizations (RICO) statutes provide penalties for drug distribution that takes place as part of a criminal enterprise.

- **Driving while intoxicated** prohibitions normally apply to both drugs and alcohol and exist in all States.

Federal and State laws schedule drugs that are likely to be abused

At the Federal level, the five schedules specified in the Controlled Substances Act (CSA) rank and categorize drugs according to their effects, medical use, and potential for abuse. Schedule I is the most strictly controlled and Schedule V is the least strictly controlled category.

Any person or organization can petition the Drug Enforcement Administration (DEA) to schedule a drug. The DEA conducts a preliminary evaluation and sends the information to the Department of Health and Human Services (HHS) for a medical and scientific evaluation. HHS returns its recommendation to DEA —

- if the recommendation is not to schedule the drug, DEA cannot schedule it
- if the recommendation is to schedule the drug, DEA makes the final determination and decides on which of the five schedules to place it.

HHS automatically submits a medical and scientific evaluation and a scheduling recommendation to DEA for newly developed drugs.

State laws also schedule controlled substances and set penalties. Many State schedules are similar to the Federal schedule, but some drugs are in different categories and there are some variations in the categorization schemes. The most common difference between State and Federal schedules is for marijuana. The Federal CSA places marijuana on Schedule I, while most States either create a separate category for it or leave it in the most strictly controlled category but specify less severe penalties. DEA moved Dronabinol, the synthetic equivalent of the active ingredient in marijuana, from Schedule I to Schedule II so that it could be used routinely to treat glaucoma and chemotherapy patients.

Designer drugs are banned

Illegal drug manufacturers found that they could "design" analogs for several of the drugs the Federal CSA had scheduled, specifically on Schedules I and II. These analogs have the same pharmacologic effect as the scheduled drug but the CSA did not regulate them because they were not named in the schedule.

The CSA was amended in 1984 to allow DEA to temporarily schedule analogs of Schedule I or II substances for up to 18 months until formal scheduling actions were completed. The drug schedules still listed controlled substances by their specific chemical names, but the DEA

could now confiscate the drugs and prosecute those who manufactured and distributed these substances. DEA used this emergency scheduling authority for 12 analogs in 1985, 1 in 1986, 3 in 1987, 1 in 1988, and none in 1989, 1990, and 1991. Additionally, the Anti-Drug Abuse Act of 1986 amended the CSA by defining controlled substance analogs and providing that they be treated as Schedule I substances if they are intended for human consumption. This provision of the CSA has been used many times to prosecute successfully those who manufacture and distribute analogs.

According to the National Criminal Justice Association (NCJA), at least eight States are controlling analogs, some through statutory provisions for "automatic conformity" with any changes to the Federal schedule. These automatic conformity provisions allow the States to avoid having to approve a regulatory or statutory change for each newly-developed analog. Some States have addressed the emergence of analogs by authorizing emergency scheduling by the appropriate State agency. Others place analogs on the same schedule as the drugs they imitate, pending completion of formal scheduling procedures.

The Federal Government and many States now include steroids under their drug laws

Increasing awareness of anabolic steroid use, especially by young people trying to increase athletic performance, has led legislatures to impose criminal penalties when these often legal drugs are used for this purpose. Anabolic steroids are now Federal Schedule III drugs. At least 26 States and the Federal Government now prohibit their sale, distribution, and possession for non-medical use, according to NCJA.

The specific features of drug laws vary

State laws —

- schedule drugs differently; if one State classifies FCP as a Schedule I drug and another State classifies it as a Schedule III drug, the penalties would likely vary
- define drug crimes differently; possession of 2 ounces of marijuana may be a

misdemeanor in one State and a felony in another — felony penalties are generally more severe than misdemeanor penalties

- provide different penalties for the same class of offenses; for example, distribution of 500 grams of cocaine may be a Class C felony in two States, but one State may specify 10 to 50 years in prison for a Class C felony while the other specifies 24 to 40 years.

Most States have passed new laws to address the drug problem

In 1990, changes in the Uniform Controlled Substances Act (UCSA) led to changes in State laws. The UCSA is a prototype law designed to promote uniformity among State laws and between Federal and State Controlled Substances Acts. More than 450 new drug laws were enacted in 1990 in all 44 States that met in regular legislative sessions and the District of Columbia, according to NCJA.

Most States have followed the UCSA model and recently enacted laws that —

- provide emergency scheduling mechanisms to regulate newly developed designer drugs without inhibiting legitimate medical research
- target drug traffickers with enhanced penalties
- facilitate seizure of drug-trafficking profits
- channel forfeited assets into law enforcement efforts
- protect minors from drug sales and use in drug distribution
- promote "user accountability" by punishing drug users to deter future use.

About half the new laws increase enforcement authority of CSAs, but many others (as part of CSAs or other laws) address workplace issues, taxation, administration, financing, treatment, maternal and child health, prevention, and school-based initiatives, according to a George Washington University study.

What other laws cover drug control activities?

Most States have adopted laws that make the possession or sale of drug paraphernalia illegal

Objects specially designed or intended for use with illegal drugs are illegal under Federal law and in most States. Drug paraphernalia laws may cover objects such as pipes used to take drugs, as well as many types of farm and laboratory equipment used in the cultivation and processing of drugs. Legal objects such as cigarette papers may also be considered to be illegal drug paraphernalia when they are used with illegal drugs.

States generally control the sale of paraphernalia in stores. The Federal Government controls their sale through mail-order companies. By the end of 1990, 49 States and the District of Columbia had laws limiting the sale of drug paraphernalia. In most States such laws were modeled after DEA's Model Drug Paraphernalia Act of 1979 and the new Federal paraphernalia laws in both the 1986 Anti-drug Abuse Act and the 1990 Crime Control Act.

Some State laws address diverting legally manufactured drugs to the illegal drug market

Legal drugs can be diverted to illegal use in several ways, through —

- individuals who steal prescription drugs from businesses in the legal distribution system such as pharmacies or warehouses and sell them on the illegal market
- physicians and pharmacists who fraudulently supply or sell prescription drugs to a person who does not have a prescription.

To prevent diversion of legal drugs to illegal use, some States track prescriptions for some controlled substances. Typically, through "multiple copy prescription programs," the prescribing physician makes three copies of the prescription: one for the physician, a

second for the pharmacist, and a third for a central State recordkeeping agency. These records can be used to detect diversion of legal drugs by revealing whether —

- certain physicians frequently prescribe controlled substances
- pharmacists' inventories correctly reflect the amount of drugs dispensed
- some individuals are receiving excessive amounts of controlled drugs.

According to DEA, nine States have such multiple-copy prescription programs.

Some chemicals used to make illegal drugs are also controlled

Legal substances called precursor and essential chemicals are used in the manufacture of illegal drugs. Precursor chemicals become part of the chemical structure of the final substance. Essential chemicals, like solvents, are needed to produce the final substance but do not actually become part of the substance.

The Chemical Diversion and Trafficking Act of 1988 requires detailed record-keeping and reporting of transactions involving regulated chemicals. A number of chemicals are controlled under this section of the 1988 Anti-Drug Abuse Act. It requires sellers to maintain records of all purchases over a certain quantity of each chemical and to report all "suspicious" purchases to the DEA. Also, the DEA has the authority to deny the sale of certain chemicals to individuals and companies it deems likely to use them in illegal drug manufacturing.

At least 37 States regulate precursor chemicals

NCJA reports that in 32 of the 37 States that regulate chemicals, precursor chemicals are listed in Schedules II or III and carry the same penalties as the other controlled substances on those schedules.

Several States require companies that manufacture such chemicals to be licensed with a State agency and to keep, or provide to the regulating agency, detailed reports of transactions involving these chemicals. Some States require reports of inventory shortages, losses, or thefts.

Money laundering became a crime under Federal law in 1986

The Money Laundering Control Act of 1986 made it unlawful to engage in a wide range of financial transactions intended to —

- further specific unlawful activities such as drug trafficking
- conceal some aspect of funds involved in the unlawful activities
- avoid currency reporting requirements of the Bank Secrecy Act that require reporting all currency transactions of \$10,000 or more.

As discussed in Chapter II, the proceeds of the drug business are usually currency. Launderers try to convert this cash into a variety of financial instruments to conceal its ownership and protect it from seizure and forfeiture. The law makes subject to prosecution bankers, stockbrokers, lawyers, real estate brokers, and anyone else who knowingly launders the proceeds of unlawful activity. Further discussion of enforcement of money laundering laws is in Chapter IV.

According to NCJA, about 15 States have money laundering provisions similar to the Federal law. In addition, at least seven States have reporting laws, similar to the Federal Bank Secrecy Act, that require financial institutions in their boundaries to report all cash transactions over \$10,000 to State banking authorities.

What are the drug control aspects of U.S. foreign policy?

The international drug control strategy aims to reduce production and destabilize trafficking

The major programs to accomplish these goals are —

- **narcotics crop control** including bans by the source country on cultivation of opium poppies, coca, and cannabis enforced by manual or chemical crop eradication and regulation of the cultivation of such crops to limit their use to legitimate purposes
- **enforcement assistance** including training, equipment, and operational and technical support for law enforcement organizations in source countries as well as the enactment of effective extradition treaties between the U.S. and source countries
- **development assistance** including efforts to encourage cultivation of alternative crops and to provide other economic opportunities in source countries
- **demand reduction assistance** to aid other countries in reducing demand for drugs within their own borders through improvements in epidemiology, public awareness, policy formulation, and prevention programs.

Crop reduction programs and enforcement assistance are discussed in the law enforcement section of Chapter IV.

The U.S. Department of State has lead responsibility for international drug control policy

The Bureau of International Narcotics Matters (INM) in the U.S. Department of State is responsible for international anti-drug policy. INM —

- monitors worldwide drug production
- manages technical assistance to Latin America, and Southeast and Southwest Asia
- provides money and equipment for local law enforcement, including aircraft for crop eradication and transportation of personnel
- coordinates training in law enforcement techniques and demand reduction.

Abroad, U.S. policy for drug control is implemented by the U.S. ambassadors. Each embassy has a designated narcotics coordinator who is responsible for coordinating U.S. drug control efforts and maintaining liaison with host country representatives. At posts with major narcotics assistance programs, Narcotics Assistance Sections (NASs) operate under the direction of the narcotics coordinators.

The Agency for International Development (AID) provides aid to countries to offset economic dislocations brought about by the eradication of drug crops. This aid may be used for international debt payments, crop substitution, and teaching agricultural skills to farmers.

The Drug Unit of the U.S. Information Agency (USIA) uses its international media resources and computer data base services to provide information about drug-related U.S. policy statements, laws, treaties, and other reference materials to U.S. officials serving overseas and their host country contacts.

Many other agencies also are involved with U.S. international drug control efforts. Enforcement assistance is provided by the Department of Justice (DOJ), particularly the DEA; the U.S. Customs Service; and the U.S. Coast Guard. Demand reduction assistance is provided by the Department of Health and Human Services (HHS) and the Department of Education (ED).

How does the U.S. participate in international drug control efforts?

The components of international policy are —

- international treaties or conventions
- bilateral treaties or conventions
- foreign assistance for drug law enforcement and prevention of use, for drug crop eradication, and to encourage development of alternative sources of income in drug-producing countries
- trade preferences and other economic incentives to curtail illegal drug production and trafficking.

The United Nations has adopted three major international conventions on controlling drugs

Over the past 30 years the United Nations has established several international conventions to control global illegal production, trafficking, and use of drugs.

The 1961 Single Convention on Narcotic Drugs (as amended by a 1972 Protocol) established schedules for psychotropic substances and quotas limiting production and export of legal pharmaceuticals. As of November 1990, 129 nations were party to the Convention in its original or amended form. The signatories committed themselves to undertake cooperative action to control these substances.

The 1971 Convention on Psychotropic Substances dealt with limitations on manufacture and importation, special provisions relating to international trade, and actions against illegal traffic. The 1971 Convention expanded the international control system for psychotropic substances to prevent traffickers from diverting such substances from legal manufacture and trade into illegal channels.

The 1988 Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances included provisions to —

- share evidence with law enforcement and prosecuting agencies of the signatory nations
- legalize seizure of drug-related assets
- criminalize money laundering and relax bank secrecy rules
- permit extradition of individuals charged with drug law violations
- control shipment of precursor and essential chemicals
- reaffirm their commitment to crop eradication and reduction.

The 1988 Convention came into force on November 11, 1990; by the end of 1990, 31 countries, Byelorussia, and the European Economic Community (EC) had ratified the Convention. Under this Convention, the U.S. also is playing a role in restructuring the United Nations institutional capacity to respond to the drug problem.

Federal drug control laws tie foreign assistance to cooperation in controlling illegal drugs

The Anti-Drug Abuse Act of 1986 requires that 50% of the U.S. foreign assistance to any country that is a major illegal drug producer or transit location is to be withheld. In addition, it requires U.S. executive directors of multilateral development banks to vote against any loan to or funds for such countries. These restrictions do not apply to any country that the President determines has fully cooperated with the U.S. or has taken adequate steps to control illegal drugs.

This act was amended in 1988 (the Chiles Amendment) making it unlawful to certify a country's compliance unless it has signed a bilateral or multilateral agreement with the U.S. that addresses drug eradication, interdiction, demand reduction, chemical control, and cooperation with U.S. drug enforcement agencies. The President may also allocate the foreign assistance if he finds that it is vital to our national interests.

In 1990, of the 24 major narcotics-producing and drug-transiting countries, Afghanistan, Burma, Iran, and Syria were denied certification by the President as being eligible for assistance under this Act. Lebanon was granted a national-interest waiver.

A 1988 amendment to the Anti-Drug Abuse Act (the Kerry amendment) directed the Secretary of the Treasury to initiate negotiations with governments whose banks are known to engage in significant U.S. dollar transactions. The banks of these nations are asked to record all U.S. dollar transactions. The amendment's purpose is to try to identify money laundering and illegal drug transaction funds.

In 1990, the U.S. provided almost \$82 million in direct financial drug control assistance

As discussed in Section 5 of this chapter, most of this aid (88%) was given to Latin American countries, particularly Colombia, Bolivia, Mexico, and Peru. Southwest Asian and East Asian countries also received direct drug control aid.

The President's Andean Counterdrug Initiative targets some countries where cocaine is produced

This initiative provides for expanded military, intelligence, law enforcement, and economic assistance for Colombia, Peru, and Bolivia to strengthen their counternarcotics efforts to reduce the cocaine supply. The economic assistance includes —

- the Andean Trade Initiative (ATI) which provides opportunities for expanded trade and investment between the Andean countries and the U.S.
- the Andean Trade Preferences Act (ATPA) which provides duty-free access for some imports to the U.S. from Bolivia, Colombia, Ecuador, and Peru.

The U.S. also participates in international efforts to curb money laundering and chemical diversion

The U.S. has encouraged efforts to achieve a higher level of cooperation among financial center countries for controlling the transfer of drug trade profits:

- The U.S. was a principal advocate for creation of the Financial Action Task Force (FATF I) at the 1989 Economic Summit in Houston. FATF I included participants from 15 countries who prepared a series of recommendations designed to reduce international money laundering activities.
- The FATF II was convened at the 1990 Economic Summit and participants have agreed to begin a 5-year program to achieve a broad-based international agreement or cooperative action against money laundering.
- The U.S. has participated in regional efforts to curb money laundering, including the 1990 Caribbean Drug Money Laundering Conference and the Organization of American States Financial Action Initiative which began in 1990.

The U.S. has assumed the chairmanship of the Chemical Action Task Force (CATF), created to prevent the diversion of chemicals from international commerce to illegal drug manufacturing.

Information about money laundering is in Chapter II. Information about efforts to curb money laundering and chemical diversion is in Chapter IV.

Who provides for drug prevention activities?

Drug prevention programs seek to delay the onset of drug use and to deter casual drug use

Although drug use usually begins in the midteens, many young people start using drugs much earlier (see Chapter I). For this reason, prevention programming generally is targeted to younger audiences.

Primary prevention strategies aim to prevent or delay the use of drugs. *Secondary prevention* strategies focus on people who are minimally involved in drug use to discourage progression to greater involvement. Both strategies include —

- educating users and potential users about the harmful effects of drugs
- teaching adolescents how to resist peer pressure to use drugs and make responsible decisions
- correcting youths' misperceptions about the extent of drug use by peers
- addressing problems associated with drug abuse such as teen pregnancy, failure in school, and family problems
- mobilizing communitywide support for drug prevention activities.

Prevention programs often address the use of alcohol and tobacco as well as illegal drugs. Drinking and smoking are illegal for most children and youth, and research suggests that alcohol and nicotine are both "gateway" drugs to marijuana and other illegal drugs. Few illegal drug users did not first use tobacco and alcohol.

The threat of sanctions may also prevent drug use

Drug control strategies are often thought of as either *supply reduction* or *demand reduction*. Drug prevention efforts are usually considered to be demand reduction. However, many supply reduction efforts may also reduce demand by deterring drug use, especially casual drug use. For example, the aggressive enforcement of existing drug laws may deter potential users from using drugs because they fear criminal sanctions.

As discussed in Chapter IV, many newly created sanctions were designed specifically to deter casual drug use, especially on and around school grounds. In addition, zero tolerance efforts are intended to reduce drug use by creating a climate of opinion that is hostile to drug use.

As discussed later in this Chapter, drug testing and other drug-free workplace programs are designed primarily to prevent drug-related errors and accidents in the workplace, but they also may deter drug use among those who are subject to testing and who fear losing their jobs or being embarrassed by having their drug use discovered.

Schools are often the focal point for drug prevention programming

Prevention involves education and skills development — activities schools are well equipped to undertake. Moreover, young people spend a great deal of their lives in school and are thus accessible to drug prevention messages.

Data from the BJS 1989 School Crime Supplement Survey indicate that some students are more likely than others to participate in drug education programs: 44% of students from rural areas responded that they had attended drug education classes in the past 6 months compared to 35% of students from urban areas.

About the same proportion of public (39%) and private (41%) school students had attended drug education classes, but students who reported that drugs were not available in their school were more likely to have attended drug education classes in the previous 6 months than those in schools where drugs could be obtained. Sixth grade students were also more likely to have attended drug education classes in the previous 6 months than older students. Drug prevention programming often is targeted toward students in the final year of elementary school because the junior high school years are associated with the beginning of drug use.

Schools have also established a wide variety of prevention activities in addition to drug education classes. These include providing counseling and guidance staff for students, sponsoring substance-free extracurricular activities, establishing prevention peer support groups, implementing discipline procedures for students caught using or possessing illegal substances, and offering student assistance programs for youth with drug or drug-related problems.

Law enforcement agencies provide drug prevention programs

As discussed in Chapter IV, many law enforcement agencies are involved in prevention efforts. For example, the Drug Abuse Resistance Education (DARE) program uses police officers to deliver a 17-week curriculum. DARE uses a variety of techniques including lectures, exercises, audiovisual materials, and role playing to teach students to say "no" to drugs. DARE also attempts to develop positive attitudes toward law enforcement by using police officers to deliver the curriculum. As of October 1991, close to 10,000 officers had been trained to teach DARE. BJA estimates that 5 million students received DARE training across the U.S. in school year 1991-92.

The FBI and DEA established Drug Demand Reduction Programs (DDRP) in the late 1980's. A Drug Demand Reduction Coordinator has been appointed in each of the 57 FBI field offices and the 19 DEA field division offices across the Nation. These programs work with State and local law enforcement, schools, public housing, sports organizations, community groups, and other organizations on a variety of demand reduction programs ranging from school-based educational programs to user accountability programs and training local police in drug reduction techniques.

Some prevention efforts are community-based

Some community-based prevention efforts are specific programs sponsored by a single organization or agency, such as a church, parents group, youth club, or civic organization. The content, administration, and financial support differ from program to program. One example of a community-based prevention effort is SMART Moves in the Boys and Girls Clubs of America; staff are trained in engaging urban youth in a program to reduce drug and alcohol use and teen pregnancy.

Other community-based efforts are broader, using many ways to unite groups — families, schools, businesses, media, government agencies, and community organizations — in a comprehensive program to prevent drug use. Two examples of comprehensive programs are the Midwestern Prevention Project and Fighting Back. The Midwestern Prevention Project starts with a school-based program and expands to include parents, community groups, mass media programming, and health policy components. The Fighting Back program, sponsored by the Robert Wood Johnson Foundation, requires that all participating communities establish a broad-based task force of community representatives. The Midwestern Preventing Project and the Fighting Back programs have prevention programs in many different sites. Often each site will select a unique name for its program; for example, Kansas City STAR and Project I-STAR in Indianapolis are Midwestern Prevention Project programs.

Some community prevention efforts target illegal drug markets

At the local level, the police and citizens sometimes work together to attempt to disrupt the illegal drug market. There are several models for this approach:

- Neighborhood watch programs encourage residents to report suspicious activity to the police.
- Residents collaborate with the police to clean up the areas where drug dealing takes place.
- Public housing tenants form organizations to identify drug users or dealers.

Cooperative programs between law enforcement and the community are discussed in Chapter IV.

The Federal Government provides State and local governments with support for drug prevention

The Office of National Drug Control Policy (ONDCP) reports that the Federal Government authorized expenditures of almost \$1.5 billion on drug use prevention in fiscal 1991 through two dozen agencies. Most of these funds are in the form of grants to State and local agencies.

The Department of Education (ED) sponsors primary prevention projects through grants. These grants are funded through the Drug Free Schools and Communities Act (DFSCA) as amended, with most of the funds being passed through to the individual education agencies and governors' offices in the States. DFSCA grants are the single largest drug prevention activity the Federal Government funds, reaching \$497.7 million in fiscal 1991.

ED provides funding and technical assistance to schools for drug programs. Five regional centers work with State and local educational agencies to train school drug prevention teams, coordinate prevention policies and programs, and facilitate sharing of information about successful programs and strategies.

The Department of Health and Human Services (HHS) through its Office for Substance Abuse Prevention (OSAP) funds the development of prevention projects through several grant programs, including —

- the High-risk Youth Demonstration Grant Program
- Pregnant and Postpartum Women and Their Infants Demonstration Grant Program
- Community Youth Activity Program
- Community Partnership Demonstration Grant Program.

Other Federal funding comes through agencies that do not have drug use prevention as a principal mission, but fund certain prevention activities. For example —

- The Department of Housing and Urban Development (HUD) provides grant funding for developing drug use prevention programs in public housing. HUD has trained more than 12,000 people in how to eliminate drugs from public housing, according to ONDCP.
- BJA law enforcement assistance grants are being used to support DARE programs.
- Office of Juvenile Justice and Delinquency Prevention (OJJDP) grants and HUD's Drug Elimination Grants are being used to support Boys and Girls Clubs with drug use prevention components in public housing.

"Weed and Seed" is a new comprehensive Federal initiative to help local communities become and stay free of drugs and crime

This program involves the Departments of Justice, Housing and Urban Development, Health and Human Services, Education, Transportation, and Labor and ONDCP in a coordinated effort to direct existing and expanded Federal grant funds and resources at local community problems. The first step in the program is to assist local communities in removing drug dealers, gangs, and violent criminals from their neighborhoods and then to help provide the social and economic incentives to keep the communities free of drugs and crime.

The Federal Government develops prevention materials and provides them to local prevention programs

ED has produced —

- drug education curricula and distributed them to 150,000 schools, as well as drug-free campus handbooks to 5,000 college presidents
- a handbook for parents on raising children to be drug free and distributed 15 million copies according to ONDCP.

OSAP has developed a variety of prevention materials including —

- 4 million coloring books for children with an antidrug theme. OSAP prepared these books in conjunction with BJA, the National Crime Prevention Council, and a private publisher.
- the Skyshapers National Youth Fitness Program that uses animated characters, contemporary music, and action videos to teach a healthy drug-free lifestyle to youth through schools and community programs. This effort is being developed and marketed with the President's Council on Physical Fitness and Sports and major corporate sponsors.
- a nonviolent action adventure video game, "Wally Bear & The NO Gang," that encourages children to make good decisions about drugs and alcohol.

DOJ has —

- sponsored the McGruff Crime Dog "Users are Losers!" campaign in conjunction with the National Crime Prevention Council and the Advertising Council.
- produced two video tapes, one targeted at helping youth avoid peer pressure to use drugs and the other at informing the public about drugs in America.
- produced anti-drug posters and worked with other agencies in developing comic books with anti-drug themes.

Some Federal agencies produce "how to" guides for local communities to use in developing drug prevention programs. Examples include HUD's *Together we can meet the challenge: Winning the fight against drugs* for public housing, and OSAP's *Drug free communities series* and *Prevention plus II: Tools and*

skills for creating and sustaining drug-free communities that contains models, checklists, and other planning and implementation material for those at the local level.

State level agencies have a substantial role in drug prevention

State agencies responsible for alcohol and drug abuse services often have a broad mandate to provide prevention services. State level activities include —

- overseeing State-funded programs
- establishing standards and providing technical assistance to local service providers
- conducting evaluations.

Private sector foundations and corporations provide funds for prevention programs

Private sector foundations and corporations have become more interested in prevention programs in recent years. An analysis of foundation grants for alcohol and drug abuse programs by the Foundation Center indicates that the portion of grant funds devoted to prevention programs increased steadily from 1983 to 1987 and accounted for approximately 52% of alcohol and drug abuse grants in 1987. The largest share of prevention funding was allocated to school-based programs, but support for community-based prevention models is expanding.

The mass media are important conveyors of drug prevention messages

Public service announcements in broadcast and print media that seek to persuade individuals not to use drugs have become commonplace. Highly visible entertainment and sports figures are often their narrators or speakers. Interviews with individuals directly involved in drug prevention programming and reports about the prevention activities themselves are often part of media drug prevention campaigns.

How effective is drug prevention?

Little research attention has focused on the effectiveness of general prevention efforts, so it is not possible to ascribe the recent decline in drug use to the expressed disapproval of drug use by public figures, media accounts of the risk associated with drug use, or other general prevention efforts.

The effects of individual drug prevention efforts are difficult to assess because prevention programming tends to be widespread, multifaceted, and diffuse. Evaluators have given school-based prevention programs the most attention. One review summarized the literature on school-based drug prevention as follows:¹

- Prevention programs that simply seek to educate students about the risks of drug use (cognitive strategies) do not appear likely to induce positive changes in attitudes or behaviors.
- Programs that attempt to decrease the likelihood of drug use by improving individuals' self esteem (affective strategies) have not been demonstrated to be effective.
- Some studies have found positive effects of drug prevention programs that attempted to develop social skills to resist peer pressure and other inducements to use drugs.

Another recent literature review concluded that the only prevention approaches that have been shown to effectively reduce substance-abuse behavior are school-based programs that focus on developing skills for resisting social influences to use drugs.² These interventions have generally been used with middle or junior high school students, and it appears that intervention activities need to continue through early adolescence to maintain the preventive gains the programs achieve.

What types of drug treatment exist?

There is no single "treatment" for "drug abuse"

Treatment for drug abuse cannot be thought of in a simple medical model of acute illness. The "symptoms" of this chronic disorder and, thus, the interventions that may mitigate the symptoms, range well beyond the physical and psychological or psychiatric to include often profound social, legal, and economic problems.

The best treatment for one user may differ from the best treatment for another. Differences in the types of drugs and intensities of use and differences in the user's background, motivation, environ-

ment, and social support all have implications for treatment.

Treatment often includes pharmacologic and psychological components as well as teaching basic communications and other personal skills and arranging for vocational training.

Successful treatment for drug users usually also means dealing with individuals' involvement in criminal activity. As discussed in Chapter I, some heavy drug users commit nondrug crimes — especially property crimes such as burglary and larceny. A small percentage of these offenders commit a high number of property crimes.

Most treatment programs provide a combination of services

Drug treatment programs may include a variety of components —

- drug counseling
- drug education
- pharmacotherapy
- psychotherapy
- educational and vocational services
- urine testing
- relapse prevention
- social and community support.

These services vary from program to program.

How do drug abuse treatment programs differ?

Settings — the place where treatment occurs:

Non-residential or outpatient —

- the client receives treatment services at a particular place, but resides and spends most of his/her time elsewhere
- most treatment clients are in nonresidential settings
- some programs have more than 1,000 clients at any one time.

Residential —

- the client receives treatment services and lives at the treatment facility, which can be a traditional hospital or a facility such as a group home or halfway house
- treatment-related activities normally occupy most of the individual's time; such activities often consist of traditional psychotherapeutic services but may also include activities such as job training, parenting skills training, or sharing in cleaning and cooking tasks for the facility
- typically, residential programs are relatively small; frequently they house less than 50 residents, while some have as few as 6 or 7 residents.

Modalities — the primary manner of treatment:

Detoxification —

- a program of planned drug dependence withdrawal which may or may not include medication to assist in withdrawal.

Therapeutic intervention —

- characterized by wide variability due to differences in ownership, sponsor organization, types of services provided, service intensity, staffing and diagnostic and treatment approaches
- typically includes some form of counseling as well as ancillary services.

Pharmacologic assistance —

- characterized by use of stabilizing medication, such as methadone maintenance for heroin users
- includes treatments that use drug antagonists — medications that neutralize the effects of the addicting substance.

Support groups —

- individuals with problems of substance abuse and dependence come together to help each other become and remain drug-free
- most are modeled on the 12 Steps of Alcoholics Anonymous; major groups include Narcotics Anonymous and Cocaine Anonymous
- are not traditional treatment modalities in that there is no paid staff or prescribed regimen of treatment and services.

Sources: ADAMHA, *National Drug and Alcoholism Treatment Unit Survey (NDATUS): 1989 Main findings report*, 1990, 36; and NIDA, Leonard Saxe and Gila Shusterman, "Drug treatment modalities: Taxonomy to aid development of services research," in *Drug abuse services research series: Background papers on drug abuse financing and services research*, 1991, 1:1-15.

Treatment programs usually serve both alcohol and drug dependent clients

The National Drug and Alcohol Treatment Unit Survey (NDATUS) reports that of the 7,759 treatment units responding to its 1989 survey —

- 16% were exclusively for drug treatment
- 19% were exclusively for alcohol treatment
- 65% were for both.

Self-help groups are usually free and readily accessible

Self-help groups include those that focus on counseling, relapse prevention, education, and rehabilitation. The most common are the self-help groups based on the 12-step program developed in Alcoholics Anonymous (AA). These autonomous groups enable people to discuss their problems with others who have had similar experiences in an environment of mutual support and fellowship. Narcotics Anonymous (NA) was founded in 1953 by a group of recovering drug users who had been attending AA meetings. According to the NA World Services Office, there are about 25,000 NA groups meeting in about 60 countries.

What is a therapeutic community?

Therapeutic communities (TCs), a residential treatment program, view drug use as symptomatic of the user's personality and social problems. TCs are intended to provide a secure environment where recovering drug users not only can remain drug-free but can also develop the social, education, economic, family, and occupational skills necessary to function in modern society.

TCs have strict rules regarding abstinence, member behavior, household tasks, and so forth. They employ a reward system through which a group member can earn privileges and elevate his status within the group by complying with the rules. The specific features of individual TCs vary, but they typically use individual and group counseling and psychotherapy. A drug user generally

stays in the residential environment for 6 to 12 months before gradually reentering the outside community over another 6 to 12 months prior to graduation.

Several States have established therapeutic communities within prisons, but most therapeutic communities operate outside of correctional institutions.

Treatment is provided for criminal offenders in the community and in jails and prisons

Individuals with drug problems often come into contact with the criminal justice system. Half of those studied in the Drug Services Research Survey (DSRS) had a non DUI arrest prior to the current drug treatment; a quarter were in treatment as a condition of probation or parole. The criminal justice system has a number of common patterns for referral to treatment both in and outside the criminal justice system. The referral may be made before an arrestee is brought to trial, often as a condition of pretrial release, or after conviction in conjunction with probation, parole, or incarceration. These programs vary widely in their conditions for inmate participation, therapeutic approaches, duration of treatment, and aftercare arrangements. Drug treatment for offenders is discussed in Chapter IV.

Some heroin addicts are treated with methadone

The Narcotic Addict Treatment Act of 1974 allowed methadone, a synthetic narcotic, to be used in the detoxification and maintenance of opiate addicts. This involves administering methadone in steadily declining daily doses until the user is drug free. The detoxification period allowed under Federal regulations was increased from 21 days to 180 days in recent years because treatment professionals believed those detoxified slowly had greater long-term success. Maintaining former heroin addicts on a therapeutic dose of methadone for years — even decades — has been a controversial topic for treatment professionals and policymakers. Few criminal defendants and offenders are referred to methadone maintenance treatment.

Cocaine has recently passed heroin as the primary drug of abuse of those in treatment programs

The National Association of State Alcohol and Drug Abuse Directors (NASADAD) reports annually on State-supported alcohol and drug treatment programs. By 1988, cocaine had displaced heroin as the most commonly used illegal drug by those in these State-supported treatment facilities. Heroin has been second since then.

Treating users of multiple drugs is very difficult

When the first treatment programs were developed, drug users primarily used one drug and, it was thought, used that drug continuously. Today most people in treatment have used many drugs in a changing variety of dosages, combinations, sequences, and frequencies. For example, one person might use cocaine and heroin simultaneously, while another user might use marijuana and alcohol on alternative days. These variable patterns of use are discussed in Chapter I. The ability of programs to effectively treat these multiple users has not been proved.

Many drug treatment programs focus on particular groups

According to the 1989 NDATUS survey, two-thirds of responding programs offered special programs tailored to the needs of particular groups of drug users. Of those offering special programs:

- 56% offered them for youth
- 49% for women
- 38% for cocaine users
- 21% for Hispanics
- 19% for blacks
- 13% for the elderly
- 11% each for impaired health professionals and public inebriates
- 10% for American Indians or Alaskan Natives
- 26% of the programs reported special programs but did not specify the targeted audience or type of program.

What drug treatment programs are used and who provides them?

Drug treatment involves a variety of modalities and environments

NDATUS defines a drug treatment unit as a facility having a "formal structured arrangement" for drug treatment or recovery (or a portion of a larger program for the same) with an allocated budget for such services; it must provide direct services to drug users at the facility's location.

Modality and environment	Percent of clients in 1989
All modalities	100.0%
Outpatient	54.2
Residential	13.2
Hospital inpatient	7.0
Multiple environments	25.6
Drug free	51.2%
Outpatient	33.0
Residential	9.1
Hospital inpatient	1.3
Multiple environments	7.8
Maintenance	6.8%
Outpatient	6.1
Hospital inpatient	.3
Residential	.3
Multiple environments	.1
Detoxification	5.4%
Hospital inpatient	2.9
Residential	1.3
Outpatient	.6
Multiple environments	.5
Multiple modalities	36.7%
Outpatient	14.5
Hospital inpatient	2.5
Residential	2.5
Multiple environments	17.2

Source: ADAMHA, *National Drug and Alcoholism Treatment Unit Survey (NDATUS): 1989 Main findings report*, 1990, table 50, 72.

Most people in drug treatment are in outpatient programs

Slightly more than half of those in drug treatment were in outpatient programs in 1989, according to NDATUS. Another 7% were treated as patients in hospitals, and 13% were treated in residential programs other than in a hospital or prison. Residential facilities include —

- quarterway houses
- halfway houses
- recovery houses
- group homes
- therapeutic communities.

The remaining 26% were in programs with a mix of the three environments.

Half of the people in drug treatment are in drug-free treatment programs

Relatively small numbers of the people in drug treatment were in detoxification programs (5%) or methadone or other drug maintenance therapy (7%). More than a third of the treatment units reporting in the NDATUS survey did not differentiate between drug-free, detoxification, and maintenance programs, but the distribution of those in such multiple-modality programs indicates that most were in environments that are typically drug-free with small numbers in environments that use detoxification or drug maintenance procedures.

Are treatment facilities fully utilized?

NDATUS reported that in treatment facilities solely for drug users 90% of the treatment slots were filled on September 30, 1989.

Type of facility	1989 utilization rate
Public	
State or local	90%
Federal	97
Private	
Not-for-profit	94%
For profit	73

Source: ADAMHA, *National Drug and Alcoholism Treatment Unit Survey (NDATUS): 1989 Main findings report*, 1990, table 20, 34.

Public drug treatment facilities, which generally treat clients without health insurance or the ability to pay for the full cost of their treatment, had a utilization rate of 91% in 1989. More than 69% of U.S. drug treatment capacity, however, is in private facilities. Nonprofit private facilities, which often treat clients under government contract, had a utilization rate of 94%. Private-for-profit facilities, which primarily serve clients who have insurance coverage or can otherwise pay for their treatment, had a 73% utilization rate. The utilization rates for facilities that treat both alcohol and drug abuse are 10% to 20% lower and follow the same pattern as the drug-treatment-only facilities.

The Drug Services Research Survey (DSRS) reported similar findings.³ Overall utilization rates for drug treatment programs were approximately 80%, but the rates for hospital inpatient programs averaged 62%, and those of outpatient methadone maintenance programs averaged 92%. This study identified 79,072 people on waiting lists for treatment; and while most wait less than 1 month, 37% wait for more than a month to get into treatment.

How many people who need drug treatment are receiving it?

Those private and public treatment units in mental health centers, hospitals, prisons, halfway houses, methadone clinics, outpatient clinics, and other facilities that responded to the NDATUS survey in 1989 reported that there were 351,430 people in treatment in a 1-day census and 995,994 treated in the preceding 12 months.

The number of people who need drug treatment is estimated to be 3 or 4 times the number of people receiving drug treatment. The Institute of Medicine estimated that in 1987-88, 2.5 million Americans clearly needed drug treatment and another 3 million probably did. In the 1987 NDATUS survey, the 5,000 or so responding treatment units served 834,077 people for drug abuse in the preceding 12 months.

Private organizations and individuals and all levels of government provide drug treatment

Most drug treatment facilities are privately owned. According to NDATUS, of the 6,170 drug treatment units reporting for 1989 —

- 65% were private nonprofit
- 17% were private for profit
- 16% were agencies of State or local government
- 2% were Federally operated.

The organization delivering the treatment may be different than the source of funding. State programs are partially funded by the Federal Government and government agencies often contract with private agencies to supply treatment services. Also, individuals use private resources for treatment, including health insurance benefits. According to ONDCP, about a fourth of those treated for drug problems each year depend on private insurance as the primary source of payment.

Most Federal funding for drug treatment is in the form of grants to State and local governments; Federal initiatives also focus on improving the quality of drug treatment, research, and evaluation.

The Federal Government directly treats drug users under its jurisdiction

Those in Federal drug treatment include military personnel, veterans, Federal probationers, prisoners in Federal institutions, and persons on release from Federal prisons. In fiscal 1988, more than 47,000 active duty military personnel received treatment for drug and alcohol problems; 83% of these were treated as outpatients in nonresidential facilities. ONDCP reports that 155 of 171 Veterans Affairs (VA) medical facilities currently have drug treatment programs; in 1990, there were almost 700,000 outpatient treatment visits.

State laws address treatment issues

State governments play a major role in financial administration and quality control of drug treatment programs. Over half of the 44 States that enacted new drug control laws in 1990 addressed treatment, according to a George Washington University study. Typically, these laws concerned involuntary commitment, regulation of substance abuse services, insurance coverage, and personnel and licensing issues.

Some States established programs to provide substance-abusing women with treatment and other support services. Six States established study commissions and evaluations to assess the extent of maternal addiction and babies exposed to or affected by alcohol or drugs during their mothers' pregnancy.

The private sector is also trying to expand and improve drug treatment

Foundations provide funding for alcohol and drug abuse treatment through grants to community foundations and directly to treatment programs. The Foundation Center study of foundation grants identified approximately \$42 million in grants for drug treatment programs, referral services, professional education programs, and research between 1983 and 1987. Foundation support for substance abuse programs increased during the 1980s.

Is drug treatment effective?

Drug treatment has multiple goals

The goals of the drug treatment system are not confined to reducing the drug consumption of individuals in treatment but are much broader. These goals include —

- reducing the demand for illegal drugs
- reducing street crime
- changing users' personal values
- developing education and vocational capabilities
- improving the user's overall health
- reducing fetal exposure to drugs.⁴

Evaluating the effectiveness of treatment is difficult because the full recovery from all drug problems after a single treatment episode is an unrealistic goal for most people.⁵ Among the factors that must be considered in program evaluation are —

- drug abuse is a chronic, relapsing condition⁶
- long-term provision of treatment may be necessary to maintain its effect
- treatment can improve many dimensions of behavior, including health, employment, education, and fulfilling family responsibilities, as well as reducing drug use
- even temporary improvements that occur while the user is in treatment are valuable
- comparisons in the performance or results of different types of drug treatment programs are difficult to make because they treat very different populations.

Drug treatment has positive effects on drug users

According to the Institute of Medicine's review of the literature, methadone maintenance has been the most rigorously studied modality of drug treatment. There is some evidence that the drug consumption, criminal behavior, and other outcomes of opiate-dependent individuals improve more when they are maintained on methadone than when they are not treated at all. In addition, methadone clinics have higher retention rates than do other treatment modalities for similar people.

Drug users in both therapeutic communities and outpatient nonmethadone programs also have performed better during and after treatment, and graduates of these programs have better outcomes than dropouts. The length of stay in the treatment program is positively related to better outcomes, but both therapeutic communities and outpatient non-methadone programs have higher attrition than methadone maintenance.

Research on the effectiveness of inpatient chemical dependency programs is sparse. Detoxification programs are generally not effective for reducing dependence but may be a prerequisite for other treatment modalities.

Legal pressure can encourage people to enter and stay in drug treatment

Most people who enter drug treatment do so reluctantly — often under pressure from family, friends, health professionals, or the criminal justice system. The criminal justice system has been shown to effectively influence individuals with drug problems to commit themselves to treatment. Sometimes judges refer offenders to treatment or make treatment participation a condition of a sentence such as probation. Correctional institutions also provide treatment for some inmates. The Treatment Outcome Prospective Study (TOPS) and other studies have found that legal pressure tends to keep people in treatment for longer periods, and that this coercion does not interfere with treatment goals.

Referral source	Percent of clients in treatment modality		
	Outpatient methadone	Outpatient drug free	Residential
All	100%	100%	100%
Self	48	19	24
Family/friends	31	21	19
Criminal justice	3	31	31
Other (health professionals, spiritual leaders, counselors)	18	29	26

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Section 4. Drug testing

Who is tested for drugs and why?

Drug testing is a tool for detecting drug use

As noted in Chapter I, drug use can damage individual users, their families, neighborhoods, workplaces, and communities. Since most illegal drug use is done in private, it is difficult to detect. Detection of drug use often leads to interventions that can result in treatment of the drug user and protection of the public from the damaging consequences of drug use.

Drug testing may help to deter drug use

Authorities found that drug testing during the Vietnam War could have been a deterrent to using drugs, at least when detection was linked to a sanction. When the Department of Defense began testing troops returning from Vietnam, about 5% of the tests were confirmed positive, even though the troops knew they would be tested and that a positive test would delay their departure for home. This rate dropped to just under 2% at the end of the first 6 months of testing.

The criminal justice system tests offenders for recent drug use in order to reduce criminal behavior

Defendants and offenders may be tested for drug use at all stages of the criminal justice process: arrest, incarceration, and supervised release such as probation or parole. The goal of this testing is to reduce criminal behavior by detecting current drug users and deterring their drug use. Many jurisdictions test offenders for drugs at one or more stages of the criminal justice process. More data on current drug testing of defendants and offenders in the criminal justice system are given in Chapter IV.

Workplace drug testing aims to reduce or prevent drug use and impairment

The APT Foundation notes that the prime goal of workplace testing is to enhance on-the-job safety and productivity by reducing drug-related impairment. Transportation workers or armed security guards, for example, can pose a threat to the public if impaired. Impair-

ment, absenteeism, and other problems linked with drug use tend to lower productivity and the quality of products and services.

Secondary goals of workplace testing include —

- reducing drug users' illegal activities
- identifying drug users and referring them to treatment
- fostering public trust.

A 1988 Gallup survey found that 54% of American corporations with drug testing began their programs to protect their safety record or reduce the number of accidents.

As of spring 1991 —

- 11 States had laws regulating the accuracy and confidentiality of workplace drug testing programs
- 7 States regulate who can be tested under what circumstances
- 14 more States have introduced legislation — most of it regulating testing procedures but not the circumstances under which employers may require testing.

Criminal justice employees are subject to drug tests to ensure public safety and public confidence

Police administrators give two central reasons for testing officers for drugs: maintaining public trust in the integrity and professionalism of their departments and concerns about public safety. Prison administrators cite public concerns about drug use generally as well as problems with contraband and work performance. A growing number of police agencies and prison systems test their employees and/or applicants, but most administrators do not believe drug use among their officers is a major problem.

A 1990 survey of State and local police agencies found that —

- 29% of local police agencies had policies authorizing testing of applicants
- 16% authorized testing of regular field officers
- 14% authorized testing of officers in drug-related positions.

Local jurisdictions with populations of 250,000 or more are particularly likely to have policies authorizing drug testing of applicants (84%), regular field officers (75%), and those in drug-related positions (76%). Among State police agencies, 67% had policies authorizing drug testing of job applicants, and 57% had policies authorizing drug testing of regular field officers and/or officers in drug-related positions. In State or local police agencies, applicants are most likely to be tested under a mandatory program while sworn officers are usually tested when suspected of drug use.

A 1988 survey of State prison systems found that they were more likely to test employees than applicants, usually only testing those suspected of drug use. Only 2 of the 19 States with employee testing programs conducted random testing of staff, and one of these only tested preservice training staff. Georgia limited its random testing of staff to its maximum security prison.

The Federal Government has many goals in testing its workforce for drugs

Drug testing is a part of the Drug Free Federal Workplace Program that aims to improve the productivity and safety of Federal workplaces and to maintain public confidence in these public employees.

In 1986, Executive Order 12564 was issued mandating drug testing for many civilian government employees. The order stated that drug use by Federal employees results in lost productivity, poses risks to public health, public safety and national security, and could lead to crime and corruption. It concluded that people who use drugs are not suitable for Federal employment.

Federal executive branch employees are subject to various testing programs

The Federal Government has approved plans for random testing of about 345,000 Federal employees in "sensitive" positions in 42 executive branch agencies. The Department of Transportation (DOT) has begun testing an-

other 30,000 employees (mostly air traffic controllers). The military extended routine testing to all active-duty forces a decade ago to deter illicit drug use (and alcohol abuse). Today all four Services test most active-duty members at least once a year and all applicants are tested.

Federal policy guidelines identify six types of drug testing programs for executive branch employees:

- random and comprehensive testing of employees in sensitive positions
- voluntary testing (of any employee who wants to participate in the drug testing program)
- reasonable suspicion testing (based on "specific and particularized facts and reasonable inferences from those facts")
- special condition testing (as part of an examination following an accident or unsafe practice)
- followup testing (administered by the agency during or after counseling or rehabilitation through an Employee Assistance Program)
- testing applicants for any position.

The greatest number of employees subject to testing fall under the random and comprehensive testing program for employees in sensitive positions. Such employees include those —

- in positions that agency heads so designate under Federal personnel rules
- with access to classified information
- presidential appointees
- law enforcement officers
- others in positions involving "national security, the protection of life and property, public health or safety, or...requiring a high degree of trust and confidence."

The Federal Government requires testing in many regulated industries

In regulated industries such as defense contracting, nuclear energy, and transportation, a large number of public and private sector employees are subject to periodic drug tests. About 4 million transportation workers will be tested under DOT regulations. DOT generally requires public and private transportation industries it regulates to use five types of

tests: pre-employment, periodic (as part of required medical exams), random, reasonable cause, and post-accident. Only employees in safety- and security-related jobs (and applicants for these jobs) are subject to testing (with the largest number subject to random testing).

State laws also allow employee testing

According to a George Washington University study, many States passed laws that target public employees following Federal drug-free workplace policies. Several States passed laws authorizing testing of applicants, while others test current employees whose jobs pose safety risks. States also authorize private employers to test for drug use if they have "reasonable suspicion" that an employee's performance has been affected by alcohol or drugs.

Some private businesses test their employees for drug use

A 1988 Bureau of Labor Statistics (BLS) survey of private nonagricultural businesses found that —

- about 3% of establishments (an estimated 145,300 businesses) have drug testing programs
- about 20% of employees of private nonagricultural businesses worked for a company with some sort of drug testing program
- large businesses were more likely than smaller ones to have such programs (43% of the 5,600 businesses with more than 1,000 employees vs. 2% of the 4.2 million with fewer than 50).

Relatively few workers for private businesses are actually tested

BLS estimates that 953,100 workers (only about 1% of all workers) were tested in the 12 months before its summer 1988 *Survey of employer anti-drug programs*. Almost 4 million job applicants were tested during the same period. About 9% of employee and about 12% of applicant test results were positive. BLS notes that these results cannot be applied to the entire work force because relatively few employers test

and much of the testing has been limited to persons suspected of drug use.

Private business in industries that can affect employee or public safety are more apt to have drug testing programs

Industry	Establishments Percent with testing programs	Total number in industry
Mining	21.6%	31,600
Communications and public utilities	17.6	37,500
Transportation	14.9	153,500
Manufacturing		
Durable goods	9.9	193,900
Non-durable goods	9.1	141,200
Wholesale trade	5.3	467,900
Finance, insurance, and real estate	3.2	403,900
Construction	2.3	458,100
Services	1.4	1,553,400
Retail trade	.7	1,101,800
All establishments	3.2	4,542,800

Source: BLS, *Survey of employer anti-drug programs*, January 1989, table 2.

Private businesses that have testing programs usually test employees suspected of drug use and/or applicants

Who is tested?	Percent of establishments with testing programs
Job applicants	85.2%
All	83.4
Specific occupations	16.1
Other	1.1
Current employees	63.5%
All	26.4
Drug use suspects	64.2
Specific occupations	15.1
Other	3.4
Number	145,300

Note: The individual categories add to more than 100% because many establishments had more than one program. Programs range from testing the entire group to random testing of a small percentage of the group.

Source: BLS, *Survey of employer anti-drug programs*, January 1989, table 4, 8.

How did drug testing develop?

In the 1960s, drug testing evolved from medical technology

Drug testing was done primarily for medical purposes in the two decades after World War II to ensure that patients who were administered particular dosage levels were achieving the blood levels needed for therapeutic effect. These quantitative tests were usually performed on blood or blood serum.

The development of urine testing helped make outpatient methadone treatment feasible

Frequent urine tests for methadone or heroin use were an integral part of a New York City methadone treatment program initiated in 1964 and modified for outpatient use in 1967. Such tests were used early in treatment to monitor patients' progress in discontinuing heroin and later to check for relapse.

Urine testing increased in the 1960s and early 1970s

This rise was due mainly to increased testing in the —

- **criminal justice system** as agencies began to assign convicted addicts to treatment, thus increasing the number requiring routine drug testing. This began in the early 1960s when New York City's Office of Probation began placing addicted probationers in treatment.
- **U.S. military** when in June 1971, in response to alarms about increased drug use among troops in Vietnam and Europe, it began testing troops returning from Vietnam for heroin use. Persons with confirmed positive tests were placed in treatment that was monitored with urine tests. The military continued to test returning troops until the end of the war.

- **drug treatment system** as it expanded under the Special Action Office for Drug Abuse Prevention (SAODAP) crash program to develop treatment services, such as the Treatment Alternatives to Street Crime (TASC) which was required to do drug testing as a part of the identification and monitoring of clients. After SAODAP's creation in 1971, the number of cities with federally

funded treatment programs grew from 54 to 214 in the first 18 months and the number of clients in these programs grew from 20,000 to 60,000 in just over a year.

Urine testing expanded in the 1980s due to growing intolerance of drug use

Rising public concern about the consequences of drug use in the 1980s (see Chapter I and Section 2 of this chapter) renewed interest in drug testing. Beginning in the late 1970s the parents' movement advocated intolerance of drug use.

In 1980 the Department of Defense issued a policy directive on drug (and alcohol) abuse consistent with the new Federal policy. In 1981 all four military services began urine testing to detect and deter drug use. In periodic worldwide surveys of the military, reported use of any drug in the past 30 days fell from 28% in 1980 to 5% in 1988.

Since 1986 drug testing in various settings, including the criminal justice system, has been recommended as part of the Drug Free America Campaign.

Rising demand spurred advances in testing technology

New techniques were developed in response to the demand for drug tests that were dependable enough to exclude innocent persons, sensitive enough to detect drug intake for at least 24 hours after ingestion, and simple enough to be used on a daily basis for a large number of people.

Two of the most established and widely used testing techniques in the 1960s, thin-layer chromatography (TLC) and gas chromatography (GC), were adapted to detect morphine (a metabolite of heroin) and other drugs of abuse in urine. They also were simplified so laboratories could meet the demands of detection systems. TLC and GC continue to be used widely.

Immunoassay, another existing technique, was adapted for drugs of abuse in the early 1970s. The first description of an immunoassay for morphine was published in 1970. By yearend 1972, tests

were available for morphine, amphetamine, barbiturate, cocaine metabolite, methadone, and some less commonly abused drugs.

Researchers are studying alternatives to urine for detecting drugs of abuse

In recent years, interest has developed in using hair and bodily fluids, such as tears and perspiration, as bases for detecting drug abuse.

Such alternatives are interesting because —

- they are less invasive to collect than blood samples
- collection techniques for perspiration and hair allow drug use to be detected for periods longer than the 2 or 3 days allowed by urine
- hair analysis may provide data about patterns of drug use over weeks or months, whereas urinalysis only indicates the presence of drugs used recently.

Experts argue that several problems must be resolved before these alternatives are deemed as useful and accurate as urine for detecting drug use. New alternatives to urine testing may become available soon if ongoing research shows they are appropriate.

Some researchers aim to adapt or refine specific techniques

Researchers are attempting to adapt immunoassay methods to give rapid results based on dipstick analysis of urine, blood, or saliva (analogous to home pregnancy and blood sugar tests). They are exploring various improvements to the very accurate but relatively expensive technique of mass spectrometry. Liquid chromatography/mass spectrometry (LC/MS) has the advantage of requiring little sample preparation time, for example. Tandem mass spectrometry (MS/MS) would be faster and more sensitive than gas chromatography/mass spectrometry (GC/MS). Tests that are adaptations of current techniques are continually becoming available.

How do drug tests work?

What are the most common drug testing technologies?

Immunoassays use antibodies, proteins that will react only with a specific substance (such as a specific drug) or group of very similar substances, to detect the presence of drugs. The substance that the antibodies react with is an antigen. A label or tag is attached to a sample of the drug being tested. The tag is a substance that can be identified and measured after the antigen/antibody reaction occurs. The drug containing the tag is called a "tagged antigen." A tagged antigen, urine that may contain the drug in question (untagged antigen), and antibodies that react specifically against the drug being tested are mixed together. The tagged and the untagged antigens compete to react with the antibodies, and the free or unused tag that remains indicates the presence or absence of the drug in question.

Immunoassay procedures used in urinalysis differ mainly by the tag used and the method of detecting unused tagged antigen—

- Enzyme immunoassay (EIA) uses a protein that helps chemical reactions occur both within and outside of the body as the tag.
- Fluorescence polarization immunoassays (FPIA) use a substance that "glows" or fluoresces as the tag.
- Radioimmunoassays (RIA) use an antigen tagged with a radioactive substance.

Immunoassay tests are commonly used for initial screening of urine samples. They are relatively sensitive, rapid, and simple to perform. Even early versions of the tests could be adapted to high volume testing. The automated versions now available can produce thousands of

results per hour making it possible to routinely test large numbers of people.

Chromatography is a method of chemical analysis in which substances in a sample (such as drugs in urine) are separated by extracting or causing them to attach to some type of material or particles. The separated substances are then identified and measured. The chromatography procedures commonly used to detect drugs in urine are thin-layer chromatography (TLC) and gas chromatography/mass spectrometry (GC/MS).

TLC, which can detect a large number of drugs and/or their metabolites, is another technique for initial screening of urine samples for a variety of drugs. GC combined with mass spectrography (GC/MS) is generally considered the most conclusive confirmatory test for urine samples that were positive in screening tests.

What terminology is used in drug testing?

Accuracy — Ability to get the correct (or true) result.

Analyte — Substance to be measured.

Chromatography — A procedure used to identify substances, such as drugs of abuse in urine, based on separating or extracting the substances, allowing them to move or migrate along a carrier, and then identifying them.

Concentration — Amount of a drug in a unit volume of biological fluid, expressed as weight/volume. Urine concentrations are usually expressed either as nanograms per milliliter (ng/ml), as micrograms per milliliter (ug/ml), or milligrams per liter (mg/l). (There are 28,000,000 micrograms in an ounce, and 1,000 nanograms in a microgram.)

Cutoff level — The concentration of a drug in urine, usually in nanograms per milliliter, used to determine whether a

specimen is positive or negative for the drug in question.

Detection limit — Lowest concentration of a drug that can reliably be detected.

False negative — An erroneous result that indicates the absence of a drug that is present.

False positive — An erroneous result that indicates the presence of a drug that is not present.

Immunoassay — A procedure used to identify substances, such as drugs of abuse in urine, based on the competition between tagged and untagged antigen to combine with antibodies. The uncombined, tagged antigen is an indicator of the drug present in the urine specimen.

Interfering substances — Substances other than the analyte that give a similar analytical response or alter the analytical result.

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Metabolite — A compound produced from chemical changes of a drug in the body.

Precision — Ability to get the same result in repeated measurements.

Presumed positive — A specimen identified at or above the screening test threshold but not yet subjected to confirmation testing.

Sensitivity — The ability of a procedure to detect minute amounts of substances. A highly sensitive procedure will rarely fail to detect a substance if it is present; thus, few false negative results will occur.

Specificity — The ability of a procedure to differentiate between chemically similar substances. A highly specific procedure is rarely positive for a given drug if the substance is truly absent, thus few false positive results will occur.

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The sensitivity and specificity of drug tests vary

Sensitivity is the ability of a procedure to detect minute amounts of substances. The use of a very sensitive technique reduces the possibility of false negative results (failure to detect a drug that is present). Commonly used drug screens have different sensitivities for different drugs. Immunoassays, for example, can detect smaller concentrations of many drugs in urine than thin-layer chromatography. More sensitive tests can detect drugs for a longer time after use.

Specificity is the ability of a procedure to differentiate between chemically similar substances. Highly specific tests rarely produce false positive results (the detection of a drug that is truly absent). Some immunoassays detect classes of drugs (such as opiates) but do not distinguish among particular drugs in the class (such as codeine, morphine, hydromorphone), some of which may be present in legally prescribed or over-the-counter medications.

What determines if a drug test is positive or negative?

Manufacturers of tests set a cutoff level above which a test may be considered positive. This level is set well above a test's sensitivity limit (the concentration below which the test does not detect a drug reliably) to reduce the number of false positive results. Positive results at or near the cutoff level are less reliable than positive results that are considerably above the cut off level. Policymakers and practitioners can oversee the accuracy of their testing programs by specifying cutoff levels in program guidelines.

Several factors can affect the outcomes of drug tests

The American Medical Association (AMA) and the National Institute on Drug Abuse (NIDA) have pointed out that whether a test is positive or negative depends on a variety of factors including drug type, usage habits, user's physical characteristics and condition, and testing procedures. Different drugs take different lengths of time to pass through the body. Cocaine, for example, clears the body fairly quickly and, thus, is detectable in urine for a relatively short time. THC (from marijuana) tends to be stored in fatty tissue. With repeated use, it accumulates faster than it can be eliminated.

Whether there is a high enough concentration of a drug in urine to be detected also depends on the amount taken, frequency of use, and sensitivity of the urinalysis test used. The larger the dose taken, the longer the body takes to process it, and the longer it is detectable in urine.

Drug tests detect drug use but not impairment

A positive test result, even when confirmed, only indicates that a particular substance is present in the test subject's body tissue. It does not indicate abuse or addiction; recency, frequency, or amount of use; or impairment.

The length of time drugs can be detected in urine varies by drug

Type of drug	Average time detectable after ingestion*
Cocaine (metabolite)	2-3 days
Cannabinoids (marijuana)	
Single use	3 days
Moderate use (4 times per week)	5 days
Heavy use (daily smoking)	10 days
Chronic heavy use	21-27 days
Opiates (including heroin, morphine, codeine)	48 hours
Phencyclidine (PCP)	About 8 days
Amphetamines & methamphetamines	48 hours
Benzodiazepines (including Valium®, Librium®)	
Therapeutic dose	3 days
Barbiturates	
Short-acting (including secobarbital)	24 hours
Intermediate acting	48-72 hours
Long-acting (including phenobarbital)	7 days or more
Propoxyphene (including Darvon®)	
Unchanged	6 hours
Metabolite	6-48 hours

*Interpretation of the time detectable must take into account many variables such as drug metabolism and half-life, subject's physical condition, fluid balance and state of hydration, route and frequency of ingestion, and testing technique and cutoff level used. These are general guidelines only.

Sources: American Medical Association, Council on Scientific Affairs, "Scientific issues in drug testing," *Journal of American Medical Association* (1987), 257(22):3112, table 2, and NIDA, Richard L. Hawks and C. Norra Chiang, eds., *Urine testing for drugs of abuse*, NIDA Research monograph 73, 1986.

How do drug testing programs work?

Programs that monitor over time can test on an unscheduled basis or according to a preset schedule

Programs using unscheduled collection can require people to provide a urine sample on short notice. This allows programs to test individuals less often and reduces users' ability to schedule drug use between sample collections. Its main disadvantage is that monitoring the tests can be difficult without a computer to establish collection patterns that are not obvious to those being tested and to keep careful records to avoid testing some more than others during a time period.

Programs using scheduled collection give people specific dates and times when they must provide a urine sample. This makes it easier for program staff to establish and maintain a testing routine and is less confusing to those being tested. Its main disadvantage is that someone may continue using drugs without detection if sample collection dates are scheduled more than 2 or 3 days in advance. To deter continued drug use, scheduled collection programs must test people as often as 3 times a week, which is more expensive than less frequent unscheduled testing programs.

Some programs combine collection methods. For example, a program may schedule people who have histories of drug abuse and/or positive test results for testing at intervals of 2 or 3 days to discourage continued drug use and assign others to unscheduled collection.

Confirmatory tests may be done to verify positive results of screenings

If a screening test is positive, many programs conduct a confirmatory test to verify the results of the screen. The NIDA Mandatory Guidelines for Federal Workplace Drug Testing Programs require that confirmatory tests —

- use a technology (GC/MS) different from that used for the initial screen (immunoassay)

What terminology is used in drug testing programs?

Chain of custody — The policies and procedures that govern collection, handling, storage, transportation, and testing of a urine specimen and dissemination of test results in a manner that ensures that the specimen and the results are correctly matched to the person who gave the specimen and that the specimen is not altered or tampered with from the point of collection through the reporting of test results.

Confirmation test — A second test used to confirm positive results from an initial screening test. A confirmation test is made by a method more specific than a screening test and provides a greater margin of certainty.

External testing — The testing of urine specimens by professional technologists or technicians at a laboratory away from facilities where the specimens were collected.

Source: Adapted from American Probation and Parole Association, *Drug testing guidelines and practices for adult probation and parole agencies*,

On-site testing — The testing of urine specimens within facilities where the specimens were collected, in some programs using paraprofessional technicians.

Unscheduled collection — Obtaining urine specimens for testing without the subject's prior knowledge of when a specimen will be requested. (This is also referred to as random collection.)

Scheduled collection — Obtaining urine specimens for testing according to an established schedule.

Turnaround time — The amount of time that elapses between the receipt of a urine specimen in the laboratory and the availability of test results.

Screening test — An initial test used to detect drugs of abuse in urine. Screening tests are less expensive and not as accurate as confirmation tests.

prepared in cooperation with the Council of State Governments, BJA Monograph, NCJ-129199, July 1991, 132-137.

- be more sensitive (that is, use lower cutoff levels) than the original screening test for most drugs.

Although these guidelines specifically state that they do not apply to drug testing of defendants and offenders in the criminal justice system, criminal justice agencies (as well as the private sector, commercial laboratories, and manufacturers of drug testing products) have relied on them for direction in planning and implementing drug testing programs.

Most drug testing programs use chain of custody procedures

A well documented chain of custody ensures that urine samples are unadulterated and that test results are accurately matched to the people providing the samples. Drug testing programs commonly have chain-of-custody procedures for identifying, handling, and storing things that might be required as

evidence in legal proceedings. In many programs, samples are collected in bottles labeled to identify the subjects. Sealed bottles are logged. All persons subsequently having custody of samples in storage, transfer to a laboratory, testing, and reporting test results use the identifying labels and log to see that all samples in a batch are processed.

Testing programs may use on-site analysis or send samples to an external or commercial laboratory

An on-site laboratory has the advantage of —

- rapid availability of test results
- more control over chain of custody
- tailoring the tests to the individual's drug history
- cost effectiveness for high volume testing.

External laboratories provide —

- highly trained technical staff, qualified as expert witnesses
- a wide range of testing options
- cost effective low volume testing.

Many drug test manufacturers will train laboratory staff

The entry-level training provided by most companies is a good introduction for all staff involved in a urinalysis program. The advanced-level training covers drug testing methodologies generally, the technique specific to the training, the instruments, interpreting results, and administrative practices. Trainees who complete the course may receive operating certificates.

EIA and FPIA techniques are readily adaptable to on-site instrument-based testing programs. They can be conducted by people who are not professional chemists who complete the manufacturer's training course. However, only technicians and laboratories licensed to work with radioactive materials may conduct RIA procedures.

On-site or external laboratories can maintain the credibility of their testing programs by following established quality assurance procedures

Comparing the urinalysis results to known results for the same samples allows laboratories to verify that both operators and instruments are performing accurately and reliably.

Quality assurance procedures accomplish this by several means —

- periodic replicate testing of known positive specimens frozen and stored at the drug testing laboratory
- routine partial reanalysis of split samples in which a percentage of samples are split into two containers when collected; half of each sample is analyzed by the drug testing laboratory, the other half by an outside laboratory and the test results are compared
- participation in performance testing in which the drug testing laboratory analyzes urine samples received periodically from a proficiency testing agency.

Immunoassay screening can now be done on-site without instruments or laboratory analysis

The enzyme immunoassay and the latex agglutination inhibition immunoassay (LAIA) are available in testing kits usually provided with the needed chemical and other supplies. These tests are portable and provide immediate results. They allow testing a sample in the presence of the subject. Manufacturers provide training and certification for testing personnel, as well as local representatives and/or toll-free telephone numbers should problems arise in using the tests.

The National Highway Traffic Safety Administration is training police to recognize drug-impaired drivers

The Drug Recognition Expert training teaches police officers to conduct 12-step series of systematic physical examinations and interviews in addition to the commonly used breathalyzer and balance tests. For example, trained officers conduct eye examinations and divided attention psycho-physical tests to observe the presence or absence of specific symptoms of drug use and/or impairment commonly associated with drug use.

Because different drugs produce differing specific physical symptoms, these officers can also determine the general category of drug that a person is likely to have taken. These determinations provide evidence of impairment and a credible basis for obtaining blood or urine samples for testing. Chemical tests in turn provide scientific, admissible evidence substantiating the drug recognition expert's conclusions.

Many workers found to be illegal drug users are referred to programs for counseling or rehabilitation

Guidelines for testing require that Federal agencies refer employees with confirmed positive tests to an employee assistance program (EAP) to give them an opportunity for rehabilitation. If they do not then refrain from drug use, they can be fired.

The BLS reports that about 300,000 businesses it surveyed had EAPs that could help workers with drug problems. The most common services provided by EAPs include —

- referrals to treatment or counseling (97%)
- follow-up to monitor success or failure of individual clients (82%)
- counseling (77%).

The criminal justice system uses a variety of sanctions for offenders who test positive

Courts and agencies that supervise offenders and defendants released to the community use positive test results to —

- confront the offender
- hold the offender accountable
- refer the offender to treatment
- modify the conditions of supervision/release.

Some jurisdictions impose progressive sanctions such as —

- a verbal and/or written warning
- an increase in frequency of testing
- a modification of release order to include drug treatment (if this is not already included)
- a partial revocation of release or intermediate sanction short of incarceration (such as short-term detention, intensive probation, house arrest, electronic monitoring)
- a full revocation.

Chapter IV contains further discussion of drug testing in the criminal justice system.

State laws regulate employee testing

Most State drug testing laws establish detailed protocols to follow if testing programs exist, but the laws usually do not require testing. Employees convicted of certain drug law violations can be subject to harsh penalties, including temporary or permanent loss of job, loss of benefits (including retirement and pension), and loss of worker's compensation benefits arising from drug- or alcohol-related accidents.

Has drug testing been challenged in court?

Legal protections vary for persons subject to drug testing

Whether legal protections apply depends on the legal status of those being tested and on the public or private status of the testing authority.

- Convicted offenders and pretrial arrestees tested by agencies in the criminal justice system (that is, under public authority) are protected by the U.S. Constitution. But the courts have found convicted offenders' rights to be diminished because they are legally under supervision of the criminal justice system. Pretrial arrestees who have not been convicted of a crime have full constitutional protection. See Chapter IV for more information on legal issues in testing offenders and defendants.
- Private citizens subject to testing by a government employer or otherwise under public authority are protected by the Constitution.
- Citizens subject to testing by a private employer do not have constitutional protection against this testing but may have other legal protection.

Different categories of employees have different rights regarding workplace testing

Employees of Federal, State, and local governments are protected by the U.S. Constitution and/or a State constitution that constrain government actions. Thus government workers are protected against "unreasonable searches and seizures" by the 4th amendment to the U.S. Constitution and by the due process clause of the 14th amendment.

Private sector employees subject to testing by government regulation have the same constitutional protections as government workers. For example, agencies of the U.S. Department of Transportation that regulate these private sector operations have mandated the testing of truck drivers, railroad employees, airline flight crews and mechanics, and other transportation workers.

Other private sector employees do not have the protections of the U.S. Constitution that apply only to government actions. They may be protected, however, by —

- State constitutional provisions (which sometimes go beyond the U.S. Constitution, for example, by extending a right of privacy to employees in private industry as well as to government employees)
- State or Federal laws that prohibit discrimination against the handicapped
- State laws that regulate workplace testing
- union contracts (if testing is instituted unilaterally by an employer, because the National Labor Relations Act requires employers to bargain over changes in terms and conditions of employment)
- common law (allowing employees to sue employers for defamation, for example, or for violation of their common law right of privacy).

The courts have ruled that drug testing implicates the fourth amendment protection from unreasonable search and seizure

With little disagreement, the courts concluded that urine testing by the government for a criminal or noncriminal proceeding impinges on the reasonable expectations of privacy protected by the fourth amendment. This right to privacy covers collection of the sample and the personal information that results from the test of one's bodily fluids. Each of these steps in the process constitutes a search and seizure. Agencies may test if they can show that performing such tests and the procedures used in their performance are constitutionally reasonable.

In decisions on the reasonableness of workplace testing programs, courts have tended, implicitly or explicitly, to apply a balancing test that weighs the employer's interests in drug testing against the employee's right and expectation of privacy.

The APT Foundation notes that employee privacy interests are affected by how a test is administered (for example, providing a sample in private or under

surveillance) and the extent to which private information obtained from test results is shared with others. To give valid, informed consent to workplace testing (thus waiving privacy rights) employees must be informed in advance of the nature of the test, potential consequences of a positive result, and who may be given the test results.

Government agencies have often cited safety as the justification for testing employees; this has been readily accepted by the courts if the threat to public safety seems fairly immediate. In 1989, the U.S. Supreme Court cited the safety justification to allow testing of railroad workers, and other courts have also cited safety to allow testing of nuclear power plant employees, firefighters, hazardous waste inspectors, and various transportation workers.

The U.S. Supreme Court and others have used a law enforcement justification, as a special form of the safety justification, to uphold testing law enforcement officers (who carry firearms). This justification is stronger when the officers are involved in drug interdiction. Because courts balance employee vs. employer interests case by case, the standards by which they apply safety and other justifications for government mandated employee testing are still evolving.

Recent U.S. Supreme Court rulings allow government testing of workers whether or not there is individualized suspicion of drug use

In two decisions reported in March 1989, the U.S. Supreme Court upheld post-accident testing of railroad employees after major train accidents and incidents and of U.S. Customs employees seeking transfer or promotion to "sensitive" jobs directly involved in drug interdiction or requiring the carrying of firearms. An issue that had divided lower courts was whether public employee drug testing was ever permissible without "individualized" suspicion of drug abuse or impairment. These rulings made clear that such suspicion is not always required, at least when there is a compelling government interest in public safety.

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Section 5. The costs of illegal drug use

What are the costs to society of illegal drug use?

Illegal drug use results in many types of costs

Each year substantial resources are used in an attempt to control illegal drug use and deal with its consequences. In addition, resources that otherwise may have been used for legitimate purposes are used to produce and distribute illegal drugs. All the resources used because of illegal drugs have an associated cost. These include the cost of —

- preventing drug crime through education and treatment, protecting personal and company property through tighter security measures, enforcing drug laws, and adjudicating and punishing drug law violators
- public and private health care, such as that used to care for illegal drug users, children exposed to drugs before and after birth, victims of drug-related workplace and traffic accidents, and victims of drug-related crime
- lost physical resources, such as property damaged or destroyed as a result of drug-related workplace or traffic accidents or drug crime, and unsafe use of hazardous chemicals by drug producers
- legitimate industrial production, such as agricultural and manufacturing land, labor, and equipment diverted to the production and distribution of illegal drugs
- lost labor productivity, such as absenteeism and lower productivity of those using or affected by someone else's use of illegal drugs, or those not participating in the labor force because of incarceration for drug crime, death from drug crime victimization, or death from drug-related workplace or traffic accidents
- diminished quality of life caused by illegal drug use, such as the pain and suffering of families, friends, and crime victims, urban neighborhood decay, and disruptions in schools and at work.

Drug crime can be *drug-defined* or *drug-related*

As discussed in detail in Chapter I, drug crime includes —

Drug-defined crimes, which are violations of laws prohibiting or regulating the possession, use, or distribution of illegal drugs. The cost of all drug-defined crime is attributable to illegal drug use.

What are some of the costs of illegal drug use?

Type of cost	Millions
Public and private crime costs	
Federal drug expenditures (1991)	\$10,841
All law enforcement	7,157
Interdiction	2,028
Investigations	1,288
International	640
Prosecution	584
Corrections	1,265
Intelligence	104
State and local assistance	1,016
Regulatory compliance	31
Other law enforcement	201
Drug prevention	1,483
Drug treatment	1,752
All research and development	450
State and local drug crime expenditures (1988)	\$5,240
Enforcement of drug laws	2,007
Adjudication of drug law violators	123
Correction of drug law violators	3,072
State prisons	1,158
Local jails	890
Juveniles	224
Probation, pardon, and parole	677
Other corrections	122
Other criminal justice	38
Health care costs for illegal drug users (1985)	
Short-stay hospitals	\$2,272
Specialty institutions	1,242
Office-based physicians	570
Support services	52
Other professional services	201
Medical care for drug-related AIDS cases	17
Support services for drug-related AIDS cases	126
	64

Note: Detail may not add to total due to rounding. Costs should not be summed because the methodologies and years differ.

Sources: The Federal drug expenditure data are from The White House, ONDCP, *National drug control strategy*, Budget summary, January 1992, 212-214. The State and local justice expenditure estimates are from BJS, Justice Expenditure and Employment Survey, 1988, unpublished data.

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Drug-related crimes, which are not violations of drug laws but are crimes in which drugs contribute to the offense. Illegal drug use is related to offenses against people and property in three major ways:

- pharmacologically drugs can induce violent behavior
- the cost of drugs induces some users to commit crimes to support their drug habits
- violence often characterizes relations among participants in the drug distribution system

Drugs and crime are also related in more complex ways as described in the "interactional circumstances" category in Chapter I. In this section we estimate only drug-defined crime and criminal justice system costs.

Some consequences of illegal drug use are not net costs to society

From an economic perspective, some individual losses are only "transferred" from one owner to another; they are not lost to society and are not included in the

calculation of social costs. Examples of such transfers are—

- stolen cash and property
- welfare payments and other forms of assistance
- insurance.

However, nonmonetary costs may be associated with these transfers. For example, potential crime victims may discontinue a habit of evening strolls. The administration of welfare and insurance payments and the cost of resources devoted to "fencing" stolen goods that otherwise may have been devoted to legitimate activities also represent real costs associated with transfers. Also, stolen possessions such as family heirlooms may have a value to victims far beyond the market price of replacement.

Therefore, although the transfers themselves are not net costs to society, society does suffer some loss from the transfers.

Benefit-cost analysis can guide policy decisions about responses to the drug problem

Cost estimates are helpful in that they provide simple and comparable measures of the magnitude of social problems and their fluctuations over time. These estimates also raise public awareness about the drug problem and encourage debate about responses to it. Cost estimates by themselves, however, do not signal the need for public action and should not be used by themselves to direct public policy.

Drug users lose income and the Nation's economy suffers from lost productivity when drug users are unable to work as much or as efficiently as they could if they were healthy. When illegal drug users are incarcerated or involved in crime careers, they are unable or unwilling to work in the legitimate economy. Society also suffers from lost future output occurring when people leave the labor force completely because of premature death from drug use or from the violence associated with illegal drug distribution, or from AIDS transmitted from drug use.

Many costs to society of illegal drug use cannot be estimated easily

Unavailable costs of illegal drug use

Criminal justice expenditures on drug-related crime	Health care costs	Lost productivity costs	Other costs to society
<ul style="list-style-type: none">• Investigating robberies, burglaries, and thefts for drug money and adjudicating and punishing the offenders• Investigating assaults and homicides in the drug business (or by a drug user who has lost control) and adjudicating and punishing the offenders.	<ul style="list-style-type: none">• Injuries resulting from drug-related child abuse/neglect• Injuries from drug-related accidents• Injuries from drug-related crime• Other medical care for illegal drug users, including volunteer services and outpatient services, such as emergency room visits• Resources used in nonhospital settings.	<ul style="list-style-type: none">• Of drug-related accident victims• Of drug-related crime victims• Time away from work and homemaking to care for drug users and their dependents• Drug-related educational problems and school dropouts• Offenders incarcerated for drug-related or drug-defined crimes.	<ul style="list-style-type: none">• Loss of property values due to drug-related neighborhood crime• Property damaged or destroyed in fires, and in workplace and vehicular accidents• Agricultural resources devoted to illegal drug cultivation/production• Toxins introduced into public air and water supplies by drug production• Workplace prevention programs such as drug testing and employee assistance programs• Averting behavior by potential victims of drug-related crime• Pain and suffering costs to illegal drug users and their families and friends.

How much does the Federal Government spend on the drug problem?

The Federal drug control budget exceeded \$10.8 billion in 1991

Such Federal expenditures are used to enforce illegal drug laws, prevent illegal drug use, and treat illegal drug users.

	Drug control budget
Total	\$10,841.4 million
Departments of—	
Justice	3,842.4
Health and Human Services	1,924.9
Defense	1,042.5
Treasury	977.6
Transportation	749.6
Education	683.1
Veterans Affairs	473.1
State	257.6
Housing and Urban Development	150.0
Labor	67.6
Interior	35.7
Agriculture	16.1
The Judiciary	294.1
Agency for International Development	202.9
Office of National Drug Control Policy	104.3
ACTION	12.5
U.S. Information Agency	7.3
Small Business Administration	.1

Source: The White House, ONDCP, *National drug control strategy: A Nation responds to drug use, Budget summary, January 1992*, 6-7.

Many Federal departments and agencies are involved in drug control

The Department of Justice (DOJ) devoted over \$3.8 billion, or 50%, of its total budget to anti-drug programs in 1991, more than any other Federal agency.

- The Bureau of Prisons (BOP) was responsible for more than a quarter of the department's drug budget.
- The Drug Enforcement Administration (DEA) was responsible for 18% of the department's total drug budget.

The Department of Health and Human Services (HHS) had the second highest budget for drugs, over \$1.9 billion. The department includes such agencies as the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) and the U.S. Food and Drug Administration. This department is primarily concerned with the treatment and prevention of illegal drug use. Although ADAMHA devotes about half its budget to drugs, only 1% of the overall HHS budget is for drugs.

The Department of Defense (DoD) ranks third with just over \$1 billion, although drugs accounted for .3% of the overall defense budget. Most of these funds (72%) are for interdiction of illegal drugs. DoD also provides financial assistance to the governors for mobilizing the National Guard in drug control efforts.

The Department of the Treasury budgeted almost \$1 billion on anti-drug efforts. This amount is the fourth highest of a Federal department to combat illegal drug use. Within the department, the U.S. Customs Service contributed the highest level of effort. It spent \$674 million, mainly in the seizure of illegal drugs and vessels, aircraft, vehicles, and money used in the drug trade. The Bureau of Alcohol, Tobacco and Firearms (BATF) was second highest with \$123 million.

The Department of Transportation includes among its organizations the U.S. Coast Guard, the National Highway Traffic Safety Administration, and the Federal Aviation Administration, which assists in identifying airborne drug smugglers by using radar, posting aircraft lookouts, and tracking the movement of suspect aircraft. The drug control efforts of this department totaled \$750 million.

The Department of State includes among its organizations the Bureau of International Narcotics Matters (INM), which devotes all of its resources to anti-drug strategies. The INM spent \$150 million in 1990.

The Federal drug control budget was \$42.78 per capita in 1991

This increased from \$6.38 per capita in 1981. Of the 1991 cost —

- \$28.24 was for law enforcement
- \$6.91 was for treatment
- \$5.85 was for drug abuse prevention.
- \$1.78 was for all research and development.

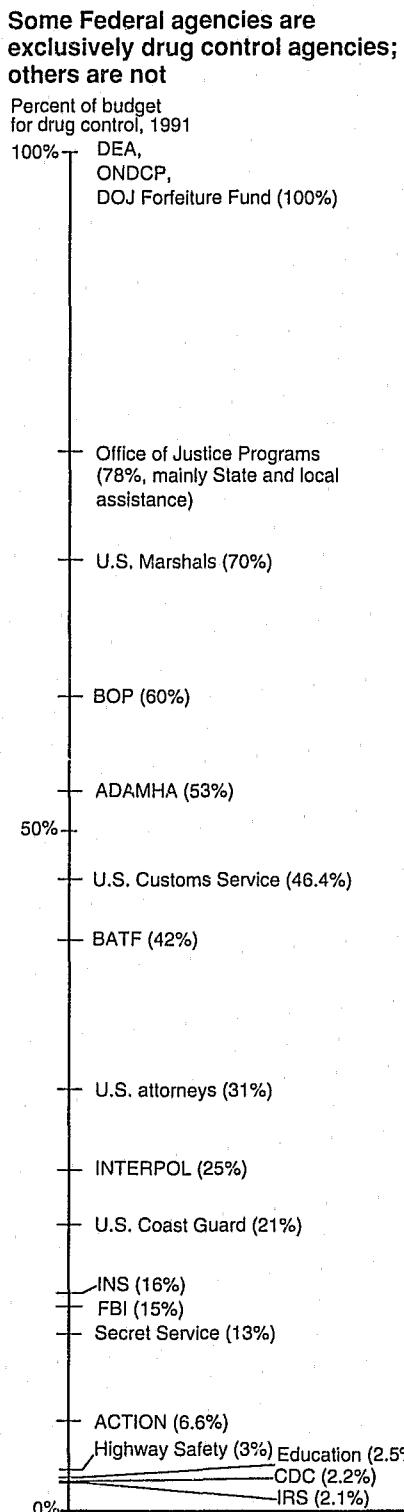
Within law enforcement, the amounts for the various activities were —

- \$8.00 for interdiction
- \$5.08 for investigations
- \$4.99 for corrections
- \$4.01 for State and local assistance
- \$2.52 for international activities
- \$2.30 for prosecution
- \$.79 for other law enforcement
- \$.41 for intelligence
- \$.12 for regulatory and compliance activities.

Drug interdiction efforts and corrections account for two-fifths the Federal drug law enforcement budget

Within the total drug law enforcement budget —

- interdiction has the largest share with 28.3% of the total
- investigations accounts for 18.0%
- corrections is the third largest with 17.7%
- State and local assistance is 14.2% of the total
- international law enforcement takes 8.9%
- prosecution accounts for 8.2%
- the combined activities of intelligence, research and development, regulatory and compliance activities, and other law enforcement account for the remaining 4.7%.



The international drug control budget is spread over several agencies

Agency	Millions of dollars	Percent of total
U.S. total	\$639.6	100.0%
Agency for International Development	195.8	30.6
DEA	172.4	27.0
INM	150.0	23.5
Bureau of Politico/Military Affairs	107.6	16.8
U.S. Information Agency	7.3	1.1
U.S. Marshals	3.5	.5
FBI	1.8	.3
INTERPOL	1.3	.2

Note: Detail may not add to total due to rounding.
Source: The White House, ONDCP, *National drug control strategy: A Nation responds to drug use, Budget summary, January 1992*, 212.

Much of the Federal international drug control budget supports Federal personnel abroad, such as DEA agents, provides services such as training foreign nationals in law enforcement techniques, and provides surplus military equipment. Other assistance is in the form of grants for drug awareness programs and economic development, anti-drug abuse radio broadcasts in foreign countries, and direct financial assistance for law enforcement in drug-producing countries.

The INM provided \$150 million for international drug control in 1991

Most of this aid was in the form of direct financial assistance to drug-producing countries that had been certified by the President as having "cooperated fully" with the U.S. (or taken adequate steps on their own) to prevent illegal drug production, drug trafficking, drug-related money laundering, and drug-related corruption. This certification process is discussed in Section 3 of this chapter.

Most direct financial drug control assistance goes to Latin America

Country	1990 Drug control aid	Percent
Total	\$81.8 million	100.0%
Latin America	\$72.0	88.0%
Colombia	20.0	24.4
Bolivia	15.7	19.2
Mexico	15.0	18.3
Peru	10.0	12.2
Brazil	1.9	2.3
Bahamas	1.5	1.8
Ecuador	1.4	1.7
Jamaica	1.0	1.2
Venezuela	1.0	1.2
Regional	4.5	5.5
Southwest Asia	\$5.7	7.0%
Pakistan	5.0	6.1
Turkey	.4	.5
Regional	.3	.4
East Asia	\$4.1	5.0%
Thailand	3.5	4.3
Laos	.6	.7

Note: Detail may not add to total due to rounding.
Source: U.S. Department of State, Bureau of International Narcotics Matters, *International narcotics control strategy report*, March 1991, 43.

What are the trends in Federal spending on the drug problem?

The Federal drug control budget has increased almost sevenfold in the past 10 years

The amount allotted to—

- State and local assistance was 37 times greater in 1991 than it was in 1981, growing from \$28 million to \$1.016 billion
- corrections grew from \$88 million to \$1.265 billion, a 14-fold increase
- drug prevention increased 17 times, from \$86 million to \$1.483 billion
- drug treatment quadrupled, from \$446 million to \$1.752 billion.

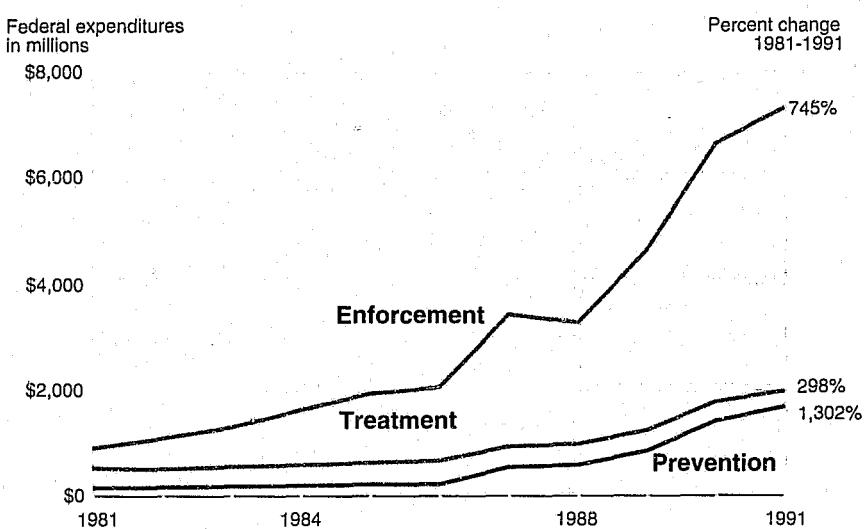
Interdiction efforts led the overall increase in the growth of the Federal drug law enforcement budget

Drug law enforcement interdiction efforts accounted for 27% of the \$6.3 billion increase in the Federal drug law enforcement budget from 1981 to 1991. Correctional programs for drug law violators accounted for another 19% of the increase, followed by investigations with 17% and State and local assistance with 16%. International drug law enforcement efforts, with one of the larger percent increases from 1981 to 1991 (857%), contributed to the overall growth in Federal law enforcement spending by 9%.

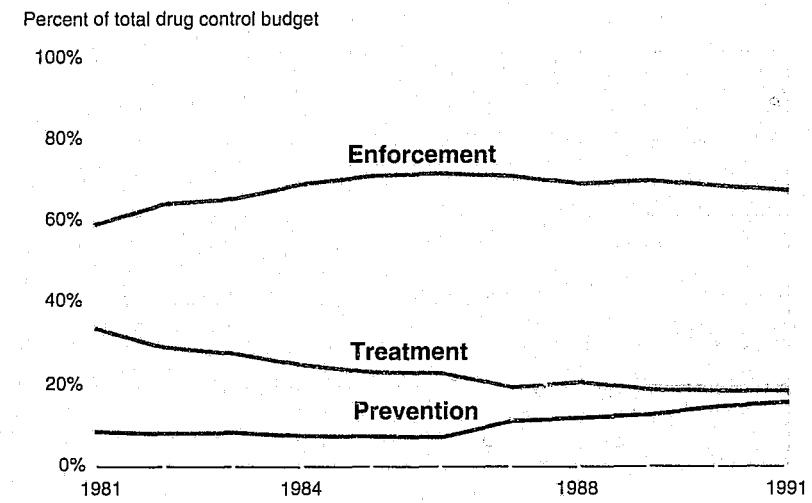
Activity	Percent increase in Federal drug control budget 1981-91
Total	641%
Law enforcement	737%
State and local assistance	3,579
Corrections	1,344
International	857
Prosecution	727
Investigations	510
Interdiction	480
Intelligence	351
Regulatory and compliance	70
Drug abuse prevention	1,616%
Drug abuse treatment	293%
All research and development	488%

Source: The White House, ONDCP, *National drug control strategy: A Nation responds to drug use*, Budget summary, January 1992, 212-214.

Although the Federal drug law enforcement budget increased rapidly from 1981 to 1991...



...law enforcement's share of the Federal drug control budget leveled off after the early 1980's



Note: In these graphs, research and development expenditures have been included within the major categories. Elsewhere in this section research and development expenditures are broken out from the major law enforcement, prevention, and treatment categories consistent with the data presentation in the source.

Source: The White House, ONDCP, *National drug control strategy: A Nation responds to drug use*, Budget summary, January 1992, 212-214.

How much do State and local justice systems spend on drug crime?

State and local justice systems spent at least \$5.2 billion on illegal drug control in 1988

Estimates of State and local spending on drug law violations in 1988 include—

- \$2 billion for enforcing drug laws
- \$123 million for adjudicating drug law violators
- \$3 billion for drug law violators in the correctional system
- \$38 million for other justice activities, such as operating State drug grant agencies.

About 10% of all State and local justice spending in 1988 was for drug control.

State and local justice systems typically do not report costs by type of crime. These drug crime costs were estimated by adjusting total justice spending using statistical indicators of workload attributed to drug law violations. Briefly, drug arrest data were used to estimate the costs of enforcing drug laws and adjudicating drug cases. The correctional costs for drug offenders were estimated on the basis of their proportions in jails and prisons and on probation and parole. The Technical Appendix presents full details of the estimating procedures used and the alternative indicators considered.

The cost of corrections for drug law violators was half of all justice system drug control costs in 1988

Justice function	Percent of estimated drug expenditures
All Corrections	100.0%
Police protection	58.6
Adjudication	38.3
Other criminal justice	2.3
	.7

Source: BJS, Justice Expenditure and Employment Survey 1988, unpublished data.

About 8% of police spending was for enforcing drug laws

However, this estimate may be low. A 1986 survey of State and local police for the U.S. Customs Service estimated that 18% of all law enforcement spending was for drug control. This higher proportion would result in a total 1988 drug law enforcement cost of \$4.4. billion — more than twice as high as the \$2 billion estimated on the basis of arrest data.

The amount spent on enforcing local drug laws varies by jurisdiction size

Large cities and suburban counties spent a larger share of their overall police spending for drug control (12% and 8%) than their small and rural counterparts (estimated at 7% each) using arrest indicators.

Local governments accounted for more than four-fifths of all State and local drug law enforcement spending.

City police alone accounted for almost 70% of drug law enforcement spending.

Adjudicating drug law violators is estimated to cost 4% of all adjudication costs

Civil sanctions are sometimes used for drug offenders, but drug cases are generally criminal cases, either felonies or misdemeanors, or juvenile cases. Criminal and juvenile cases are a small part of court caseload (13.6% of trial court filings in 1988, according to the National Center for State Courts) and drug cases are a small portion of these cases (8.4% using arrest indicators).

Total adjudication spending data include all court costs, including civil, criminal, juvenile, and traffic cases.

Drug cases are a small part of total judicial workload nationally, but some courts report drug caseloads of 25% and higher.

It is possible that drug cases have a greater cost to court systems than the impact of drug arrests would indicate. BJS reports that drug cases make up 34% of all felony court cases. If misdemeanor cases make up the same proportion of caseload as felonies and cost the same, adjudication of drug cases would be estimated to cost \$1.8 billion — more than 4 times greater than the \$123 million estimated using arrest data.

Correctional system costs for drug offenders are estimated to be \$3 billion

Correctional systems are estimated to have used 17% of their total expenditures for drug offenders in 1988. Institutions accounted for 74% of the corrections cost for drug offenders; probation, parole, and pardon costs for drug offenders were about 22% of corrections spending for drug offenders.

Type of correctional program	Millions of dollars	Estimated State and local corrections spending for drug offenders	
		Percent of all corrections	Percent spending distribution
Total	\$3,072	17.1%	100.0%
All Institutions	2,272	14.9	74.0
Adult	2,048	16.2	66.7
State	1,158	14.0	37.7
Local	890	20.4	29.0
Juvenile	224	8.6	7.3
State	135	8.6	4.4
Local	89	8.6	2.9
Probation, parole, and pardon	677	33.8	22.0
Other corrections	122	17.1	4.0

Note: Detail may not add to totals because of rounding.

Source: BJS, Justice Expenditure and Employment Survey, 1988, unpublished data.

Drug law offenders may require more resources than other offenders. For example, many drug law violators may be in correctional programs with higher than average per offender costs such as for drug treatment, testing, and intensive supervision programs. If so, the estimated expenditure of \$3 billion would be an underestimate.

What are the public and private health care costs of illegal drug use?

Health care to diagnose, treat, and rehabilitate illegal drug users cost more than \$2.2 billion in 1985

These estimates from a study done by the Institute for Health and Aging for ADAMHA include the cost of health care services not only when a drug-induced condition is the primary diagnosis (such as drug-induced psychosis), but also when a drug-induced condition is secondary to some other primary diagnosis (such as pneumonia) whenever such information was available. Half the \$2.2 billion was spent in short-stay hospitals to treat drug-related illnesses.

Illegal drug use diagnosis	Short-stay hospital expenditures
Total	\$1,242 million
Primary diagnosis	\$906
Secondary diagnosis	336

There are many medical conditions that a physician may not recognize as being associated with illegal drug use. Therefore the real cost of medical care due to illegal drug use is probably higher.

The rest of the \$2.2 billion was distributed among alcohol, drug abuse, and mental health specialty institutions, nursing homes, and support services.

In 1985—

- Public and private psychiatric hospitals and other alcohol, drug abuse, and mental health specialty institutions accounted for an estimated \$570 million of total drug-related health care spending.
- According to the National Ambulatory Care Survey, office-based physicians and psychiatrists provided about \$52 million in health care services for drug-related illnesses.
- Expenses for other health care support services such as research, physician and nurse training, and health insurance administration contributed \$201 million to total health care costs.
- The Federal Government absorbed 39% of health care costs for drug-related illnesses; State and local funds paid for 25%, and private sources paid the rest.

Health care for drug-related AIDS cases cost \$190 million in 1985

The Centers for Disease Control (CDC) reported that in 1988 20% of the cumulative number of AIDS cases were intravenous (IV) drug users. The Institute for Health and Aging study used this proportion to estimate the health care costs of IV drug users who had AIDS. \$126 million of the estimated total cost was for hospitals and nursing home care, for physicians and other professional services, and for prescription drugs. The remaining \$64 million, a third of the total, was for research, training of medical personnel, program administration, and the net cost of private insurance.

The 1985 Institute for Health and Aging estimates underrepresent the current cost of IV-related AIDS cases because:

- the proportion of AIDS cases that are related to IV drug use is increasing: the CDC estimates that by 1990, heterosexual IV drug users were 24% of all AIDS cases
- AIDS cases are more costly to treat as patients live longer.

Drug-exposed infants require more medical care than healthy babies

One of the costs associated with illegal drug use is medical care of children exposed to illegal drugs before birth. The General Accounting Office (GAO) estimated that the median medical charges for caring for drug-exposed infants at three hospitals were two to four times greater than charges for infants with no indication of drug exposure (\$2,100-\$5,600 vs. \$1,000-\$1,500).

A study of cocaine-exposed infants at an inner-city hospital in New York City produced similar results. The study estimated that fetal cocaine exposure about tripled average neonatal hospital costs (from \$2,757 to \$7,957, not including physician's charges) and doubled medically required length of stay (from 5.1 days to 11.5).

The GAO reported that from 1986 through 1988, medical costs for infants exposed to illegal drugs at three surveyed hospitals were more than \$14 million. Federal assistance programs absorbed a large part of these costs because more than 50% of the patients were recipients of public medical benefits.

A GAO analysis of the 1988 National Discharge Survey data indicated that in 1988 13,765 infants were exposed to drugs before birth. This is probably an underestimation because physicians and hospitals do not screen and test all mothers and infants for drugs. Other estimates range from 91,500 cocaine-exposed infants to 739,200 drug-exposed infants each year.

Illegal drug users are more prone than nonusers to occupational accidents

A recent workplace study found that illegal drug users are 3.6 times more likely to be in an accident and are 5 times more likely than their drug-free counterparts to file a worker's compensation claim. A similar study found that workers who had used cocaine were 1.5 times as likely as nonusers to have had an accident, nearly twice as likely to have been injured, and more than twice as likely to be absent.

A study done by the Care Institute concluded that illegal drug use contributed to the \$4 billion impact on workers compensation premiums in 1985.

How much does drug treatment cost?

Drug treatment costs were reported to be \$1.73 billion in 1989

ADAMHA annually surveys drug and alcohol treatment units and facilities, covering private and public facilities in its National Drug and Alcoholism Treatment Unit Survey (NDATUS). \$1.73 billion is certainly an underestimate for several reasons —

- 22% of known drug and alcohol treatment and prevention units did not respond to the NDATUS
- 30% of drug treatment units participating in the survey did not provide any drug treatment funding data
- some units did not report data for all their funding sources.

No estimate was made of the funding for nonrespondents.

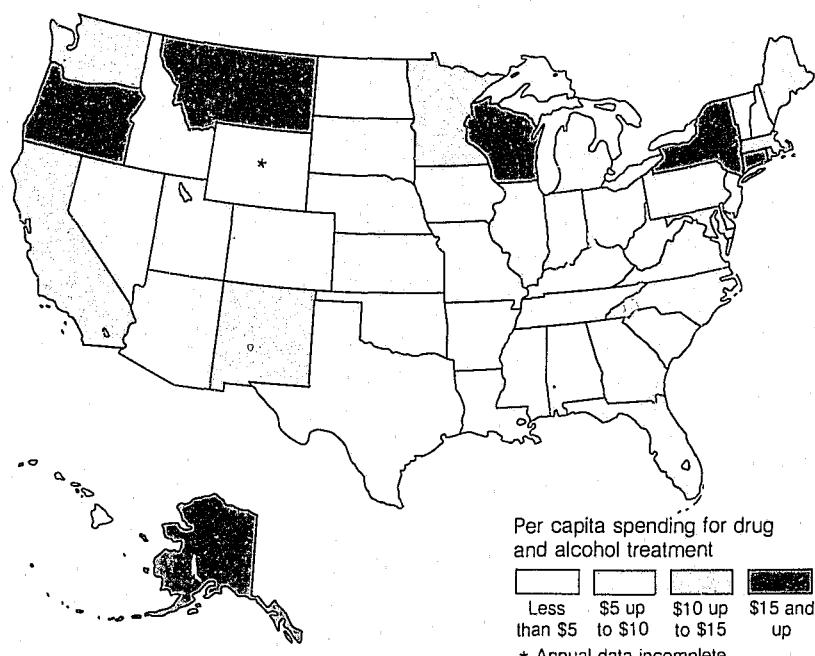
Drug treatment costs are fairly evenly split between public and private sources

Source	Thousands of dollars	Percent
Total	\$1,726,074	100%
All government	654,272	37.9%
Federal	53,230	3.1
State-local total	601,042	34.8
State	436,738	25.3
Local	91,418	5.3
Fee for service	72,886	4.2
All other public	246,256	14.3%
Welfare	63,841	3.7
Third party	182,414	10.6
All private	731,585	42.4%
Donations	32,651	1.9
Third party	505,398	29.3
Client fees	193,535	11.2
Other	93,962	5.4%

Note: Detail does not add to totals due to rounding. Includes only costs incurred by facilities directly treating drug users. Does not include expenditures such as grants for demonstration programs. State and local figures include an unknown amount of Federal grant funds.

Source: ADAMHA, *National Drug and Alcoholism Treatment Unit Survey (NDATUS): 1989 Main findings report*, 1990, table 46.

State-supported spending for alcohol and other drug abuse prevention and treatment expenditures was \$9.65 per capita in 1989



Note: Data are included for "...only those programs which received at least some funds administered by the State alcohol/drug agency during the State's fiscal year 1989." Source cannot separate drug treatment and alcohol treatment expenditures. Data for Arizona and New York are allocated funds rather than actual expenditures.

Source: ADAMHA, National Association of State Alcohol and Drug Abuse Directors, Inc., *State resources and services related to alcohol and other drug abuse problems, fiscal year 1989: An analysis of State alcohol and drug abuse profile data*, August 1990, table 2, 10 and B-1.

Drug treatment cost an average of \$1,950 per client in 1989

The cost ranged from \$6,721 per client for inpatient hospital drug-free treatment to \$338 per client in outpatient detoxification.

Generally, inpatient hospital care is the most expensive form of treatment within each of the various modalities. Conversely, outpatient treatment costs are the least expensive.

Among modalities, the most expensive treatment type is methadone or other drug maintenance, at \$2,048 per client overall. Detoxification is \$1,753 and drug-free treatment, \$1,799.

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The State and local justice system costs of drug law violations were estimated after consultation with a special review panel convened by the American Statistics Association's Committee on Law and Justice Statistics. Serving on that panel were Mark A. Cohen, Associate Professor of Management, Owen Graduate School of Management, Vanderbilt University; Diana Cull, Governments Division, U.S. Bureau of the Census; Colin Loftin, Professor and Director, Violence Research Group, Institute of Criminal Justice and Criminology, University of Maryland; and Peter Reuter, Co-Director, Drug Policy Research Center, The RAND Corporation.

Chapter IV

Drugs and the justice system

Section 1. Overview

How are drug crimes and drug-using offenders processed within the justice system?

Section 2. Drug law enforcement

What is the role of law enforcement in drug control policy?

What agencies enforce drug laws?

What is the Federal Government's role in reducing international drug production and trafficking?

What is involved in illegal drug interdiction?

How do State, local, and Federal agencies disrupt the domestic distribution of illegal drugs?

What actions do law enforcement agencies and communities take to combat the retail sale of drugs?

How does law enforcement target the profits and assets of the illegal drug trade?

How does law enforcement use asset forfeiture to combat the illegal drug trade?

Have drug arrests increased in recent years?

Is forensic evidence a critical factor in prosecuting drug cases?

Section 3. Prosecution and adjudication

How are drug cases handled?

What is the role of the prosecutor in drug control?

How often are drug cases rejected or dismissed?

Are defendants charged with drug offenses released or held pending adjudication?

How often do drug cases result in convictions?

Have drug caseloads increased in State and Federal courts?

How do the juvenile courts deal with drug offenses and drug abusing juveniles?

Section 4. Sentencing and sanctions

What sanctions and sanctioning strategies are used for drug law violations?

What are the penalties for illegal drug offenses?

How do Federal mandatory minimum sentences apply to drug offenders?

How are intermediate sanctions applied to drug law violators?

What government benefits can be denied to drug offenders?

How is asset forfeiture being used in drug cases?

How do States use tax codes to sanction drug offenders?

What is the probability of being sentenced to incarceration?

Do State and Federal prison sentences for drug traffickers differ?

Are sentences for drug law violators generally becoming more severe?

What sanctions are applied to juvenile drug offenders?

Section 5. Correctional populations

What happens to sentenced drug offenders?

Is the proportion of drug offenders in jails and prisons increasing?

What are offenders' drug-use patterns?

Is drug testing used in correctional systems?

What drug treatment programs are available to offenders?

Is treatment of drug offenders effective?

Are drug-using offenders and drug law violators likely to recidivate?

Section 1. Overview

How are drug crimes and drug-using offenders processed within the justice system?

The components of the criminal justice system enforce drug laws

Those engaged in the manufacture, distribution, sale, and possession of certain drugs are subject to the most serious penalties available to the government. The determination of whether or not to impose such sanctions and their imposition are the responsibility of the criminal justice system. Enforcing drug laws often requires approaches different from those used for other types of crime.

Drug law violations differ from other types of crime in that they —

- are as likely to be under Federal as State and local jurisdiction
- are difficult to detect, causing law enforcement to rely more heavily on informants and intelligence
- involve complex criminal organizations and financial arrangements that require sophisticated investigative techniques
- may involve foreign nationals or offenses committed in other countries.

Drug offenses come under the jurisdiction of more than one level of government

Generally, the Constitution reserves the power to enforce criminal laws to the States. Congress has provided for Federal jurisdiction over crimes that —

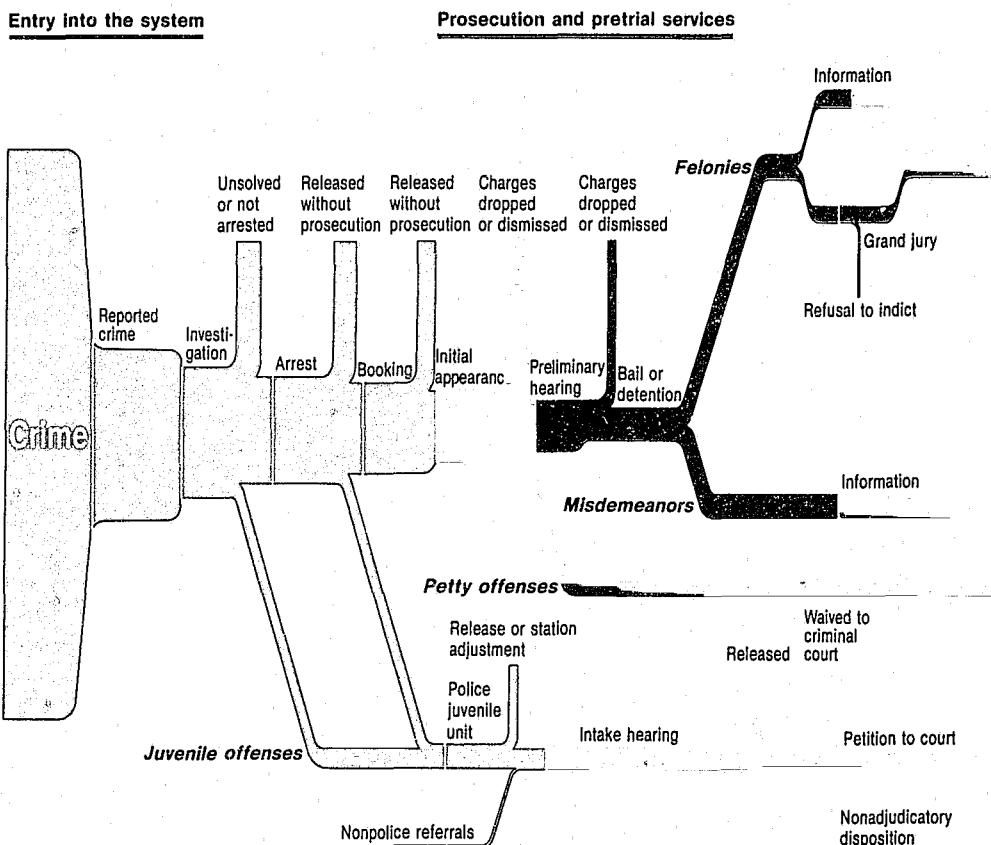
- materially affect interstate commerce
- involve large and probably interstate criminal organizations or conspiracies
- occur on Federal land
- are offenses of national importance, such as the assassination of the President.

As discussed in Chapter III, the possession, distribution, or sale of some drugs may violate State, local, and/or Federal laws. Few other crimes are subject to this joint jurisdiction.

Most arrests for drug law violations occur at the local level; Uniform Crime Reports (UCR) estimated that State and local agencies made almost 1.1 million such arrests in 1990. By comparison, the Federal Drug Enforcement Administration (DEA) made almost 22,000

What is the sequence of events in the criminal justice system?

Entry into the system



Note: This chart gives a simplified view of caseload through the criminal justice system. Procedures vary among jurisdictions. The weights of the lines are not intended to show the actual size of caseloads.

arrests for drug law violations in fiscal 1990.

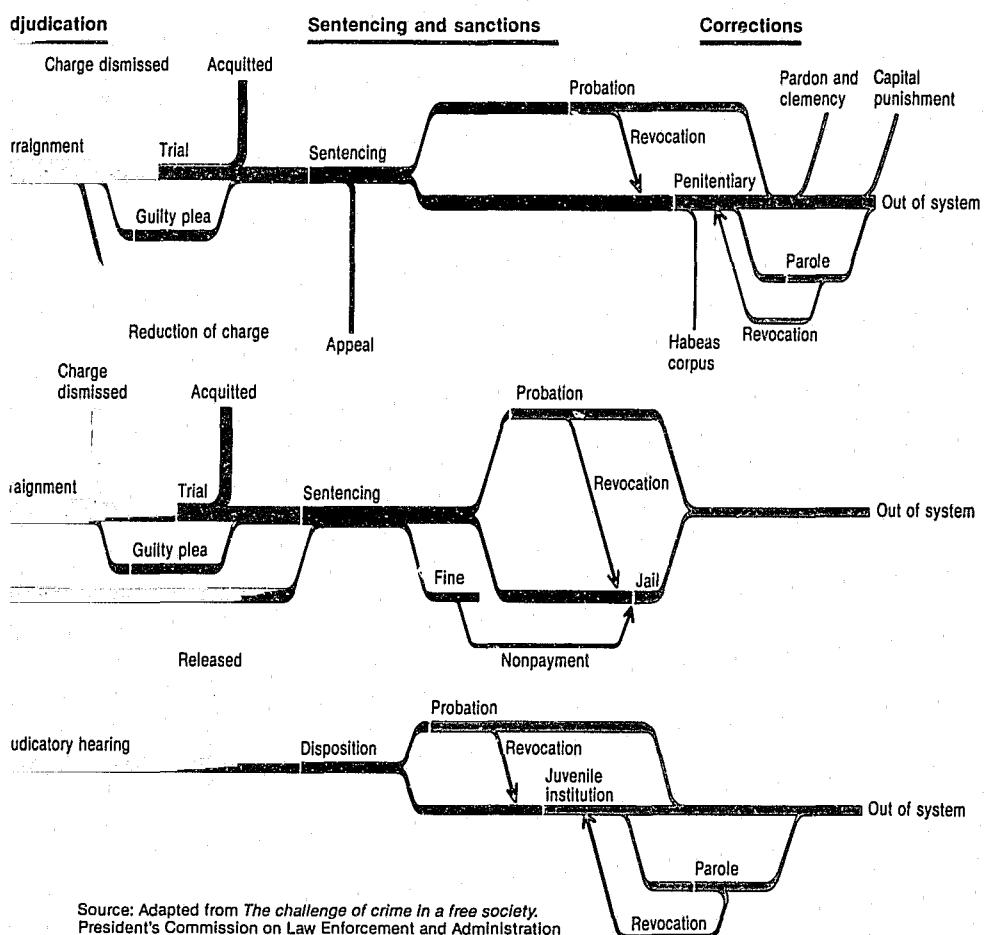
The criminal justice system also deals with drug-related crime and drug-using offenders

From arrest to release at every stage in the process, the criminal justice system deals not only with drug law violators but also those who use drugs and commit other crimes.

According to the Drug Use Forecasting (DUF) program, in 1990 in 19 of the 23 cities participating in DUF, more than half of the male arrestees who were tested voluntarily had been using drugs regardless of arrest charge.

The 1986 Survey of State Prison Inmates found that 80% of inmates had used drugs at some time during their lives; 52% had used a major drug such as cocaine, heroin, PCP, LSD or methadone. The 1989 Survey of Inmates in Local Jails reported that 78% of the inmates had used any drug ever and 55% had used a major drug.

In 1989, more than 13% of convicted jail inmates said they had committed their current offense to obtain money for drugs. Almost a third of the inmates convicted of robbery and burglary committed their crimes to obtain money for drugs, as had about a fourth of those in jail for larceny and fraud.



Source: Adapted from *The challenge of crime in a free society*. President's Commission on Law Enforcement and Administration of Justice, 1967.

The government responds to crime through the criminal justice system

Our Nation apprehends, tries, and punishes offenders by means of a loose confederation of agencies at all levels of government. Our American system of justice has evolved from the English common law into a complex series of procedures and decisions. There is no single criminal justice system in this country. There are many systems that are similar, but individually unique.

Criminal cases may be handled differently in different jurisdictions, but court decisions based on the due process guarantees of the U.S. Constitution require that specific steps be taken in the administration of criminal justice.

Entry into the system

The justice system does not respond to most crime because so much crime is not discovered or reported to the police. Law enforcement agencies learn about crime from the reports of citizens, from discovery by a police officer in the field, from informants, or from investigative and intelligence work. In many communities law enforcement agencies rely on citizen involvement to identify drug dealers and to restore citizen control.

Many cases involving drug manufacturing, trafficking, and distribution result from informants and intelligence about the illegal drug business. Such information may lead to a formal investigation.

Multijurisdictional task forces are frequently used to investigate drug networks. Law enforcement agencies often work undercover to arrest drug dealers at the point of sale or to develop evidence to be used to indict persons suspected of drug law violations.

In many drug cases, the initial action in the criminal justice process is indictment by a grand jury rather than arrest. After the indictment is issued, the suspect may be apprehended and arrested. When suspects are apprehended in a foreign country, U.S. officials may try to extradite them for prosecution.

Prosecution and pretrial services

After an arrest, law enforcement agencies present information about the case and about the accused to the prosecutor, who decides if formal charges will be filed with the court. If no charges are filed, the accused must be released. The prosecutor can also drop charges after making efforts to prosecute (*nolle prosequi*). Prosecutors are frequently involved well before arrest in drug investigations and are often members of multijurisdictional task forces. Their early involvement increases the likelihood that the cases developed will be fully prosecuted.

In some drug cases, the prosecutor may find that a defendant may be able to provide valuable information or testimony that could result in further disruption of a drug network. In exchange for this information, the prosecutor may grant the informant immunity from prosecution, agree to reduce the charges filed against the informant, or recommend a lesser sentence.

A suspect charged with a crime must be taken before a judge or magistrate without unnecessary delay. At the initial appearance, the judge or magistrate informs the accused of the charges and decides whether there is probable cause to detain the accused person. Often, the defense counsel is also assigned at the initial appearance. If the offense is not very serious, the determination of guilt and assessment of a penalty may also occur at this stage.

A pretrial-release decision may be made at the initial appearance, but may occur at other hearings or may be changed at another time during the process. Pretrial release and bail were traditionally intended to ensure appearance at trial. However, many jurisdictions permit pretrial detention of defendants accused of serious offenses and deemed to be dangerous to prevent them from committing crimes in the pretrial period.

The court often bases its pretrial decision on information about the defendant's drug use, as well as residence, employment, and family ties. The court may decide to release the accused on his/her own recognizance, into the custody of a third party, after the posting of a financial bond, or on the promise of satisfying certain conditions such as taking periodic drug tests to ensure drug abstinence and/or attending drug treatment.

In many jurisdictions, the initial appearance may be followed by a preliminary hearing to discover if there is probable cause to believe that the accused committed a known crime within the jurisdiction of the court. In drug law violation cases, evidence of the presence of illegal drugs may be essential in determining probable cause. If the judge does not find probable cause, the case is dismissed; however, if the judge or magistrate finds probable cause for such a belief, or the accused waives his or her right to a preliminary hearing, the case may be bound over to a grand jury.

A *grand jury* hears evidence against the accused presented by the prosecutor and decides if there is sufficient evidence to cause the accused to be brought to trial. If the grand jury finds sufficient evidence, it submits to the court an indictment (a written statement of the essential facts of the offense charged against the accused). Some cases proceed by the issuance of an *information* (a formal, written accusation submitted to the court by a prosecutor).

Where the grand jury system is used, the grand jury may also investigate criminal activity generally and issue indictments called grand jury originals that initiate criminal cases. These investigations and indictments are often used in drug cases that involve complex organi-

zations. After such an indictment, law enforcement tries to apprehend and arrest the suspects named in the indictment.

In some jurisdictions, defendants, often those without prior criminal records, may be eligible for diversion from prosecution subject to the completion of specific conditions such as drug treatment. Successful completion of the conditions may result in the dropping of charges or the expunging of the criminal record where the defendant is required to plead guilty prior to the diversion.

Adjudication

Once an indictment or information has been filed with the trial court, the accused is scheduled for arraignment. At the arraignment, the accused is informed of the charges, advised of the rights of criminal defendants, and asked to enter a plea to the charges. Sometimes, a plea of guilty is the result of negotiations between the prosecutor and the defendant.

If the accused pleads guilty or pleads *nolo contendere* (accepts penalty without admitting guilt), the judge may accept or reject the plea. If the plea is accepted, no trial is held and the offender is sentenced at this proceeding or at a later date. The plea may be rejected and proceed to trial if, for example, the judge believes that the accused may have been coerced.

If the accused pleads not guilty or not guilty by reason of insanity, a date is set for the trial. A person accused of a serious crime is guaranteed a trial by jury. However, the accused may ask for a bench trial where the judge, rather than a jury, serves as the finder of fact. In both instances the prosecution and defense present evidence by questioning witnesses while the judge decides on issues of law. The trial results in acquittal or conviction on the original charges or on lesser included offenses.

After the trial a defendant may request appellate review of the conviction or sentence. Appeals may be subject to the discretion of the appellate court and may be granted only on acceptance of a defendant's petition for a *writ of certiorari*.

In many criminal cases particularly in capital cases, appeals of a conviction are a matter of right. Prisoners may also appeal their sentences through civil rights petitions and *writs of habeas corpus* where they claim unlawful detention.

Sentencing and sanctions

After a conviction, sentence is imposed. In most cases the judge decides on the sentence, but in some jurisdictions the sentence is decided by the jury, particularly for capital offenses.

To arrive at an appropriate sentence, a sentencing hearing may be held to consider evidence of aggravating or mitigating circumstances. In assessing the circumstances surrounding a convicted person's criminal behavior, courts often rely on presentence investigations by probation agencies or other designated authorities. Presentence reports may include the results of drug testing and the offender's drug abuse and criminal histories.

The sentencing choices that may be available to judges and juries include one or more of the following:

- the death penalty
- incarceration in a prison, jail, or other confinement facility
- probation — allowing the convicted person to remain at liberty but subject to certain conditions and restrictions such as drug testing or drug treatment
- fines — primarily applied as penalties in minor offenses
- restitution — requiring the offender to pay compensation to the victim.

In some jurisdictions, offenders may be sentenced to intermediate sanctions that are considered more severe than straight probation but less severe than a prison term. Examples of such sanctions include boot camps, intense supervision often with drug treatment and testing, house arrest and electronic monitoring, denial of Federal benefits, and community service.

In many jurisdictions, law mandates that persons convicted of certain types of offenses serve a prison term. Most jurisdictions permit the judge to set the sentence length within certain limits, but some have determinate sentencing laws that stipulate a specific sentence length that must be served and cannot be altered by a parole board.

Corrections

Offenders sentenced to incarceration usually serve time in a local jail or a State prison. Offenders sentenced to less than 1 year generally go to jail; those sentenced to more than 1 year go to prison. Persons admitted to the Federal system or a State prison system may be held in prisons with varying levels of custody or in a community correctional facility. Most prison systems and large jails offer some type of drug intervention program for drug-using offenders.

A prisoner may become eligible for parole after serving a specific part of his or her sentence. Parole is the conditional release of a prisoner before the prisoner's full sentence has been served. The decision to grant parole is made by an authority such as a parole board, which has power to grant or revoke parole or to discharge a paroled altogether. The way parole decisions are made varies widely among jurisdictions.

Offenders may also be required to serve out their full sentences prior to release (expiration of term). Those sentenced under determinate sentencing laws can be released only after they have served their full sentence (mandatory release) less any good time received while in prison. Inmates get such credits against their sentences automatically or by earning them through participation in programs.

If an offender has an outstanding charge or sentence in another State, a detainer is used to ensure that when released from prison he or she will be transferred to the other State.

If released by a parole board decision or by mandatory release, the releasee will be under the supervision of a parole officer in the community for the balance of

his or her unexpired sentence. This supervision is governed by specific conditions of release, and the releasee may be returned to prison for violations of such conditions. Offenders may be required to submit to periodic drug testing to ensure drug abstinence whether or not they have a history of drug use.

The juvenile justice system

The processing of juvenile offenders is not entirely dissimilar to adult criminal processing, but there are crucial differences. Many juveniles are referred to juvenile courts by law enforcement officers, but many others are referred by school officials, social services agencies, neighbors, and even parents for behavior or conditions that are determined to require intervention by the formal system for social control.

When juveniles are referred to the juvenile courts, their *intake* departments, or prosecuting attorneys, determine whether sufficient grounds exist to warrant filing a petition that requests an *adjudicatory hearing* or a request to transfer jurisdiction to criminal court. In some States and at the Federal level prosecutors under certain circumstances may file criminal charges against juveniles directly in criminal courts.

The court with jurisdiction over juvenile matters may reject the petition or the juveniles may be diverted to other agencies or programs in lieu of further court processing. Examples of diversion programs include drug treatment, individual or group counseling, or referral to educational and recreational programs.

If a petition for an adjudicatory hearing is accepted, the juvenile may be brought before a court quite unlike the court with jurisdiction over adult offenders. In disposing of cases juvenile courts usually have far more discretion than adult courts. In addition to such options as probation, commitment to correctional institutions, restitution, or fines, State laws grant juvenile courts the power to order removal of children from their homes to foster homes or treatment facilities. Juvenile courts also may order participation in special programs aimed at shoplifting prevention, drug counseling, or driver education. They also may

order referral to criminal court for trial as adults.

Despite the considerable discretion associated with juvenile court proceedings, juveniles are afforded many of the due-process safeguards associated with adult criminal trials.

Discretion is exercised throughout the criminal justice system

Discretion is "an authority conferred by law to act in certain conditions or situations in accordance with an official's or an official agency's own considered judgment and conscience."¹ Discretion is exercised throughout the government. It is a part of decisionmaking in all government systems from mental health to education, as well as criminal justice. The limits of discretion vary from jurisdiction to jurisdiction.

Concerning crime and justice, legislative bodies have recognized that they cannot anticipate the range of circumstances surrounding each crime, anticipate local mores, and enact laws that clearly encompass all conduct that is criminal and all that is not.² Therefore, persons charged with the day-to-day response to crime are expected to exercise their own judgment within limits set by law. Basically, they must decide —

- whether to take action
- where the situation fits in the scheme of law, rules, and precedent
- which official response is appropriate.

The response to drug law violations varies among jurisdictions

Differences in laws, structure, and how discretion is exercised cause this variation. Local policies and programs change in response to local attitudes and needs. For example, the prosecutor in one locality may concentrate on all offenses involving crack cocaine that is a problem in that locality. The prosecutor in another locality may concentrate on the street sales of illegal drugs because of the proliferation of open air drug markets in local neighborhoods.

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² Wayne R. LaFave, *Arrest: The decision to take a suspect into custody* (Boston: Little, Brown & Co., 1964), 63-184 as presented in BJS, *Report to the Nation on crime and justice: Second edition*, NCJ-105506, March 1988, 59.

Acknowledgements

Marianne W. Zawitz, BJS, wrote this section.

What is the role of enforcement in drug control policy?

What are the drug control goals of law enforcement?

The drug control goals of law enforcement are to—

- control drug use
- control crime including control of the systemic violence associated with drug dealing and of property crime that supports drug habits
- prevent the development of strong and stable criminal organizations
- protect neighborhoods.

Law enforcement targets all stages of drug manufacturing and distribution

As discussed in Chapter II, the illegal drug business produces, manufactures, transports, and sells illegal drugs. Law enforcement tries to interrupt the drug business at each step including—

- at the **source** with actions designed to limit cultivation and production of the opium poppy, coca, and marijuana
- in **transit** by interdiction of drugs smuggled into this country
- at the **wholesale level** through disruption of domestic distribution
- at the **retail level** through interruption of retail sales.

Enforcing drug laws makes selling drugs more expensive and dangerous. The risk law enforcement poses at each stage in the drug trade increases both the trade's monetary and personal costs.¹

Law enforcement seizes traffickers' drugs and other assets and arrests and incarcerates dealers and their collaborators. Such actions are undertaken to make the risks high enough to discourage some people from participating in the drug business. For people who are not deterred, law enforcement seeks to prevent their participation by incarceration.

Drug control also discourages drug users from buying drugs

Classic economic models of supply and demand assume that the higher the price of a commodity, the lower overall value of sales. Many law enforcement strategies attempt to increase the market price of illegal drugs to a level that drug users will be unable or unwilling to pay.

Drug buyers are also discouraged from buying drugs when the search time needed to conclude a drug transaction increases.² For example, street sweeps of open-air drug markets in adjoining neighborhoods could make it more difficult for buyers to identify willing sellers, thus prolonging the search time required to obtain illegal drugs.

Such strategies may discourage new users from moving from experimentation to regular use. Many new users begin use with drugs obtained from friends but may seek other sellers once they progress to regular use. Law enforcement retail sales strategies attempt to increase both the risk of buying drugs in the drug market and the search time needed to secure a trusted connection.

Recently, law enforcement has targeted the profits and assets of the illegal drug business

Criminal entrepreneurs like other entrepreneurs are motivated by profits. Asset forfeiture and money laundering laws are aimed at taking away assets and profits from drug traffickers. Some consider law enforcement's concentration on drug proceeds and assets a defensive strategy employed after failure to control illegal drugs at the earlier stages of cultivation, manufacturing, and smuggling.³

Dealers change tactics in response to drug enforcement efforts

Law enforcement strategies that target particular methods of producing or trafficking may result in the development of new methods as traffickers try to evade enforcement. The recent rise in the domestic indoor cultivation of cannabis is due in part to eradication of crops at outdoor grow sites and a desire to avoid detection. Smuggling techniques in particular are subject to changes in enforcement patterns. A successful strategy of enforcement toward a particular smuggling method may result in the development of a new and more successful method of smuggling.

Some research suggests that enforcement efforts targeted at criminal organizations may eliminate only the weakest and least successful organizations.⁴ These researchers speculate that the organizations best able to resist enforcement efforts through violence, corruption, or stealth are left intact and functioning. With competition eliminated, the more efficient organizations may increase their profits and their ability to thwart law enforcement.

What agencies enforce drug laws?

More than 75% of State and local law enforcement agencies have primary responsibility for narcotics enforcement

Type of department and population served	State and local agencies Number	Percent with primary narcotics enforcement
Total	15,430	77%
State police	49	34%
Local police	12,288	76%
1,000,000 or more	14	100
500,000 to 999,999	29	97
250,000 to 499,999	42	100
100,000 to 249,999	137	99
50,000 to 99,999	344	96
Under 50,000	11,722	75
Sheriffs'	3,093	81%
1,000,000 or more	27	74
500,000 to 999,999	62	56
250,000 to 499,999	92	60
100,000 to 249,999	270	67
50,000 to 99,999	374	80
Under 50,000	2,268	84

Source: BJS, *Drug enforcement by police and sheriffs' departments, 1990*, Special report, NCJ-134505, May 1992, table 1.

Many Federal departments and agencies work to reduce the supply of illegal drugs

Within the Department of Justice many agencies have operational responsibility for drug control:

- The **Drug Enforcement Administration (DEA)** has primary responsibility for enforcing Federal drug laws and policies.
- The **Federal Bureau of Investigation (FBI)** has concurrent jurisdiction with DEA over Federal drug laws focusing on complex conspiracy investigations.
- The **93 U.S. attorneys** are the chief Federal law enforcement officers in their districts. They are responsible for investigating and prosecuting Federal drug offenses and are often involved in drug task forces and asset forfeiture cases.
- The **Immigration and Naturalization Service (INS)** assists with interdiction through its Border Patrol and is responsible for deporting aliens convicted of drug crimes. Some Border Patrol officers have been given additional

authority to search persons and vehicles for drugs.

- The **U.S. Marshals Service** manages the Department of Justice Asset Forfeiture Fund, serves warrants on Federal drug suspects and fugitives, and escorts them when in custody.

Several Treasury Department agencies are involved in supply reduction:

- The **U.S. Customs Service** interdicts and seizes contraband, including illegal drugs that are being smuggled into the U.S.
- The **Internal Revenue Service (IRS)** assists with the financial aspects of drug investigations, particularly money laundering.
- The **Bureau of Alcohol, Tobacco and Firearms (BATF)** investigates weapons offenses, particularly Federal drug offenses that involve weapons.

Several agencies in the Department of Transportation have drug control responsibilities:

- The **U.S. Coast Guard** enforces Federal laws on the high seas and waters subject to the jurisdiction of the U.S. It is involved with the interdiction of drugs smuggled via water into the U.S.
- The **Federal Aviation Administration**'s radar system assists in detecting suspected air smugglers.

Other departments and agencies of the Federal Government are also involved in supply reduction:

- The **U.S. Department of Defense (DoD)** is responsible for the detection and monitoring of aerial and maritime transit of illegal drugs into the U.S.
- The **U.S. Department of State** is responsible for international antidrug policy including coordination of drug control efforts with foreign governments.
- The **Postal Inspection Service** of the U.S. Postal Service enforces laws against the use of the mails in transporting illegal drugs and drug paraphernalia.

Drug control efforts are subject to dual jurisdiction and overlapping agency responsibilities

In drug control, many law enforcement agencies may have jurisdiction over one incident or network. While they may all pursue the case, usually one agency takes the lead. Which agency depends on the capabilities, policies, and procedures of the agencies involved. For example, a joint Federal/local investigation into a drug distribution ring may result in arrests that are tried in U.S. district court because the law enforcement agencies involved believe the case has a better chance for conviction under the rules of evidence and procedure in that court.

What laws are law enforcement officers authorized to enforce?

Local police officers are empowered to enforce the laws of their State and locality. State police enforce State laws but not local ordinances. Neither may arrest and charge persons with violations of Federal law unless they are specifically authorized. Conversely, Federal law enforcement agents enforce Federal laws and may not enforce State or local laws unless so designated. The police powers of some law enforcement officers are limited to special situations such as tax cases for IRS agents or to specific locations such as subways for transit authority police.

Recently, cross-designation of officers and prosecutors between levels of government and between agencies has been used to broaden their jurisdiction. For example, State and local officers who participate in DEA State and local task forces are designated task force investigators and have the authority to enforce Federal drug laws like DEA agents.

Coordination is a key to effective drug control

Recognizing the need for coordination among the various State, local, and Federal law enforcement agencies, several coordinating mechanisms have

Various levels of government have primary responsibility for enforcement at each level of the illegal drug business

	Level of government and relevant agencies (Lead agencies in bold)
The illegal drug business	
Source	Federal Department of State Drug Enforcement Administration
Importation	Federal U.S. Coast Guard U.S. Customs Service U.S. Department of Defense Drug Enforcement Administration Immigration and Naturalization Service
Domestic production and wholesale distribution	Federal Drug Enforcement Administration Federal Bureau of Investigation Bureau of Alcohol, Tobacco and Firearms Internal Revenue Service Immigration and Naturalization Service U.S. Postal Inspection Service
	State and local agencies
Retail sales	Federal Drug Enforcement Administration Federal Bureau of Investigation Bureau of Alcohol, Tobacco and Firearms Internal Revenue Service
	State and local agencies

been established. According to the 1990 BJS Law Enforcement Management and Administrative Statistics Survey (LEMAS), most State and local agencies with primary narcotics enforcement responsibility participated in multi-jurisdictional task forces. More than three-quarters of the local police and sheriff's agencies that serve populations of 100,000 or more participated in such task forces.

At the Federal level, these coordinating mechanisms include —

- **Law Enforcement Coordinating Committees (LECCs)** created by the Department of Justice through the U.S. Attorneys to coordinate all situations involving dual jurisdiction with membership from all relevant Federal and local agencies.

- **Organized Crime Drug Enforcement Task Forces (OCDETF)**, created by Presidential initiative in 1984 to target major international and national drug trafficking organizations, are adminis-

tered through selected U.S. attorneys' offices, and consist of personnel from many Federal agencies and, in some instances, local law enforcement officers.

• **DEA State and local task forces** which use a multijurisdictional approach to confront drug traffic that crosses municipal, county, and State boundaries.

Both OCDETFs and DEA task forces depend on written agreements to define the scope and nature of the investigations as well as the chain of command and responsibilities of each of the parties involved. OCDETFs are initiated by a Federal agency which also determines the composition of the investigators.

Information sharing among agencies is another important element of cooperation in drug enforcement

To coordinate intelligence between law enforcement officials of Federal and non-Federal agencies, the DEA operates the El Paso Intelligence Center (EPIC).

Established in 1974, EPIC is designed to target, track, and interdict the international movement of drugs, aliens, and weapons. Eleven agencies participate at EPIC: DEA, INS, FBI, U.S. Marshals Service, U.S. Customs Service, U.S. Coast Guard, the Federal Aviation Administration, IRS, BATF, U.S. Secret Service, and the Department of State Diplomatic Service. All 50 States, the Virgin Islands, and Puerto Rico also have information sharing agreements with EPIC.

Another example of such cooperation at the Federal level is the Counternarcotics Center (CNC). Created by the Central Intelligence Agency (CIA), the CNC coordinates international intelligence on narcotics trafficking. Personnel from the National Security Agency, DEA, the U.S. Customs Service, and the U.S. Coast Guard are also involved.

The military provides support to drug law enforcement

Since 1971 the military services have provided some support to the Federal agencies responsible for drug interdiction. The Posse Comitatus Act of 1878 prohibited the military from exercising police powers on the U.S. civilian population. Changes to the Act in the 1980s gave the military responsibility for detection and monitoring of the aerial and maritime transit of illegal drugs into the U.S. and allowed the military to share resources with civilian law enforcement, although it is still forbidden to make arrests.

The National Guard has been assisting law enforcement in its drug control efforts since 1977. Because State governors have authority over the Guard, restrictions on its use at the State and local level are not as strict as those for the active military services. Since 1983, the National Guard has been assisting Federal agencies also. Guard units assist law enforcement with surveillance, equipment, and training. They are often involved in marijuana eradication and border surveillance.

What is the Federal Government's role in reducing international drug production and trafficking?

The international drug control strategy aims to reduce production and destabilize trafficking

As discussed in Chapter III, the major programs to accomplish this goal are narcotics crop control, enforcement assistance, development assistance, and demand reduction assistance. Enforcement agencies are involved primarily with crop control and enforcement assistance.

Narcotics crop control includes —

- bans by the source country on cultivation of opium poppies, coca, and cannabis enforced by manual or chemical crop eradication
- regulation of the cultivation of such crops to limit their use to legitimate purposes.

Enforcement assistance includes —

- training, equipment, and operational and technical support for law enforcement organizations in source countries
- the enactment of effective extradition treaties between the U.S. and source countries.

The U.S. Department of State has lead responsibility for international drug control policy

As discussed in Chapter III, the Bureau of International Narcotics Matters (INM) in the U.S. Department of State is responsible for international antidrug policy. It provides financial and technical assistance on drug control and coordinates assistance to foreign countries from other agencies. For example, the international narcotics control training program is managed and funded by INM and carried out by DEA, the U.S. Customs Service, and the U.S. Coast Guard. In 1990 more than 3,300 people from over 100 countries were trained in a wide variety of enforcement topics.

DEA is directly involved in the international narcotics control effort

DEA has more than 343 employees in 50 countries throughout the world. Under the policy direction of the Secretary of State and the U.S. Ambassadors, DEA —

- provides consultation, technical assistance, and training to drug law enforcement officials in foreign countries
- collects and shares international drug data
- assists in drug control activities and investigations where authorized.

DEA works with foreign governments to locate and destroy clandestine laboratories and airstrips. It also works to interdict chemicals and equipment needed to process illegal drugs.

Other Department of Justice agencies also have international drug control responsibilities

- The FBI maintains Legal Attachés Offices in several countries that focus on the exchange of information between the U.S. and foreign governments.
- The U.S. Marshals Service created an International Branch within its Enforcement Division to coordinate foreign operations including foreign fugitive investigations and extraditions.
- In the Criminal Division, the Narcotic and Dangerous Drug Section participated in the development of the United Nations Convention Against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances.
- The Office of International Affairs in the Criminal Division is responsible for representing the Department in the negotiation of Mutual Legal Assistance Treaties (MLATs) and extradition treaties and for assisting Federal and State agencies in obtaining fugitives, evidence, and legal assistance from foreign governments.
- The U.S. National Central Bureau supports U.S. participation in the International Criminal Police Organization (INTERPOL) through information exchange, location of fugitives, and analysis of international criminal patterns.

- The International Criminal Investigative Training Assistance Program funded by the Agency for International Development (AID) but housed in the Department of Justice trains law enforcement officials in certain Latin American countries.

The U.S. participates in international efforts to promote cooperation in enforcing drug controls

For example, in 1990 the U.S. ratified the United Nations Convention Against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances. As discussed in Chapter III, the Convention has two purposes —

- establishing a set of drug trafficking offenses that are to be criminal offenses in the countries party to the convention
- creating a framework for cooperation to bring traffickers to justice.

The Convention focuses on the eradication of illicit drugs, international transportation of precursor chemicals, tracing of laundered drug money, and extradition of drug criminals including those involved with money laundering. It also emphasizes international mutual legal assistance in judicial proceedings and cooperation among law enforcement agencies.

Through extradition treaties, the U.S. tries to bring international narcotics traffickers to justice

Through extradition, persons including foreign nationals who are indicted in the U.S. but reside in a foreign country can be turned over to the U.S. for trial. As of 1988, the U.S. had extradition treaties with 103 countries. Not all of these treaties provide for the extradition of persons indicted for narcotics offenses. In fiscal 1990, 179 fugitives were returned to the U.S. including 104 persons suspected of drug offenses. In Colombia, some drug traffickers surrendered to the Colombian Government in exchange for the promise that they would not be extradited to the U.S.

Mutual Legal Assistance Treaties aid enforcement efforts involving foreign countries

Bilateral Mutual Legal Assistance Treaties (MLATs) shorten the procedure of acquiring investigative assistance and evidence from a foreign country. MLATs allow the government of one country to ask the executive branch of another country to provide evidence and, if necessary, a search under the law of the responding nation. They also include provisions for the exchange of documents and forfeiture of criminally obtained assets. The use of MLATs and other types of agreements in drug investigations has been growing; the U.S. used them 40 times in fiscal 1987 and more than 80 times in fiscal 1988.

Crop eradication efforts bring uncertain results

The effects of efforts to reduce the availability of drugs from foreign countries are difficult to assess. Many countries are not motivated to reduce crop production; others do not control crop producing and drug manufacturing areas; and some are hostile to the U.S. In addition, the total amount produced and the reduction due to government efforts are difficult to measure.

Critics of crop eradication efforts contend that the gains in supply reduction are short lived.⁵ The adaptability of drug producers is such that the elimination of fields in one place may soon be replaced by cultivation elsewhere. Supporters point to the successes in the early 1970s when Turkey shut down its legitimate production of opium and more recently when Mexico implemented an effective program of aerial spraying of poppy fields.⁶ While both of these efforts resulted in a short-term effect, they did increase the effective prices for heroin and reduced the incidence and prevalence of heroin use during the period.

The U.S. encourages foreign governments to control cultivation and production of illegal drugs

According to the U.S. Department of State, in 1990 coca eradication resulted in the destruction of 4% of the estimated cultivated coca. The largest amount of coca eradicated was in Bolivia where an estimated 8,100 hectares were eradicated representing 14% of the estimated cultivation in Bolivia. (One hectare is equal to about 2.5 acres.)

Most of the opium poppy eradication has occurred in Mexico and Guatemala where both eradicated about half of the estimated opium poppy cultivation. In 1990, Mexico destroyed 4,650 hectares of the crop and Guatemala destroyed 1,085 hectares. Eradication of opiates is more difficult in many areas of the world due to the lack of government support for such efforts. Both political instability and the involvement of insurgent groups have contributed to the lack of eradication programs in countries like Burma.

In 1990, marijuana eradication programs resulted in the destruction of 6,750 hectares in Mexico, 1,030 in Jamaica, 500 in Colombia, and 335 in Belize. Of the marijuana cultivated, 84% of the estimated crop in Belize was eradicated, 46% in Jamaica, 25% in Colombia, and 16% in Mexico. Eradication in combination with enforcement has lead to a large reduction in marijuana as a commercial crop in Colombia.

Foreign governments assist in worldwide efforts to reduce the supply of illegal drugs

In 1990, the U.S. Department of State reported that —

- Colombian authorities seized 50 metric tons of cocaine and destroyed more than 300 processing laboratories. They also arrested 7,000 traffickers and extradited 14 drug suspects to the U.S. for prosecution.

- Mexico seized 408 metric tons of marijuana and 46.5 metric tons of cocaine and destroyed 12 heroin laboratories.

- Bolivia destroyed 33 cocaine hydrochloride laboratories and 1,446 maceration pits that produce cocaine paste.
- India seized 12 heroin laboratories.
- Turkey seized 7 heroin laboratories.

The import and export of precursor and essential chemicals is regulated

As discussed in Chapter II, certain chemicals that are sold for legitimate purposes are used in the production and manufacture of illegal drugs. As presented in Chapter III, under the Chemical Diversion and Trafficking Act of 1988, all importers and exporters of these chemicals must submit a list of their regular customers or suppliers to DEA and keep records of all transactions concerning those chemicals. They must also file a declaration of intent to export or import such chemicals. DEA may stop the export or import of these chemicals if they are not found to be intended for medical, scientific, or commercial purposes.

To stop illegal trafficking in these chemicals through U.S. ports of entry, the U.S. Customs Service established operation CHEMCON. In fiscal 1991, this operation seized 55 million pounds of precursor and essential chemicals.

Since 1988, the origin of Colombian imports of cocaine-producing chemicals has changed. At that time, slightly more than half of their imported chemicals came from the U.S. and the rest came from Europe. In 1989 after implementation of the Act, U.S. sources supplied a third with two-thirds coming from Europe. In 1990, less than a sixth came from the U.S. with four-fifths coming from Europe and a small amount from other sources.

What is involved in illegal drug interdiction?

What is illegal drug interdiction?

Interdiction prevents illegal drugs from entering the U.S. from foreign sources or transit countries by intercepting and seizing such contraband. As discussed in Chapter II, drugs are smuggled into this country in a variety of ways and drug smugglers vary their methods and use countermeasures in response to enforcement actions.

What agencies are responsible for drug interdiction?

The U.S. Customs Service is responsible for interdicting land border smuggling. The U.S. Coast Guard is responsible for interdicting marine smuggling on the high seas. They share responsibility for interdicting smuggling in coastal waters and for interdicting air smuggling. DoD is the lead agency in the detection and monitoring of aerial and maritime transit of illegal drugs into the U.S. although the military is prohibited from making arrests.

Other Federal agencies are also involved in interdicting illegal drugs including DEA, the Immigration and Naturalization Service's Border Patrol, and the FAA. DEA's role in interdiction focuses on investigating smuggling organizations as well as intelligence and information sharing.

Under the auspices of the Office of National Drug Control Policy (ONDCP), the Border Interdiction Committee coordinates interdiction policy. The Commissioner of Customs is its chairman with the Commandant of the Coast Guard and the Deputy Assistant Secretary of Defense for Drug Policy and Enforcement as vice-chairmen.

Intelligence and communications programs support interdiction efforts

Intelligence is very important to successful interdiction. ONDCP reports that in fiscal 1991 more than 75% of the cocaine seized by the U.S. Customs Service and 70% of the cocaine seized by the U.S. Coast Guard resulted from prior information. Intelligence information on smuggling operations is developed and shared among a variety of Federal facilities including DEA's EPIC; the U.S. Customs Service's Command, Control, Communications, and Intelligence (C3I) Centers; the U.S. Coast Guard's Intelligence Coordination Center; DoD's Joint Task Forces (JTF); and the North American Air Defense Command (NORAD).

How are illegal drugs interdicted at ports of entry to the U.S.?

Cargo, vessels, and passengers from foreign locations are inspected by the U.S. Customs Service to ensure the payment of any duty required and to stop the importation of contraband, including illegal drugs. In 1990, the U.S. Customs Service seized 7,952 vehicles, 229 vessels, and 144 aircraft.

Dogs trained to smell and find illegal drugs hidden in vehicles and cargo are a major tool of the U.S. Customs Service. Since its inception in 1970, the Canine Enforcement Program has resulted in more than 75,000 narcotics seizures with a street value of more than \$10 billion.

The U.S. Customs Service's container strategy targets smuggling of illegal drugs in commercial containers that are used to ship many products to the U.S. Assisted by the National Guard, the U.S. Customs Service inspected nearly 1.3 million containers or commercial conveyances in fiscal 1991. The U.S. Customs Service attributes to this strategy a decline in the number of seizures related to smugglers using front companies or fictitious names and addresses.

Efforts to prevent land smuggling are centered on the Mexican border

Operation Alliance is a multiagency effort to prevent drug smuggling across the vast Mexican land border. Under the direction of the INS Border Patrol, groups of Customs inspectors, Border Patrol officers, DEA, and INS agents, assistant U.S. attorneys, and State and local law enforcement officers work together to interdict the flow of narcotics across the southwest land border. During fiscal 1990, Operation Alliance seized nearly 400,000 pounds of marijuana and 34,000 pounds of cocaine.

Air interdiction involves detecting, tracking, intercepting, and apprehending smugglers' aircraft

Airborne smuggling by private pilots is a major means for transporting cocaine from the source to the U.S. Preventing such smuggling and apprehending the airborne smugglers is complicated because —

- it is very difficult to sort out smugglers from the enormous volume of legitimate commercial and private air traffic
- once detected, smugglers frequently ignore directions to land, jettison their illegal cargo, and flee.

Various radar systems for detecting drug smugglers exist along the entire southern border and coasts of the U.S. including fixed location aerostats (balloons) equipped with radar, surveillance aircraft, land-based military radars, and FAA radar. The FAA requires that all aircraft entering the U.S. be equipped with transponders to facilitate sorting of aircraft. The DoD took over operation of the 10 aerostats in fiscal 1992. To detect and apprehend smugglers, the U.S. Customs Service also operates 123 aircraft in 15 units or branches primarily along the southern boundary of the U.S.

Although the effectiveness of air interdiction programs is difficult to measure, the General Accounting Office reports that many officials believe that it has deterred some airborne smuggling and has caused other smugglers to switch their mode of transportation or their tactics.

Marine interdiction targets smugglers' ships

Marine interdiction attempts to stop ships from delivering their cargo of illegal drugs to drop off points just outside the U.S. The U.S. Coast Guard has more than 135 seagoing vessels and 180 aircraft that patrol the oceans. The Navy augments the U.S. Coast Guard's efforts through surveillance and patrols. A Coast Guard team may be assigned to Navy ships patrolling in waters where smuggling is suspected to look for any smugglers and board if necessary.

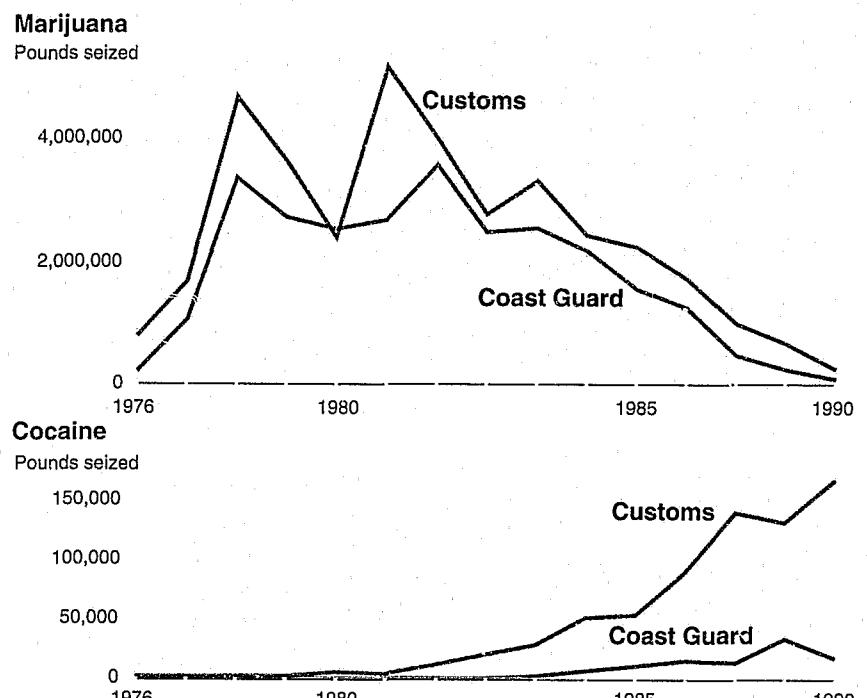
To reduce the ability of smugglers to use foreign territorial seas as safe havens, the U.S. Coast Guard instituted its Shiprider Program where foreign law enforcement personnel accompany U.S. Coast Guard vessels. The foreign law enforcement officers can authorize the Coast Guard to continue pursuit of smugglers in foreign waters.

Coastal interdiction relies on investigations of smugglers and radar detection

Coastal interdiction is difficult because smugglers —

- easily conceal illegal drugs
- use small fast boats to travel short distances requiring fast reaction time
- try to blend into ordinary marine traffic
- are unlikely to be inspected upon entry if they make a declaration to the U.S. Customs Service about what goods they are bringing into the U.S.

Most interdiction seizures are of cocaine and marijuana



Source: U.S. Department of Transportation, U.S. Coast Guard, and U.S. Department of the Treasury, U.S. Customs Service as presented in BJS, *Sourcebook of criminal justice statistics, 1990*, NCJ-130580, 462-468.

Since the U.S. Customs Service cannot inspect all small craft entering coastal waters, it relies on intelligence and investigations of smuggling operations to identify potential coastal smugglers. It also uses its system of radar platforms and high-speed boats to detect and intercept smugglers. The U.S. Coast Guard also participates in coastal interdiction. For example, Coast Guard boats patrol the sea lanes between the Bahamas and south Florida.

Most successful marine and coastal interdictions seize marijuana or cocaine

In 1990, the U.S. Coast Guard seized the largest amounts of marijuana and cocaine in the district that covers the Southeastern U.S. and the Caribbean: 17,567 pounds of marijuana and 67,906 pounds of cocaine. The Gulf of Mexico district had the next largest amount of cocaine seizures, 1,129 pounds. The Mid-Atlantic districts seized the most hashish, 12,700 pounds.

In recent years, the amount of marijuana seized by the Coast Guard has been declining; 2.4 million pounds were seized in 1984 and less than 62,000 pounds were seized in 1990.

How do State, local, and Federal agencies disrupt the domestic distribution of illegal drugs?

Major investigations of domestic distribution aim to disrupt major drug organizations

According to the Office of National Drug Control Policy (ONDCP), State, local, and Federal agencies try to disrupt major distribution networks by targeting three levels of organization —

- the core organization that is tightly centralized but international in scope
- the secondary organizations that operate like subsidiaries to the core organization and generally perform only one function such as transportation or money laundering
- the local organizations that distribute drugs within a specific geographic area and consist of mid- to low-level dealers.

Law enforcement not only goes after the leaders of these organizations, but also their raw materials and assets.

In addition to the drug laws, law enforcement uses laws aimed at organized crime such as the Racketeer Influenced Corrupt Organizations (RICO) and the Continuing Criminal Enterprise (CCE) statutes and laws governing money laundering, taxes, firearms, and public corruption to disrupt the domestic drug business. See Chapter III for more information about these laws.

What are the effects of tactics and strategies that disrupt drug distribution networks?

Some enforcement strategies are aimed at so called "kingpins," the operators of large-scale distribution networks. Enforcement agencies expect that by convicting "kingpins" particular conduits for drugs will be shut down making drugs more expensive and harder to find, and resulting in a drop in consumption.⁷

In a review of State and local drug enforcement strategies, researchers noted that there were no documented cases where successful enforcement targeted at "kingpins" had coincided with a reduction in drug consumption.⁷ These researchers also disagreed with enforcement's assumptions that no new management group would develop to continue the affairs of the organization or that no other organizations would be

able to fill the demand. They also found that law enforcement successes may result in the continued existence of organizations that are most resistant to enforcement tactics.

Others suggest that tactics such as undercover operations that target kingpins and organizations force dealers to be cautious, thereby restricting transactions that reduces supply at all stages of production and distribution.⁸ They also contend that enforcement successes against drug networks result in the loss of current inventories and the future capacity to supply illegal drugs.

Law enforcement uses various strategies to disrupt illegal drug distribution

There are three basic approaches to drug enforcement —

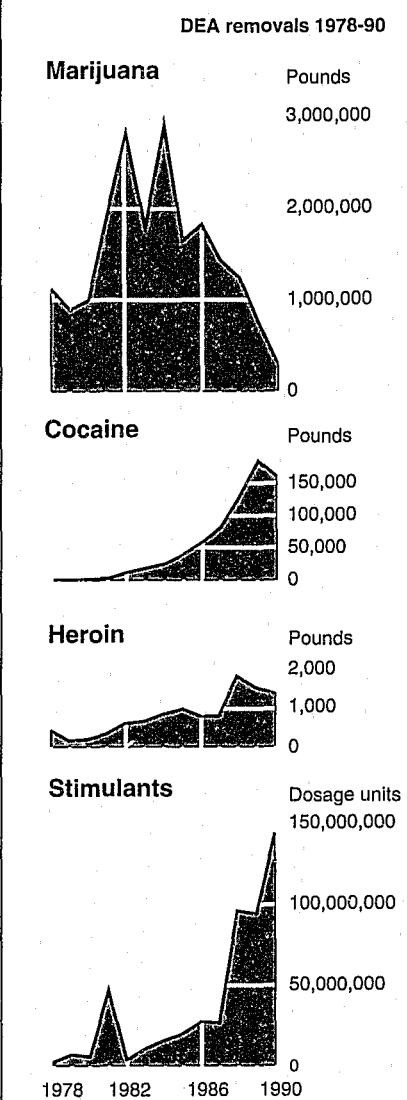
- case oriented that is essentially reactive and focuses on getting enough evidence on known drug dealers to convict them in court
- network oriented that is proactive and traces distribution from the street to the leader of the organization
- comprehensive problem-reduction strategies that address both supply and demand issues from the community level.⁹

Most drug enforcement agencies use all three strategies to some extent. Local agencies are most likely to use comprehensive problem-reduction strategies as they are directly involved with local communities.

Law enforcement uses undercover operations to infiltrate drug networks

Because the continuation of drug dealing organizations depends on concealing their existence and operations, getting information and evidence about drug networks is difficult. As discussed in Chapter II, drug traffickers limit the number of people involved in drug transactions to avoid detection by law enforcement. To get the information needed to prosecute drug traffickers, law enforcement tries to deceive the traffickers into revealing their activities through undercover operations.

The amount of illegal drugs removed by DEA has declined recently



Source: DEA as presented in BJS, *Sourcebook of criminal justice statistics, 1990*, NCJ-130580, 464.

In addition to placing law enforcement officers undercover, long-term operations also rely on the development of informants, often low-level dealers who exchange information for leniency. The FBI has more than 3,500 informants on drug matters including over 1,700 who report exclusively on drug trafficking.

These operations also depend on surveillance often including wiretaps, the analysis of financial records and telephone logs, and other activities. In 1989, 62% of the 763 State and Federal court orders for the interception of wire, oral, or electronic communications resulted from investigations where a narcotics violation was the most serious offense.

Some illegal drug investigations are very complex

They may involve foreign countries and require several years before they are completed. For example, Operation Bamboo Dragon was a 2-year undercover case directed at an international Chinese heroin importing network. The FBI, BATF, U.S. Customs Service, INS, Royal Hong Kong Police, and the local Washington, D.C., Metropolitan Police Department conducted this Organized Crime Drug Enforcement Task Force (OCDETF) investigation. As a result of the investigation arrests were made and drugs were seized in Hong Kong; Newark, New Jersey; San Francisco, California; and Washington, D.C.

Intelligence is a critical element in disrupting drug distribution networks

As discussed earlier, the primary intelligence center for illegal drugs is DEA's El Paso Intelligence Center (EPIC). Federal drug enforcement agencies as well as State and local agencies share information on the movement of illegal drugs, weapons, and aliens through EPIC. DEA is also expanding its Narcotics and Dangerous Drugs Information System (NADDIS) which tracks drug investigations to allow access to Federal, State, and local agencies. The FBI has also established nine Regional Drug Intelligence Squads (RDIS) to profile major drug trafficking organizations for eventual selection as joint or parallel investigations on a Federal, State, or local level.

Most State and local police agencies participated in a multiagency drug enforcement task force in 1990

Type of agency and population served	Participation in multiagency drug enforcement task forces Percent of agencies participating	Number of officers assigned full-time	
		Total	Average
State police	91%	986	29
Local police	51%	6,109	1
1,000,000 or more	93	382	29
500,000 to 999,999	100	199	7
250,000 to 499,999	87	262	7
100,000 to 249,999	86	496	4
50,000 to 99,999	81	576	2
25,000 to 49,999	82	837	2
10,000 to 24,999	65	1,162	1
2,500 to 9,999	55	1,576	1
Under 2,500	28	618	1
Sheriffs'	68%	3,514	2
1,000,000 or more	95	190	10
500,000 to 999,999	97	230	7
250,000 to 499,999	91	375	8
100,000 to 249,999	86	618	4
50,000 to 99,999	72	564	3
25,000 to 49,999	80	533	1
10,000 to 24,999	66	698	1
Under 10,000	49	306	1

Note: Data refer to agencies with narcotics enforcement responsibilities and are for the 12-month period ending June 30, 1990.

Source: BJS, *Drug enforcement by police and sheriffs' departments, 1990*, Special report, NCJ-134505, May 1992, table 4.

Coordination of law enforcement agencies is essential to disrupt illegal drug networks

Drug traffickers respect neither political boundaries nor the intergovernmental division of responsibilities among jurisdictions. Therefore, law enforcement agencies have attacked drug trafficking by joining together in their efforts. Such coordination is either vertical, involving many jurisdictions in a particular region or area, or horizontal, involving agencies at various levels of government.¹⁰

Joint task forces are used in many drug distribution investigations

Cases requiring a multiagency approach at the Federal level are handled by the Organized Crime Drug Enforcement Task Forces (OCDETF). From their initiation to 1988, these task forces had conducted 2,400 investigations. In 1988, 80% of these investigations involved cocaine. In addition to cocaine, many involved another drug: 45% also involved

marijuana; 24%, heroin; 11%, methamphetamine; 5%, hashish; 5%, methqualone; and 3%, PCP.

In addition to OCDETF, many States and localities participate in the 44 formal and 12 provisional task forces funded by DEA. More than 700 multijurisdictional drug control task forces operate with funding provided by the Anti-Drug Abuse Acts of 1986 and 1988, according to the Criminal Justice Statistics Association (CJSA).

In 1990, ONDCP designated five areas as High-Intensity Drug Trafficking Areas (HIDTA) in New York City, Miami, Los Angeles, Houston, and along the Southwest border. The goal of this program is to identify and dismantle the drug trafficking organizations that operate in these areas and are thought to be major contributors to the drug problem in the U.S. The funding for this program goes to Federal, State, and local law enforcement initiatives and addresses multi-agency needs that could not be funded with individual agency budgets.

How do State, local, and Federal agencies disrupt the domestic production of illegal drugs?

DEA works with States and localities to eradicate domestic cannabis

Initiated in 1979, DEA's Domestic Cannabis Eradication/Suppression Program provides financial and technical assistance, training, and equipment to State and local agencies. In 1990, every State participated in the program. Under this program, DEA also cooperates with the U.S. Forest Service, the Bureau of Land Management, the Fish and Wildlife Service, the National Park Service, the Bureau of Indian Affairs, and the Department of Defense. Because eradication is very labor intensive, the National Guard in many States has also provided manpower and equipment.

DEA, States, and localities eradicated over 29,000 cannabis plots and 7.3 million cultivated plants in 1990

Of the total cultivated cannabis plants eradicated, 2 million were sinsemilla, the immature female plants that have the highest THC content. Almost 70% of the sinsemilla destroyed was eradicated in Missouri, Hawaii, and Tennessee. In addition, officials destroyed over 118 million ditchweed plants — the low potency cannabis that grows wild in many parts of the U.S. Almost three-quarters of the ditchweed eradication occurred in Indiana and Nebraska.

Since 1982, the Domestic Cannabis Eradication/Suppression Program has destroyed over 664 million plants

Year	Number of States	Plants eradicated
1982	25	2,590,388
1983	40	3,793,943
1984	50	12,981,210
1985	50	39,231,479
1986	49	129,686,033
1987	46	113,274,824
1988	47	107,276,308
1989	49	129,924,695
1990	50	125,876,752

Source: DEA, 1990 Domestic Cannabis Eradication/Suppression Program, 1991, 10.

Federal, State, and local agencies worked to eradicate cultivated cannabis in every State in 1990

States	1990 Domestic Cannabis Eradication/Suppression Program Cultivated plants	Plots eradicated	Indoor grow sites seized
Missouri	1,141,687	609	30
Oklahoma	1,013,036	605	9
Nebraska	760,523	27	8
Hawaii	752,937	2,068	10
Kentucky	616,289	3,189	24
Tennessee	542,580	2,796	177
Michigan	311,206	786	51
Illinois	288,167	304	43
California	199,105	2,084	263
Alabama	192,918	1,831	4
Minnesota	187,349	315	16
Indiana	187,107	1,965	8
North Carolina	145,916	2,511	19
Arkansas	125,420	1,541	22
Wisconsin	107,940	376	58
Georgia	97,233	1,378	2
Florida	92,901	1,148	45
Texas	69,865	523	28
Oregon	59,785	1,057	281
Mississippi	53,066	380	0
Pennsylvania	51,673	199	4
Louisiana	44,596	377	31
Ohio	43,437	485	63
Virginia	33,660	619	39
Washington	30,801	280	178
West Virginia	25,350	220	3
Arizona	24,760	17	6
South Carolina	23,636	238	5
Kansas	18,289	290	27
Maine	13,729	254	16
Iowa	12,027	102	3
South Dakota	10,774	32	1
Alaska	8,637	41	41
Vermont	5,585	77	4
New Mexico	4,447	25	2
New York	4,283	100	1
Colorado	3,846	30	6
Montana	3,730	26	25
Massachusetts	3,444	72	22
Idaho	3,194	38	27
Maryland	2,886	316	8
New Hampshire	2,542	61	31
Nevada	2,200	15	6
North Dakota	1,761	10	5
Utah	1,582	13	4
Wyoming	1,291	8	7
New Jersey	526	11	1
Rhode Island	500	16	5
Connecticut	326	3	0
Delaware	227	1	0

Source: DEA, 1990 Domestic Cannabis Eradication/Suppression Program, 1991, 6-9.

Cannabis eradication efforts also target indoor cultivation

During 1987 indoor cannabis cultivation emerged as a significant and increasing problem. The number of indoor operations seized has been increasing, going from 951 operations in 1985 to 1,669 in 1990. To address indoor cultivation, DEA developed a Special Enforcement Operation, "Operation Green Merchant," that targets suppliers of cannabis seeds, growing equipment, cultivation information, and the growers. In 1989, Operation Green Merchant resulted in 441 arrests, the dismantling of 356 operations, and the seizure of 48,744 sin-semina plants and almost 1 ton of processed marijuana.

Law enforcement seizes clandestine drug laboratories to halt domestic production

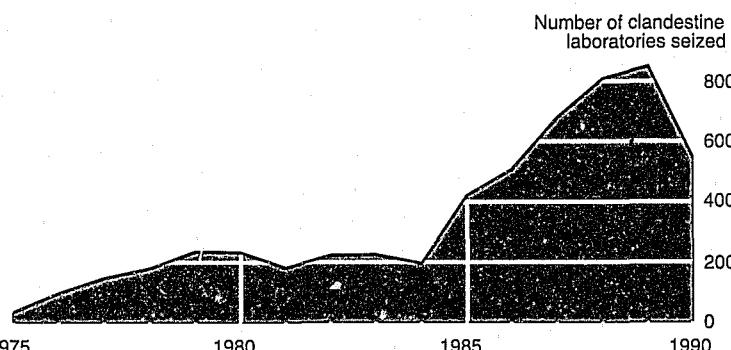
As discussed in Chapter II, some illegal drugs such as methamphetamine, amphetamine, PCP, methaqualone, and LSD are produced domestically in clandestine laboratories. In 1990, 82% of the clandestine laboratories seized by DEA produced methamphetamine, 10% produced amphetamine, and 3% produced P2P, a precursor to methamphetamine.

Drug organizations set up such laboratories in a wide variety of locations and in both cities and rural areas. Most of the laboratories seized by DEA were in the West. Of the 549 clandestine laboratory seizures in 1990, 55% were in the West and 30% in the South Central States. Some law enforcement agencies report the use of portable laboratories where the laboratory is moved after producing several batches in order to avoid detection.

Clandestine laboratories pose a danger to law enforcement and the community

One of five laboratories that are discovered are noticed through, or result in, a fire or explosion. Many laboratories are protected by their owners with electronic surveillance countermeasures such as video monitors and with booby traps, explosives, or automatic weapons.

How many clandestine laboratories has DEA seized?



Source: DEA as presented in BJS, *Sourcebook of criminal justice statistics, 1990* NCJ-130580, 467.

These laboratories can also pose an environmental hazard when chemicals and byproducts of the manufacturing process are disposed of indiscriminately to avoid detection. For example, seizures of methamphetamine laboratories in California resulted in the discovery that —

- waste dumped into the sewer system of a remote rural community had killed the bacteria used to treat sewage and had resulted in raw sewage being returned to the environment
- the most popular method of production used freon — one of the chemicals blamed for depletion of the ozone.

Because of the hazardous nature of the chemicals involved in processing illegal drugs, seizing and disposing of them are dangerous. Clandestine laboratories use many chemicals and materials that are reactive, explosive, flammable, corrosive, or toxic. When such laboratories are seized, all of the hazardous materials must be properly disposed of. DEA chemists are actively involved in clandestine laboratory seizures and cleanup, spending about 4% of their time on such activities.

In 1990, the DEA, U.S. Coast Guard, and U.S. Environmental Protection Agency issued *Guidelines for the cleanup of clandestine drug laboratories*. DEA also conducts training for local law enforcement in the cleanup and disposal of illegal drugs and clandestine laboratories.

DEA monitors the sale of precursor and essential chemicals

As discussed earlier, the Chemical Diversion and Trafficking Act of 1988 was enacted to prevent legal chemicals from being used to process illegal drugs both abroad and in the U.S. Under the Act, domestic distributors of precursor and essential chemicals must meet specific reporting and records requirements. Distributors must —

- identify their regular customers (both foreign and domestic) to DEA
- maintain records of sales for a specified period of time
- declare the import or export of such chemicals
- report suspicious orders to DEA.

To some extent, the seller determines what makes a purchase suspicious. A typical example would be a sale of a fairly large quantity (but less than the minimum amount that requires reporting) to a buyer who does not do the kind of work for which the chemical is used.

What actions do law enforcement agencies and communities take to combat the retail sale of drugs?

Law enforcement uses many strategies to control street sale of drugs

Drug enforcement has traditionally used undercover operations to disrupt drug sales. The classic retail undercover operation involves an officer buying drugs and then arresting the seller, "buy and bust." Recently, this tactic has been used against users with officers posing as dealers and arresting buyers, "sell and bust."

In response to drug markets and drug sales, local law enforcement agencies have used —

- focused crackdowns and street sweeps to discourage drug sales in particular neighborhoods
- foot and bicycle patrols
- driver's license checkpoints in drug market areas and postcard warnings to motorists seen driving in drug market areas to discourage "frivolous" traffic
- ancillary tactics by enforcing a wide array of city ordinances from loitering laws to building codes in order to discourage drug markets.

Street sweeps and focused crackdowns have had mixed results

A study of street sweeps in heroin markets in three jurisdictions showed differing results. In Lynn, Massachusetts, street sweeps reduced street

level drug sales and drug-related property crime, but similar efforts in Lawrence, Massachusetts, and Philadelphia were not successful. A study of Operation Pressure Point in New York City's lower East Side found that it reduced drug trafficking and drug-related crime although it was more successful in some neighborhoods than in others. A RAND study found that Washington D.C.'s Operation Clean Sweep resulted in an increase in the number of felony drug convictions and aggregate drug sentences but failed to noticeably interfere with the growth of drug use.

Critics of these tactics suggest they are costly, inefficient, may lead police to circumvent the law to make "good" cases, and result in severe court and jail crowding.¹¹ Some critics also suggest that the drug problems of these communities either return when the operation ends or are displaced into other neighborhoods.¹²

Traditionally, local law enforcement relies on special narcotics units for drug enforcement

Separate units are used because of the reliance on undercover investigations that use informants, conduct surveillance, target distributors and criminal organizations, and depend on surprise when making arrests. According to the

1990 LEMAS survey, most State police departments and local police and sheriffs' agencies that serve populations over 50,000 have special drug units with at least one full-time officer. The number of officers assigned to such units also varies by size of the population served; local police agencies that serve a population of a million or more averaged 240 officers per unit while those that serve populations of 500,000 up to a million averaged 48 officers. Agencies that serve populations of less than 50,000 were less likely to have separate narcotics units, but if they did have a special unit, they usually assigned no more than one or two officers to the unit.

Many researchers and law enforcement administrators currently do not recommend using narcotics units exclusively to enforce drug laws.¹³ They suggest that the size of the drug problem now facing most localities exceeds what can be handled by a special unit.

Many communities have shifted to community policing and problem-oriented policing

Community and problem-oriented policing focus on the underlying problems affecting a community not just an incident response. For example, if a neighborhood has a curbside drug market that relies on traffic patterns that allow customers and dealers to easily conduct

Most State and local agencies with primary narcotics enforcement responsibilities made seizures of illegal drugs in 1990

Type of departments and population served	Percent of State and local agencies that seized:								
	Powdered cocaine	Crack cocaine	Heroin	Marijuana	LSD	PCP	Stimulants	Depressants	Designer drugs
State police	100%	91%	91%	100%	88%	74%	94%	88%	53%
Local police	63%	42%	19%	86%	25%	10%	44%	28%	10%
250,000 or more	100	99	96	98	92	59	96	75	57
100,000 to 249,999	97	92	85	99	76	43	88	62	43
25,000 to 99,999	95	76	56	95	54	26	77	51	23
Under 25,000	58	37	12	85	19	7	39	24	7
Sheriffs	71%	44%	18%	94%	33%	13%	60%	35%	15%
250,000 or more	94	88	80	99	78	44	90	67	36
100,000 to 249,999	97	79	48	95	66	32	75	57	28
25,000 to 99,999	86	53	21	96	46	20	72	52	21
Under 25,000	58	31	7	92	17	5	49	20	7

Source: Adapted from BJS, *Drug enforcement by police and sheriffs' departments, 1990*, Special report, NCJ-134505, May 1992.

business, an officer using problem-oriented techniques would not only use traditional methods to disrupt the market but would also get the appropriate city agencies to change the traffic flow and work with community groups to increase surveillance.

Citizens and community groups have joined with police to eliminate drug markets

Citizen and community involvement is recognized as one of the key factors in the elimination of drug markets. Citizens and community groups are broadcasting their intolerance for drug activity and are working with police and other government officials to make their neighborhoods inhospitable to drug dealing through programs such as Neighborhood Watch and the physical improvement of space. For example, lack of adequate lighting contributes to the presence of drug markets. In many communities, the police and residents have secured the assistance of local utilities to improve lighting and to make needed repairs on existing lighting.

In many places the presence of public telephones that allow dealers to conduct transactions contributes to the existence of a drug market. Police agencies and residents have worked with telephone companies to eliminate the pay phones or restrict their use to outgoing calls.

What is the role of citizen reporting in enforcing drug laws?

Citizen reporting is the most frequent way that police become aware of many crimes, particularly street crimes such as robbery, assault, and theft. Traditionally, drug offenses have not been routinely reported to the police. Generally, drug offenses become known to law enforcement as a result of an investigation or a "cold hit," when officers happen to observe a drug transaction or find illegal drugs in the course of investigating another crime.

With the disruption of neighborhoods by open air drug markets, crack houses, and other drug activity, many citizens have been reporting illegal drug activities to the police. Many police agencies sup-

port hot lines to encourage citizens to report illegal drug activity directly to drug command centers.

Many jurisdictions target locations used by drug dealers

Drug dealers often use vacant and sub-standard buildings as crack houses and drug distribution centers. Law enforcement agencies in cities such as Ft. Lauderdale, Florida, work with building code inspectors, fire department officials, and zoning commissions to try to disrupt the drug trade by boarding up vacant buildings, demolishing unsafe buildings, and securing code compliance from landlords.

Under a pilot program of the National Institute of Justice, five police agencies are experimenting with computer mapping of drug markets and dealing locations to produce information for narcotics detectives and patrol officers involved in problem-oriented policing.

Local law enforcement agencies target drug problems in public housing complexes

Where the drug trade flourishes in public housing complexes, police, public housing authorities, and residents cooperate to —

- evict tenants involved in the drug trade and enforce lease conditions
- carefully screen applicants for public housing to avoid leasing to drug users or sellers
- improve the physical facilities by ensuring adequate lighting, cleaning up areas, and limiting access to buildings
- limit access to residents and their guests through leasee identification programs
- create command centers or police substations in the complex to provide increased police presence
- conduct community surveys to assess problems faced by residents.

Information about eviction and related sanctions is in section 4 of this chapter.

Some jurisdictions have user accountability programs

Some law enforcement agencies target drug users as well as drug dealers to reduce demand for drugs. As discussed previously, some jurisdictions such as Miami, Florida, and Birmingham, Alabama, have used "sell and bust" operations.

In Maricopa County, Arizona, a county-wide effort targets casual drug users and combines enforcement, prosecution, education, and treatment components. Users who are arrested are charged with possession, which is a felony in Arizona. They are also subject to losing their property, including their cars, through asset forfeiture. Arrestees who qualify may opt for a pre-filing diversion program that requires treatment and drug testing.

Many police agencies are also trying to reduce demand for drugs by preventing drug use

As discussed in Chapter III, many law enforcement agencies provide drug use prevention education. According to the 1990 LEMAS survey, 69% of the State police agencies have a special unit for drug education in the schools. Of local law enforcement agencies with more than 100 sworn officers, 93% of the local police departments and 82% of the sheriffs' departments operate such units. At the Federal level, the FBI and DEA also operate Drug Demand Reduction Programs (DDRPs) that focus on schools, communities, and the workplace.

Drug Abuse Resistance Education (DARE), initiated in 1983 in Los Angeles, is an example of the type of programs used by local police departments and schools. Police officers teach classes on resisting drug use for students primarily in the fifth and sixth grades, teachers, and parents. In 1991, an estimated 5 million students participated in DARE programs across the U.S.

How does law enforcement target the profits and assets of the illegal drug trade?

Drug activity can be detected by the large amounts of cash it generates

As noted in Chapter II, drug traffickers launder drug money to avoid detection by law enforcement. Large amounts of cash signal a deviation from normal business practice. Additionally, large accumulations of cash are easily detectable by their size, weight, and bank reporting requirements.

Questionable currency transactions may lead to detection of drug activity by law enforcement. For example, Operation Polar Cap was initiated on the tip of a bank official. He noticed that a jewelry broker had made cash deposits of more than \$25 million in 3 months — an extraordinary sum for that type of business. Subsequent investigation resulted in the breakup of an operation estimated to have laundered \$1.2 billion, the arrest of 127 people, and seizure of a ton of cocaine.

The Federal Government has taken the lead in targeting drug money

The Federal Government has been responsible for many financial investigations of the illegal drug trade, due in large part to the international nature of drug money transactions, Federal regulation of financial institutions, and the complexity of money laundering. The FBI, DEA, and U.S. Attorneys in the Department of Justice, and the U.S. Customs Service and the Internal Revenue Service in the Treasury Department have the greatest involvement in money laundering and drug money investigations.

Currency transactions of \$10,000 or more must be reported to the U.S. Treasury Department

Originally intended to detect tax cheaters, the Bank Secrecy Act of 1970 requires that —

- banks and financial institutions file a Currency Transaction Report (CTR) on all cash transactions of \$10,000 or more

- people transporting \$10,000 or more in currency out of the country file a Currency or Monetary Instrument Report (CMIR) with the U.S. Customs Service.

Law enforcement agencies are able to view these records for ongoing investigations. In addition, they are monitored for any suspicious activity.

New laws have created financial tools to attack money laundering

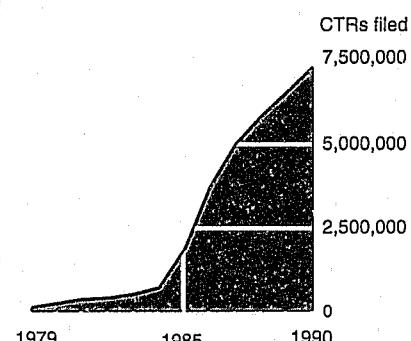
Until passage of the Money Laundering Control Act of 1986, money laundering per se was not a crime. This act and other laws (the Money Laundering Prosecution Improvement Act of 1988 and the Anti-Drug Abuse Act of 1988) not only made money laundering a crime but also —

- prohibited structuring currency transactions by breaking them up into smaller transactions to avoid the reporting requirements of the Bank Secrecy Act of 1970
- made it illegal to accept drug money as payment for goods or services
- expanded the definition of financial institutions to include organizations that sell automobiles, airplanes, boats, and real estate so that they are now subject to the reporting requirements of the Bank Secrecy Act
- made any property purchased with drug money subject to government forfeiture.

These new laws also strengthened law enforcement by —

- allowing the Internal Revenue Service (IRS) to share information (including Federal tax forms) and expertise with other law enforcement agencies
- encouraging the cooperation of banks and other financial institutions by exempting them from penalties under financial privacy laws when reporting suspicious transactions
- authorizing the President to terminate banking relationships with banks in a country that refuses to disclose financial information needed for a money laundering investigation.

The volume of currency reports is large and growing



Source: U.S. Department of the Treasury, 1991.

Enforcement agencies encourage U.S. financial institutions to report suspicious activity

In the early 1980s, many banks and other financial institutions were not reporting as vigorously as required by the Bank Secrecy Act. With changes to financial privacy laws and the levying of a \$500,000 fine against the Bank of Boston for violations of the Bank Secrecy Act, banks have increased their reporting. In addition, both the IRS and the U.S. Customs Service now have toll-free telephone numbers for bank officials to use to report suspicious transactions.

Financial institutions also are subject to prosecution for money laundering

In the first drug money laundering case against a bank under the new money laundering statutes, the Department of Justice secured a guilty plea from the Bank of Credit and Commerce International (BCCI). Two subsidiaries of the bank in Luxembourg and Grand Cayman admitted that they had disguised transactions involving proceeds of cocaine sales. In addition to 5 years probation, the bank forfeited \$15 million, the largest penalty ever assessed against a bank in the U.S. at that time.

The Financial Crimes Enforcement Network (FinCEN) was created in 1990

FinCEN, a multiagency endeavor established by the U.S. Treasury Department, consolidates financial information and analysis to combat money laundering—particularly that resulting from the illegal drug business. Using CTRs and CMIRs as well as other information and intelligence, FinCEN assists Federal, State, local, and foreign law enforcement agencies to—

- disrupt money laundering mechanisms within criminal organizations
- deny financial violators access to legitimate national and international financial channels
- identify, freeze, seize, and secure forfeiture of illegal proceeds
- indict, arrest, and prosecute persons engaged in financial crimes.

In its first 8 months of operation, FinCEN received 32,170 inquiries to its data base from Federal agencies.

What techniques are used in financial investigations?

Drug-related financial investigations rely on many of the same techniques used in white-collar crime investigations, including financial auditing and accounting, undercover operations, and electronic surveillance. Many money laundering investigations also rely on undercover personnel posing as drug traffickers, bankers, financial advisors, or other people involved in laundering transactions. Undercover money laundering operations are commonly referred to as "stings." Such operations benefit law enforcement because the knowledge of investigators who are placed in financial institutions is expanded and criminals become wary of initiating new laundering relationships.

Such investigations require knowledge and understanding of financial transactions and institutions as well as the ability to analyze a vast array of records. Federal agencies that are experienced in such investigations are assisting State

and local law enforcement agencies and task forces to improve their financial investigative capabilities.

With new emphasis on targeting drug money and the prospect that drug organizations may have to forfeit their illegal profits, more investigations of drug organizations now include financial investigation components.

Many money laundering investigations require evidence from foreign financial institutions

As discussed in Chapter II, drug traffickers often transfer assets to foreign countries to protect them from investigations and forfeiture actions in the U.S. Tracing assets and gaining records that can be used in court proceedings becomes complicated when the assets are transferred outside the U.S. In countries that promote bank secrecy, gaining needed information may be difficult if not impossible.

The willingness of foreign countries to cooperate with U.S. officials in such investigations may depend on—

- their relationship with the U.S.
- their susceptibility to U.S. pressure
- concern for their reputation
- their attitude toward financial and criminal activities
- the power and influence of their financial sector
- their perception of how cooperation will affect their financial well being.¹⁴

How do investigators get information from foreign sources?

In cases involving uncooperative financial institutions in foreign countries, U.S. officials must go through official channels to obtain needed information. In some countries, the U.S. must hire a local lawyer to pursue its request through the local courts. In other countries, the U.S. Department of Justice must ask the State Department to formally request the information of the foreign ministry that must in turn request the information from the appropriate ministry such as the justice ministry.

When the U.S. has a Mutual Legal Assistance Treaty (MLAT) or an exchange-of-information agreement with another country, the procedures for requesting information may be streamlined. One of the first MLATs negotiated was with Switzerland in response to increasing evidence that the Swiss banks were being used to launder and hide organized crime money.

Even when the U.S. has a treaty or agreement with a foreign government, difficulties in getting the information may remain. In some countries, the banks notify the subject of an investigation of the request for information, thus alerting him or her of the need to move or further hide the assets. Foreign banking laws may also give the owner of the assets the right to appeal the release of the information, potentially delaying or blocking the release.

The U.S. has participated in international initiatives to curb drug-related money laundering

- **The Economic Summit Financial Action Task Force (FATF)** issued its first report in 1990 outlining 40 recommendations for action to combat money laundering that were later endorsed by its 15 member nations, including the U.S., Canada, France, Germany, Italy, Japan, Great Britain, Austria, Belgium, Luxembourg, the Netherlands, Spain, Sweden, Switzerland, and Australia.

- **The Caribbean Conference on Drug Money Laundering** held in June 1990 approved a critical assessment of the problem in the region and participants agreed to propose to their own governments the 40 recommendations of the FATF as well as 21 additional recommendations tailored to the Caribbean.

- **The Organization of American States Financial Action Initiative** began in November 1990 to develop a joint strategy to address money laundering.

In addition, cooperation from many countries has helped in investigations, including the Noriega investigation and in tracing the assets of the now deceased Colombian trafficker Rodriguez Gacha.

How does law enforcement use asset forfeiture to combat the illegal drug trade?

Law enforcement tries to suppress the illegal drug trade by taking away its primary motivation — profit

As discussed in Chapter II, at all stages of the drug trade, from cultivation to retail sales, money changes hands and profits are made. By tracing the money and eventually seizing it, law enforcement hopes to quash the illegal drug trade. Without their illegal gain, drug traffickers will not only lose their profits but also the capital and assets that keep the business going.

What is forfeiture?

Forfeiture is the loss of ownership of property derived from or used in criminal activity that has been seized by the government. Forfeiture of assets aims not only to reduce the profitability of illegal activity but to curtail permanently the financial ability of criminal organizations to continue illegal operations.

There are two types of forfeiture: civil and criminal

- **Civil forfeiture** — a proceeding against property used in criminal activity that was first authorized by the First Congress allowing the forfeiture of vessels that smuggled contraband into the U.S. Property subject to civil forfeiture often includes vehicles used to transport contraband, equipment used to manufacture illegal drugs, cash used in illegal transactions, and property purchased with the proceeds of the crime. The government is required to notify registered owners and post notice of the proceedings so that any party who has an interest in the property may contest the forfeiture. If no one claims the property, it is forfeited administratively. If a claim is made on the property, the case must be heard in a civil court where no finding of criminal guilt is required.

- **Criminal forfeiture** — a part of the criminal action taken against a defendant accused of racketeering, drug trafficking, or money laundering. The forfeiture is a sanction imposed on conviction that requires the defendant to forfeit various property rights and interests related to the violation. Criminal forfeiture was first authorized in 1970.

The use of forfeiture varies greatly among jurisdictions

The Federal Government originally provided for criminal forfeiture in the Racketeer Influenced and Corrupt Organization (RICO) statute and the Comprehensive Drug Prevention and Control Act, both enacted in 1970. Before that time civil forfeiture had been provided in Federal laws on some narcotics, customs, and revenue infractions. More recently, language on forfeiture has been included in many Federal laws, particularly those concerned with drug control and money laundering.

Most State forfeiture procedures appear in controlled substances or RICO laws. Nine States permit administrative forfeiture: all but one State has provisions for civil forfeiture and eight States permit criminal forfeiture.

What is forfeitable?

Originally most forfeiture provisions aimed to cover the seizure of contraband or modes of transporting or facilitating distribution of such materials. Common provisions permit seizure of conveyances such as airplanes, boats, or cars; raw materials, products, and equipment used in manufacturing, trafficking, or cultivation of illegal drugs; and drug paraphernalia.

The types of property that may be forfeited have been expanded since the 1970s to include assets derived from criminal activity such as cash, securities, negotiable instruments, real property including houses or other real estate, and proceeds traceable directly or indirectly to violations of drug and money laundering laws. Despite the laundering efforts of drug traffickers, drug money is subject to forfeiture even if commingled with legitimate assets.

Attorneys fees paid for with illegal drug money are subject to forfeiture

Based on a recent Supreme Court ruling, fees paid to lawyers for representation in a criminal case are subject to forfeiture if they are paid with illegal drug money. In the Supreme Court case, the law firm of Caplin & Drysdale repre-

sented Chris Reckmeyer who was eventually convicted of running a multimillion dollar marijuana operation and sentenced to 17 years in prison. The government proved that he paid his legal fees with illegal drug proceeds and secured their forfeiture. The Supreme Court ruled that while a defendant has the right to counsel, he or she has no right to hire the attorney of his choice with illegal drug proceeds. Lawyers are exempt from prosecution under the new money laundering laws when they accept a fee of laundered drug dollars to represent a criminal defendant.

In 1990, DEA seized assets valued at more than \$1 billion

Two-fifths of the assets seized by DEA were currency valued at almost \$364 million. In 1990, DEA also seized —

- real property worth almost \$346 million
- 5,674 vehicles worth over \$60 million
- 187 vessels valued at over \$16 million
- 51 airplanes worth over \$25 million.

Almost two-thirds of DEA's seizures during 1990 were the result of cocaine investigations and another fifth resulted from cannabis investigations.

DEA seizures have increased in recent years, growing from assets valued at more than \$671 million in 1988 to more than \$1 billion in 1990. DEA seizures that were ultimately forfeited are valued at more than \$427 million in 1990.

Not all property that is seized is eventually forfeited

Seized property may not be forfeited because —

- the suspected drug criminals may not have owned the property that is seized
- the relationship of property to illegal drug proceeds cannot be proven
- innocent parties may have a partial interest in the property.

With the recent money laundering legislation, innocent parties may lose their ownership if they should have reason to believe that the property was obtained with illegal proceeds.

What happens to forfeited property?

The disposition of forfeited property is controlled by State and Federal laws or in some States by their constitutions. In many cases, the seizing agency may use the asset once it has been declared forfeit by a court. Such assets are usually cars, trucks, boats, or planes used during the crime or currency that is used in the crime.

Also, a wide variety of property that was purchased with criminal proceeds is seized including vehicles, jewelry, businesses, real property, art objects, livestock, and exotic animals. Most derivative assets when forfeited are sold and the proceeds revert to the government. As of September 30, 1990, the U.S. Marshals Service had custody of more than \$1.3 billion worth of property including \$630 million worth of real estate. The real estate included 47 properties valued at more than \$1 million including businesses, apartment buildings, motels, shopping centers, and ranches. The U.S. Marshals Service advertises significant sales of forfeited property in the classified section of *USA Today* on the third Wednesday of each month.

Who handles the proceeds of forfeited assets seized by the Federal Government?

The 1984 Comprehensive Drug Abuse Prevention and Control Act established the Department of Justice Assets Forfeiture Fund and the Customs Forfeiture Fund for customs law forfeitures. Agencies that participate in the Department of Justice Fund include DEA, the FBI, U.S. Marshals Service, the Immigration and Naturalization Service, as well as the U.S. Postal Inspection Service, the Internal Revenue Service, and the Bureau of Alcohol, Tobacco and Firearms. Within the Department of Justice, the U.S. Marshals Service is responsible for managing and disposing of property.

How large are the Federal asset forfeiture funds?

Year	Justice	Customs
1986	\$94 million	\$41 million
1987	178	50
1988	210	45
1989	581*	102
1990	460	100

Note: Both funds include forfeited assets from drug related and other authorized seizures.

*Includes \$222 million from the Drexel Burnham securities fraud case.

Source: Office of National Drug Control Policy and the U.S. Marshals Service.

What happens to the proceeds of Federal asset forfeiture?

The Department of Justice Asset Forfeiture Fund pays in order of priority—

- asset management expenses including storage, maintenance, security, appraisal, and packaging of the property
- case-related expenses incurred in normal forfeiture proceedings such as advertising and court reporting
- valid third-party claims such as liens, mortgages, and payments to creditors
- equitable sharing payments to State, local, or foreign governments for their assistance in forfeiture cases
- program management expenses for the asset forfeiture program
- investigative expenses including costs of identifying assets subject to forfeiture, awards for information, costs to equip seized vehicles for law enforcement functions, money to purchase evidence, and the expenses of the storage and destruction of seized drugs.

The largest dispersal from the Department of Justice Asset Forfeiture Fund went to equitable sharing programs

In fiscal 1990, through the equitable sharing program, the Federal Asset Forfeiture Fund transferred \$200 million to other governments commensurate with their participation in the investigations leading to forfeiture. Improved cooperation by foreign governments with U.S. officials in money laundering cases has lead to asset sharing with the cooperating governments. In 1989, the U.S. shared \$1 million with Canada and \$1

million with Switzerland for cooperation in money laundering cases.

The fund also transferred \$117 million to Federal law enforcement agencies. Deposits of \$17 million were also made to the Special Forfeiture Fund within the Office of National Drug Control Policy (ONDCP) established to supplement ONDCP program resources and \$115 million to support Federal prison construction.

What happens to the proceeds of assets seized by State and local governments?

For assets that are sold, the proceeds are usually used first to pay any outstanding liens. The costs of storing, maintaining, and selling the property are reimbursed next. Some States require that, after administrative costs are reimbursed, the costs of law enforcement and prosecution for that case must be paid.

According to the National Criminal Justice Association, as of 1990—

- 17 States distribute proceeds of forfeitures to drug law enforcement
- 10 States require that a certain portion go into drug treatment and education programs
- many States distribute proceeds among several accounts.

According to the 1990 LEMAS survey, many State and local police agencies received money or goods from drug asset forfeiture. Of State police agencies, 94% received forfeited money or goods. While only 38% of all local police departments received such money or goods, almost all of the departments that serve populations of 50,000 or more received such money or goods. Sheriffs' departments followed a similar pattern, with 51% of all agencies receiving such money and goods but almost all of the larger departments receiving forfeited money or goods.

Have drug arrests increased in recent years?

How many drug offense arrests were made in 1990?

The Uniform Crime Reports (UCR) estimates that State and local agencies made almost 1.1 million arrests for drug abuse violations in 1990. DEA, which makes most Federal drug arrests, made 21,799 drug arrests in fiscal 1990.

These differences in volume reflect the intergovernmental distribution of responsibility for drug law enforcement.

Two-thirds of the drug abuse violation arrests in 1990 by State and local agencies were for possession. Of the State and local arrests, 33% were for heroin or cocaine possession, 24% for marijuana possession, and 21% for heroin or cocaine manufacture or sale.

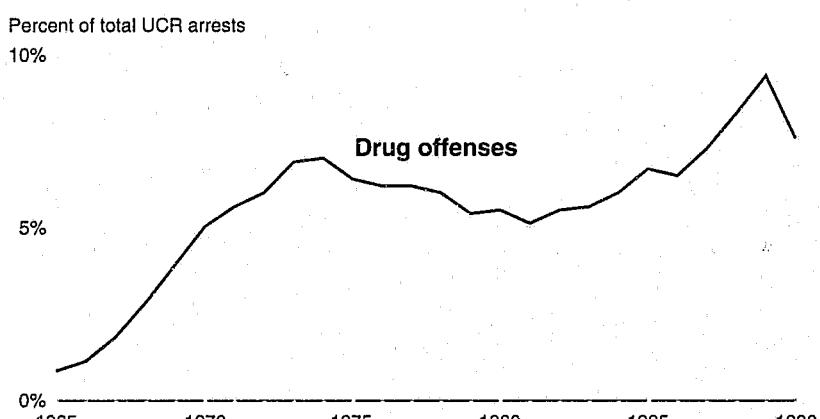
State and local agencies are making more arrests for manufacturing and sale of drugs

While possession is the most prevalent drug arrest offense, the share of State and local arrests for manufacture and sale of drugs has been increasing. In 1980, arrests for manufacturing/sale of drugs represented 22% of all drug arrests. By 1990, manufacturing/sale arrests had risen to 32% of all drug arrests. Whether these changes reflect changes in the number of offenses committed is unknown. These data may reflect changes in law enforcement activity as a result of management decisions or new drug laws, or they may indicate a change in offending activity itself.

Drug arrests make up 8% of all State and local arrests

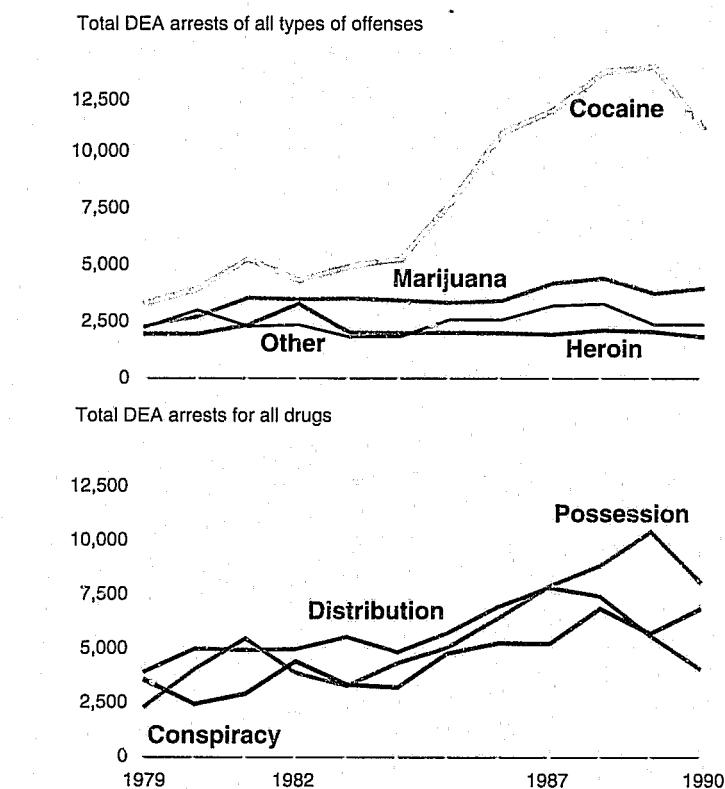
In terms of the number of arrests for specific offenses, drug abuse violations rank third behind driving under the influence and larceny. The proportion of total arrests made up by drug abuse violations has been increasing: drug abuse violations made up 6% of all arrests in 1980 compared to 8% in 1990. Drug abuse violation arrests do not represent the total effect of drugs on crime. As discussed in Chapter I and earlier in this chapter, many persons arrested for non-drug offenses use or sell illegal drugs.

Since 1965, arrests for drug offenses have made up an increasingly larger proportion of all State and local arrests



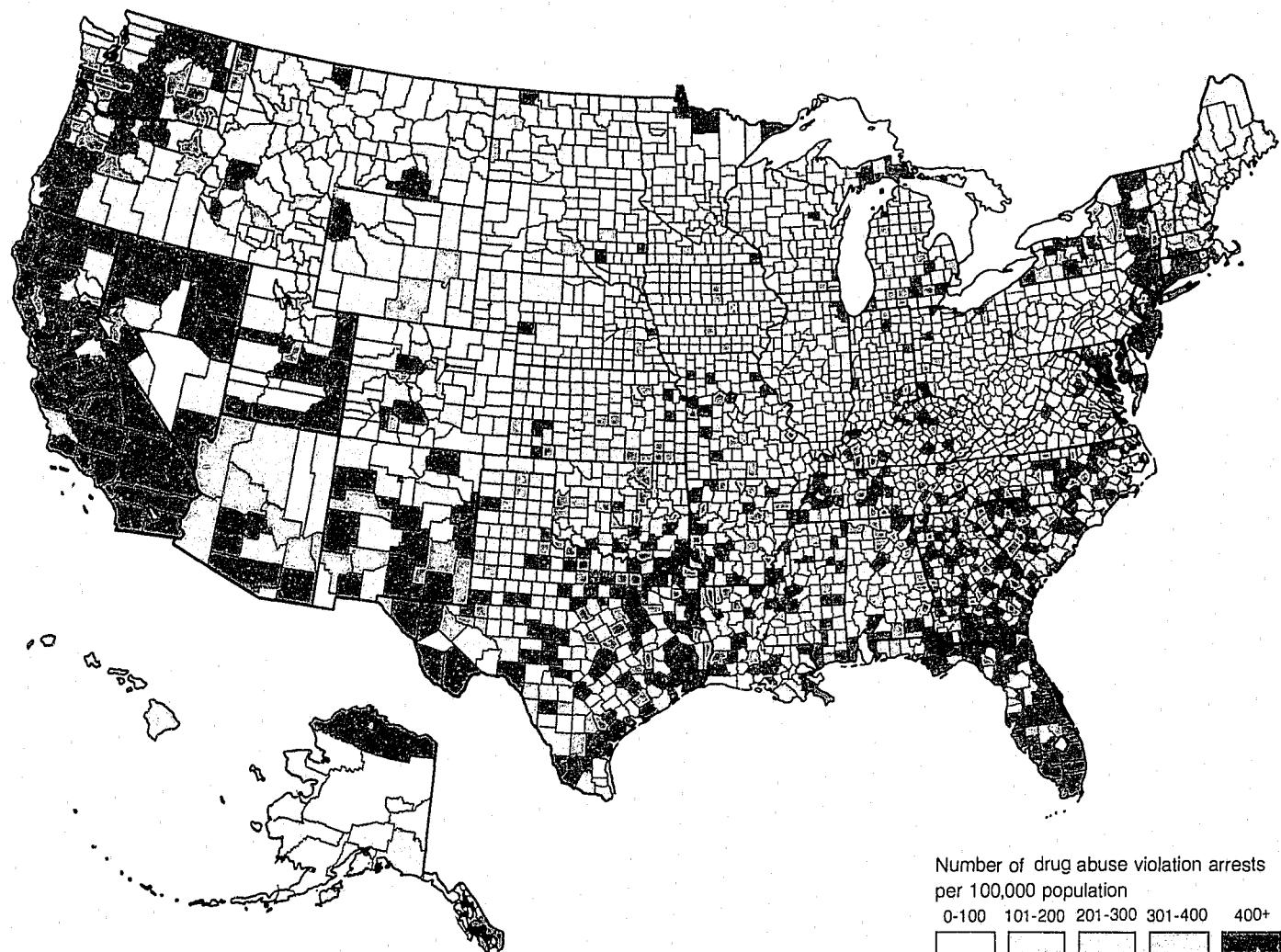
Source: FBI, *Crime in the United States*, 1965 through 1990.

In the 1980s, DEA arrests for all types of drug offenses increased; the greatest increase was in arrests for cocaine violations



Source: DEA, unpublished data, 1991.

Where are most State and local drug arrests made?



Source : FBI, Uniform Crime Reports, 1989.

Large metropolitan areas have the highest drug arrest rates

Population of jurisdiction	Drug arrests per 100,000 population
Cities	
250,000 and over	914.8
100,000-249,999	666.1
50,000-99,999	413.5
25,000-49,999	334.0
10,000-24,999	249.9
Under 10,000	236.9
Counties	
Suburban areas	309.7
Rural counties	210.8

The West has the highest drug arrest rate

Region	Number of drug arrests per 1,000 population
West	623.1
Northeast	547.6
South	410.5
Midwest	233.9

Note: Federal agency arrests are not included in UCR although arrests that are a result of task forces that involve State and local agencies may be included.
Source: FBI, *Crime in the United States 1990*, 1991, 175.

Source: FBI, *Crime in the United States 1990*, 1991, 177.

Is forensic evidence a critical factor in prosecuting drug cases?

Many drug cases depend on laboratory analysis to confirm the existence of the illegal substance

Once the police seize what they believe to be an illegal substance, they send it to a crime laboratory for analysis. Through chemical tests, the laboratory identifies the seized substance and determines if it is an illegal substance. Sometimes the laboratory also determines its purity. The type of substance, the amount seized, and its purity are often determinants of the charges filed and the possible sanction. For example, possession of a small amount marijuana may result in a misdemeanor charge for possession while the possession of a large amount of cocaine or heroin is more likely to result in a felony charge.

About 250 State and local forensic laboratories conduct tests on seized substances

According to the 1990 LEMAS survey, police agencies responsible for testing of substances included—

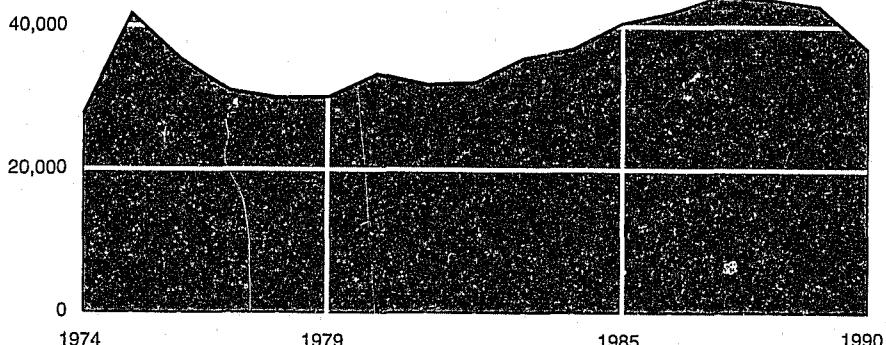
- 45% of State police agencies
- 3% of local police agencies of all sizes
- 5% of sheriffs' agencies of all sizes.

Police and sheriffs' departments that serve large populations are much more likely to be responsible for laboratory testing of substances than agencies that serve smaller populations; 49% of the police agencies and 21% of the sheriffs' departments that serve populations of 250,000 or more perform laboratory testing.

Many State laboratories provide services to local agencies. A CJSA study of 66 crime laboratories in 1988 showed that most of the requests for analysis were from municipal police agencies. Additionally, almost three-quarters of the resulting analyses found cannabis or cocaine.

What is the trend in the number of drug exhibits analyzed by DEA?

Drug exhibits analyzed by DEA labs



Source: DEA, Office of Forensic Sciences, March 27, 1991.

DEA operates forensic laboratories to analyze seized drug evidence

The seven DEA field laboratories are in New York, Washington, D.C., Miami, Chicago, Dallas, San Francisco, and San Diego. They are responsible for analyzing drug evidence seized by any Federal agency and State and local agencies upon request. The laboratory in Washington also performs all drug exhibit analyses for the District of Columbia. In 1990, 69% of the exhibits submitted to these laboratories for analysis were from DEA, 18% from State and local agencies, and 13% from other Federal agencies.

In addition, DEA operates the Special Testing and Research Laboratory to analyze evidence for foreign regions; to provide scientific support to other forensic laboratories, international organizations, foreign governments, other Federal agencies, and State and local agencies; and to conduct research and development for enforcement and intelligence purposes. The DEA regional laboratories are responsible for disposing of the tons of illegal drugs seized by Federal agents annually.

Most exhibits analyzed by DEA laboratories are cocaine

In fiscal 1990, 51% of all controlled substance exhibits analyzed by DEA were cocaine, 18% were marijuana, 13% were heroin, and 11% were stimulants. In the mid-1970s, the most frequently analyzed exhibits of controlled substances were marijuana.

Cocaine exhibits grew from 15% of all exhibits in 1974 to a high of 54% in 1989. In 1990 the number of cocaine exhibits declined due to a decrease in the number of small seizures.

Weight of exhibit	Number of cocaine exhibits		
	1988	1989	1990
500 kilograms or more	23	32	36
250-499	34	43	36
100-249	42	48	42
50-99	55	42	41
Less than 50	3,578	3,380	2,509
Total	3,741	3,545	2,664

Source: DEA, *Annual statistical report, FY 1990*, December 1990, 34.

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⁶ Mark H. Moore, "Supply reduction and drug law enforcement" in *Drugs and crime*, Michael Tonry and James Q. Wilson, eds., volume 13, *Crime and justice* (Chicago: The University of Chicago Press, 1990), 109-157, 140.

⁷ Mark A. R. Kleiman and Kerry D. Smith, "State and local drug enforcement: In search of a strategy" in *Drugs and crime*, Michael Tonry and James Q. Wilson, eds., volume 13, *Crime and justice* (Chicago: The University of Chicago Press, 1990), 69-108, 84-85.

⁸ Mark H. Moore, "Supply reduction and drug law enforcement" in *Drugs and crime*, Michael Tonry and James Q. Wilson, eds., volume 13, *Crime and justice* (Chicago: The University of Chicago Press, 1990), 109-157.

⁹ NIJ, Jan Chaiken, Marcia Chaiken, and Clifford Karchmer, *Multijurisdictional drug law enforcement strategies: Reducing supply and demand*, NIJ issues and practices, December 1990, ix.

¹⁰ NIJ, Jan Chaiken, Marcia Chaiken, and Clifford Karchmer, *Multijurisdictional drug law enforcement strategies: Reducing supply and demand*, NIJ issues and practices, December 1990, ix.

¹¹ NIJ, Anthony V. Bouza, "Evaluating street level drug enforcement," in *Street-level drug enforcement: Examining the issues*, Marcia R. Chaiken, ed., NIJ issues and practices, September 1988, 43-47, 47.

¹² Robert Barr and Ken Pease, "Crime placement, displacement, and deflection," in *Crime and justice: A review of research*, Michael Tonry and Norval Morris, eds., volume 12, *Crime and justice* (Chicago: The University of Chicago Press, 1989).

¹³ John E. Eck, *Police and drug control: A home field advantage* (Washington: Police Executive Research Forum, 1989); Robert Trojanowicz and Bonnie Bucqueroux, *Community policing: A contemporary perspective* (Cincinnati: Anderson Publishing Co., 1990), 277-310.

¹⁴ Ethan Nadelmann, "Unlaundering dirty money abroad: U.S. foreign policy and Financial Secrecy Jurisdictions," *Inter-American Law Review* (1986), 18(1):33-81.

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Section 3. Prosecution and adjudication

How are drug cases handled?

Like all criminal cases, drug cases drop out at various stages of the criminal justice system

As discussed in Section 1 of this chapter, the criminal justice system involves a number of decision points where cases can be disposed of or continued:

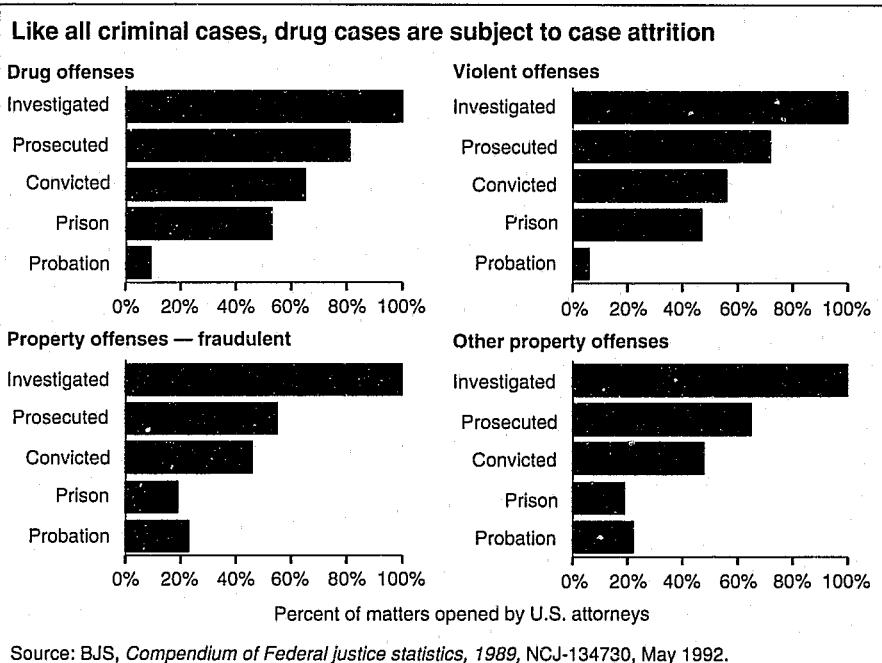
- Prosecutors can decline to prosecute, file charges different than the arrest charges, or request dismissal of a case.
- Judges decide at the preliminary hearing if there is probable cause to believe that the accused committed a crime.
- Grand juries determine if there is sufficient evidence to bring the accused to trial.
- Judges and juries decide if an accused brought to trial is guilty beyond a reasonable doubt.

Drug cases are subject to the same decisions as all other criminal cases.

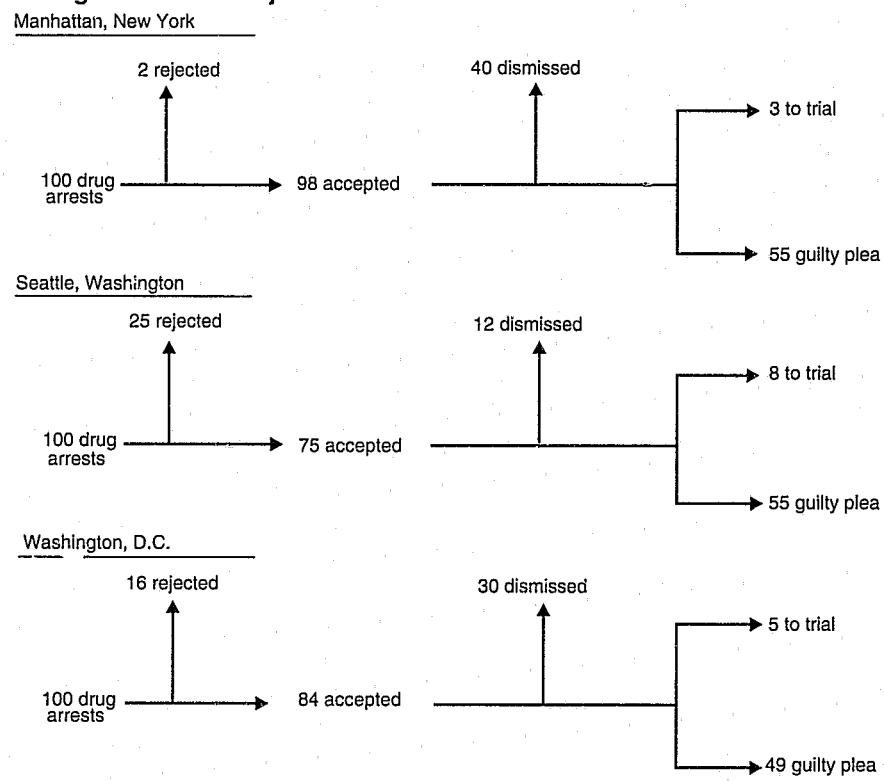
Some drug cases are felonies, others are misdemeanors

Most jurisdictions recognize two classes of offenses: felonies and misdemeanors. Generally, more serious drug offenses such as selling large amounts of illegal drugs are felonies while less serious offenses such as the possession of a small amount of marijuana are misdemeanors. Felonies are not distinguished from misdemeanors in the same way in all jurisdictions, but most jurisdictions define felonies as offenses punishable by a year or more in prison.

Cases that are filed as misdemeanors are usually disposed of in courts of limited or special jurisdiction. For example, U.S. magistrates dispose of most misdemeanor cases at the Federal level. Courts of general jurisdiction handle most felonies.



Where drug cases fall out of the system varies among State and local jurisdictions



Source: BJS, Barbara Boland, Catherine H. Conly, Paul Mahanna, Lynn Warner, and Ronald Sones, Abt Associates, *Prosecution of felony arrests, 1987*, NCJ-124140, August 1990.

What is the role of the prosecutor in drug control?

Who prosecutes drug cases?

Prosecuting officials include State, district, county, prosecuting, and commonwealth attorneys; corporation counsels; circuit solicitors; attorneys general; and U.S. attorneys. State and local prosecutions are conducted by 2,300 chief prosecutors who employ about 20,000 assistant prosecutors. In 1990, 97% of local prosecutors were elected. Each State has an office of the attorney general, which has jurisdiction over all matters involving State law but generally, unless specifically requested, is not involved in local prosecution.

Federal prosecution is the responsibility of the 93 U.S. attorneys who are appointed by the President and of the litigating divisions of the Department of Justice, particularly the Criminal Division in criminal cases.

Because of the complexity of many drug cases, prosecutors are often involved during the investigation

At the Federal level, the offices of U.S. attorneys are key players in the Organized Crime Drug Enforcement Task Forces (OCDETF). Assistant U.S. attorneys who are assigned to OCDETFs become involved in the early stages of some investigations. They work with law enforcement to build in electronic surveillance, asset forfeiture, grand jury proceedings, and other tools required by large-scale, financially complex cases. They also are involved in DEA State and local task forces and other cooperative investigations.

State and local prosecutors also are involved in Federal, State, and local task forces. A 1988 Criminal Justice Statistics Association study of 240 task forces in 15 States found that 11% of the task forces were administered by the prosecutor's office.

In multijurisdictional cases, prosecutors are often cross-designated

Cross-designation allows Federal, State, or local prosecutors to prosecute cases in either State or Federal court. The ability to cross-designate prosecutors

enables the prosecution to be initiated in the court most appropriate for a particular case. Therefore, one prosecutor handles a case from the investigation to its conclusion rather than turning it over to another prosecutor with the appropriate jurisdiction. This practice, called vertical prosecution, is also used to target other types of offenders including career criminals and gang members. In 1990, 69% of the chief prosecutors in the 75 largest counties assigned some cases on a vertical basis and 61% had career criminal units.

Prosecutors also participate in other coordinated drug control efforts

The prosecutor's involvement is essential to the success of many law enforcement strategies. Efforts resulting in an increase in arrests such as street sweeps may fail because the prosecutorial resources are inadequate to process the cases. In other instances, the prosecutor provides a new method for handling cases. For example, in Maricopa County, Arizona, the user accountability program allows eligible arrestees to be sent to drug treatment as an alternative to prosecution.

Some drug cases are initiated by special grand jury investigations

A grand jury is a group of ordinary citizens, usually no more than 23, that has

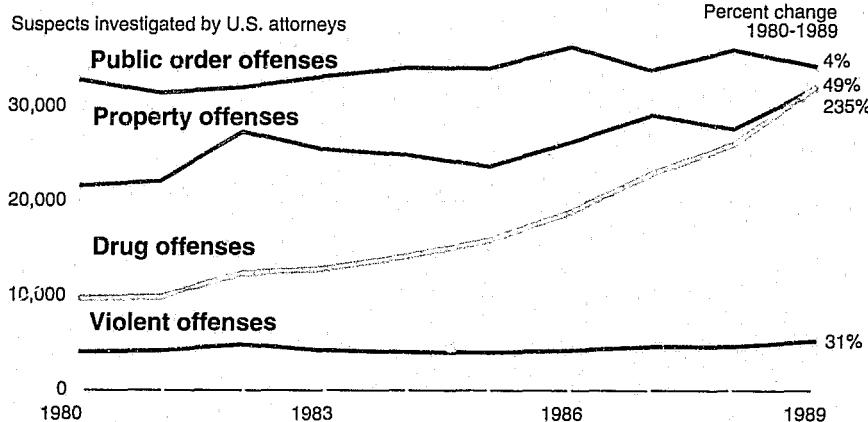
accusatory and investigative functions. In most States and at the Federal level, grand juries hear evidence presented by the prosecutor and determine if a person should be brought to trial. If so, the grand jury issues a bill of indictment. Often this proceeding follows an arrest and preliminary hearing and can be waived by a defendant. In some cases, particularly those involving drug networks, organized crime, and official corruption, the grand jury proceeding is used to investigate crime. Indictments that result from such investigations are called grand jury originals.

The decision to charge is generally a function of the prosecutor

After an arrest, the case is referred to the prosecutor although in some jurisdictions not until after initial appearance. In 1990, 63% of the chief prosecutors in State courts reported that they were notified within 24 hours of a felony arrest.

The prosecutor may review a case to determine if it merits prosecution. The prosecutor can refuse to prosecute because of insufficient evidence or other factors. The decision to prosecute usually is not reviewable by any other branch of government. In 1990, 71% of the prosecutors reviewed at least half of the felony cases before filing, 47% reviewed all felony cases, 6% did not review any felony cases.

The number of suspects investigated for drug offenses by U.S. attorneys increased 235% from 1980 to 1989



Source: BJS, *Federal criminal case processing, 1980-89: With preliminary data for 1990*, NCJ-130256, October 1991, table 1, 5 and table 1, 1.

How often are drug cases rejected or dismissed?

What happens to cases that are not prosecuted?

Cases that are not prosecuted are either rejected for prosecution or dismissed. In cases where the prosecution declines to file felony charges, the prosecutor may choose to —

- file misdemeanor charges
- refer the case to another prosecutor
- recommend the case for diversion.

The prosecutor can drop a case after making efforts to prosecute (*nolle prosequi*), or the court can dismiss the case on motion of the defense on grounds that the government has failed to establish that the defendant committed the crime charged. The prosecution also may recommend dismissal, or the judge may take the initiative in dismissing a case. A dismissal is an official action of the court.

Why are cases rejected or dismissed?

Many criminal cases are rejected or dismissed because of —

- insufficient evidence
- witness problems
- the interests of justice, wherein certain offenses, particularly those that violate the letter but not the spirit of the law, are not prosecuted
- a plea on another case
- pretrial diversion
- referral to another jurisdiction for prosecution
- due process problems involving violations of the constitutional requirements for seizing evidence and for questioning the accused
- referral to treatment with case dropped if there is no new crime.

Declination and dismissal rates vary among jurisdictions for drug cases as well as other criminal cases

Jurisdiction	Percent of felony arrests				
	All felonies	Drug offenses	Trafficking	Possession	Violent crimes
Declined for prosecution					
Portland, Oregon	26%	15%	38%	30%	19%
Seattle, Washington	25	0	46	28	19
San Diego, California	22	23	26	27	17
Washington, D.C.	16	9	—	24	12
Manhattan, New York	2	1	2	2	3
Dismissed					
Portland, Oregon	21%	15%	15%	21%	20%
Seattle, Washington	12	12	8	8	7
San Diego, California	19	16	31	14	16
Washington, D.C.	30	23	—	41	34
Manhattan, New York	40	32	47	55	33

— Drug possession is not a felony in Washington, D.C.

Source: BJS, Barbara Boland, Catherine H. Conly, Paul Mahanna, Lynn Warner, and Ronald Sones, Abt Associates, *Prosecution of felony arrests, 1987*, NCJ-124140, August 1990, 20-23.

Insufficient evidence is the most common reason for rejection and dismissal of State and local drug cases

Under the exclusionary rule, evidence obtained in violation of the fourth amendment, which prohibits unreasonable searches and seizures, may not be used in criminal proceedings. Evidence that may be used in a criminal proceeding must be secured by execution of a valid search warrant. Certain warrantless searches are also permissible, including those where the police have probable cause to believe that contraband is present.

In the 1987 BJS study of felony arrests, insufficient evidence was the reason for rejection of more than half the drug cases in all but one of the five jurisdictions reporting felony arrests. This study also found that insufficient evidence was either the first or second most common reason for dismissal of indicted drug cases. Drug cases were less likely than other cases to be rejected or dismissed because of witness problems.

How many Federal drug cases are rejected or dismissed?

Of the Federal drug offense suspects in criminal matters concluded in 1989, U.S. attorneys declined to prosecute 19% and disposed of an additional 5% through U.S. magistrates who usually handle misdemeanors. Of the drug suspects whose offenses were declined for prosecution, 42% were referred or handled in another prosecution including State court cases and 4% were resolved with restitution, civil/administrative procedure, or pretrial diversion. Declinations at the Federal level are generally due to referral or handling in another prosecution, or weak evidence.

Of the defendants in Federal drug cases terminated in 1990, 14% had their cases dismissed. Dismissal was a more common disposition for defendants charged with drug possession (23%) than drug trafficking (13%). For all types of drug offenses, fewer defendants had their cases dismissed in 1990 than in 1980.

Are defendants charged with drug offenses released or held pending adjudication?

The traditional objective of bail and other pretrial release options is to assure appearance at trial

The traditional bail system required the accused to guarantee his or her appearance at trial by posting a money bond that was forfeited if the accused failed to appear. The eighth amendment states that bail shall not be excessive, but it does not grant the right to bail in all cases. The right to bail for many offenses was established by Federal and State laws early in the history of the U.S.

The modern bail reform movement resulted in new release options. The movement was based on the belief that detaining the poor because they could not afford bail violated their right against excessive bail. Alternatives to bail including release on recognizance, conditional release, third-party custody, and citation release were established for eligible defendants.

Recently, many States and the Federal Government have changed their pretrial release practices due to concern over community safety. In some jurisdictions a defendant may be detained before trial without having bail set if his or her release poses a danger to the community.

The Bail Reform Act of 1984 changed the bail provisions for many Federal drug defendants

The Act authorizes pretrial detention for defendants charged with major drug offenses, crimes of violence, offenses with a possible sentence to life in prison or death, and felonies where the defendant has a specified serious criminal record. The Act also creates a rebuttable presumption that no conditions of release will assure the appearance of the defendant and the safety of the community when —

- there is probable cause to believe the defendant committed a drug felony with a 10-year maximum sentence
- there is probable cause to believe the defendant committed a violent or drug trafficking offense with a firearm
- within the preceding 5 years, the defendant was convicted of a serious crime while on pretrial release.

Both financial bond and alternative release options are used today

Financial bonds

Fully secured bail — The defendant posts the full amount of bail with the court.

Privately secured bail — A bondsman signs a promissory note to the court for the bail amount and charges the defendant a fee for the service (usually 10% of the bail amount). If the defendant fails to appear, the bondsman must pay the court the full amount. Frequently, the bondsman requires the defendant to post collateral in addition to the fee.

Deposit bail — The courts allow the defendant to deposit a percentage (usually 10%) of the full bail with the court. The full amount of the bail is required if the defendant fails to appear. The percentage bail is returned after disposition of the case, but the court often retains 1% for administrative costs.

Unsecured bail — The defendant pays no money to the court but is liable for the full amount of bail should he or she fail to appear.

Alternative release options

Release on recognizance (ROR) — The court releases the defendant on the promise that he or she will appear in court as required.

Conditional release — The court releases the defendant subject to his or her following specific conditions set by the court, such as going to drug treatment or staying away from the complaining witness.

Third party custody — The defendant is released into the custody of an individual or agency that promises to assure his or her appearance in court. No monetary transactions are involved in this type of release.

Citation release — Arrestees are released pending their first court appearance on a written order issued by law enforcement personnel.

Source: BJS, *Report to the Nation on crime and justice: Second edition*, NCJ-105506, March 1988, 76.

In 1989, 45% of the defendants charged with Federal drug offenses were held without bail

Most serious offense charged	Percent of defendants who at any time after initial bail hearing were:				
	Released on Personal recognizance	Unsecured bond	Financial conditions	Detained Without bail	On financial conditions
Drug offenses	7%	22%	22%	45%	26%
Trafficking	6	21	23	46	26
Possession	40	28	12	10	10
Violent offenses	14%	18%	8%	59%	13%
Property offenses	22%	48%	10%	18%	11%
Public-order offenses	14%	27%	11%	35%	17%

Note: The sum of the defendants released and detained exceeds 100% because some defendants who were initially detained eventually raised bail or had the conditions of the bail changed by rehearing or appeal.

Source: BJS, *Compendium of Federal justice statistics, 1989*, NCJ-134730, May 1992, 22.

Felony drug defendants in State courts are less likely to be detained until trial than defendants charged with violent and property offenses

Of felony defendants in the 75 largest counties in 1988
Percent released

Most serious felony arrest charge	Financial release						Nonfinancial release			Percent detained		
	Total	Total	Surety bond	Full cash bond	Deposit bond	Other	Total	ROR or citation release	Unsecured bond	Total	With bail	Without bail
Drug offenses	72%	36%	19%	10%	6%	1%	36%	30%	7%	28%	26%	2%
Sale/trafficking	69	37	20	13	3	1	32	28	4	31	29	2
Other	75	35	19	8	8	—	39	31	9	25	24	1
Violent offenses	59	32	13	10	8	2	27	24	3	41	34	6
Property offenses	62	25	13	5	6	1	37	30	7	38	34	4
Public-order offenses	70	31	17	9	4	1	39	34	5	30	24	5

— Less than 0.5%

Note: Detail may not add to total because of rounding.

Source: BJS, *Pretrial release of felony defendants, 1988*, NCJ-127202, February 1991, table 1, 2.

Defendants with prior convictions are more likely to be held until trial

Criminal history	Percent of all defendants who were detained by offense type			
	Drugs	Violent	Property	Public-order
Prior conviction				
Violent felony	38%	67%	58%	49%
Nonviolent felony	42	46	55	46
Misdemeanor	27	41	40	22

No prior conviction 18% 29% 24% 17%

Source: BJS, *Felony defendants in large urban counties, 1988*, NCJ-122385, April 1990, 9.

What is the average bail amount for drug defendants?

The median bail set for felony drug defendants in the 75 largest urban counties in 1988 was \$3,500. The bail amount set for persons charged with sale and trafficking offenses (\$5,000) was higher than that set for those charged with other drug offenses (\$2,500). The bail amounts for defendants charged with violent offenses were much higher than those for drug defendants, while the amounts for those charged with property offenses and public order crimes were similar.

Of defendants who had bail set at \$20,000 or more, those charged with drug offenses were more likely to secure release than those charged with other types of offenses.

The bail amount set for Federal defendants is generally higher than that for State defendants. Four-fifths of the Federal defendants who received financial conditions in 1986 had bail set at more than \$100,000.

Almost half the juveniles charged with drug trafficking were detained before court disposition in 1988

Juveniles can be placed in a detention facility at any point between referral to the court and case disposition. A juvenile may be detained to —

- protect the community from the youth
- protect the youth from himself or the community
- ensure the youth's appearance in court.

According to a National Center for Juvenile Justice study of drug and alcohol cases, juveniles were more likely to be detained prior to disposition if their most serious charge was drug trafficking — in 1988, 46% of trafficking offenders were detained compared to 28% of possession offenders. The use of

detention for each type of offender increased from 1985 to 1988.

Juveniles charged with drug law violations were more likely to be detained in 1988 than in the previous 3 years

	Percent detained			
	1985	1986	1987	1988
All drug cases	26%	31%	34%	35%
Possession	26	32	32	28
Trafficking	34	41	43	46

Source: Melissa Sickmund, *Juvenile court drug and alcohol cases, 1985-88* (Pittsburgh: National Center for Juvenile Justice, September 1990).

Defendants charged with drug offenses and released before trial are less likely to appear for trial than other released defendants

In 1988, 72% of the felony drug defendants in the 75 largest urban counties made all of their court appearances. Defendants charged with other offenses were more likely to make all court appearances. For example, released drug defendants failed to make a scheduled court appearance twice as often as defendants charged with public-order offenses. In 1989, 3% of Federal drug defendants failed to appear for trial.

In the 75 largest urban counties in 1988, felony drug defendants also were more likely than other defendants to remain fugitives for more than 1 year after failure to make an appearance; 10% of felony drug defendants remained fugitives, 8% of property defendants, 6% of violent defendants, and 5% of public order defendants.

How often are released drug defendants rearrested?

In the 75 largest counties in 1988, 19% of the felony drug defendants who were released pretrial were rearrested during the pretrial period. Of the other released defendants, 12% of those charged with public order offenses, 16% of those charged with violent crimes, and 18% of those charged with property crimes were rearrested. For all released defendants in the study, the median amount of time from arrest to adjudication was about 4 months.

Most rearrested defendants are rearrested for the same type of felony as the charge already pending against them. Of rearrested drug defendants, 57% were rearrested on drug charges. Almost two-thirds of the rearrested defendants were later re-released, including 81% of the public order defendants, 64% of the property defendants, 64% of the drug defendants, and 58% of the violent defendants.

Most Federal drug defendants do not violate the conditions of their release

In 1989, 14% of the Federal drug defendants released before trial violated the conditions of their release in addition to the 3% who failed to appear —

- 2% were charged with another felony offense while on release
- 1% were charged with a misdemeanor
- 10% had technical violations of bail conditions.

Altogether, 6% of the Federal drug defendants had their release revoked compared with 8% of the violent defendants, 3% of the property defendants, and 2% of the public order defendants.

Drug use increases the likelihood of pretrial misconduct

A BJS study of Federal defendants in 1979 concluded that the probability of misconduct (rearrest, failure to appear, and violations of release conditions) within 120 days of release was 20% for defendants who used drugs. Estimates were slightly lower for defendants who used opiates alone. The probability of misconduct was 10% for defendants who did not use drugs.

A NIJ study of arrestees in the District of Columbia during 1984 and 1985 found drug use associated with higher rates of pretrial arrest and failure to appear. Also, arrest and failure-to-appear rates rose as the number of drugs used increased.

Another study of the same population found that drug use did not influence the likelihood of rearrest consistently. An individual testing positive for PCP is less likely to be rearrested than one testing positive for cocaine, amphetamines, or opiates — at least in the early months after release on bail. Also the relative impact of drug use on the likelihood of rearrest decreases over time. That is, as time passes, the chance of rearrest is still higher for drug users, but other factors such as employment status and education become more important.

A 1984 study in Manhattan found that pretrial releasees who tested positive for drug use were arrested and failed to appear in court more often than nonusers.

	Percent of arrestees who: Failed to reappear*	Were rearrested ²
All cases	33%	25%
No positive drug test	28	20
Positive for:		
1 drug	37	28
2 or more drugs	39	34
Heroin	42	33
Cocaine	37	29
PCP	34	40

*Based on defendants with at least 1 day free prior to disposition of case.

Source: Douglas A. Smith, Eric D. Wish, and G. Roger Jarjoura, "Drug use and pretrial misconduct in New York City," *Journal of Quantitative Criminology* (1989), 5(2):101-126.

Routine drug testing of new arrestees before the pretrial release decision is recent

In 1984 the District of Columbia Pretrial Services Agency put into practice a model program to test adult arrestees for drug use and to provide the test results to the judges who made decisions on pretrial release and diversion. The program also tested whether adding drug use information to that usually provided such as employment and community ties would improve the judges' ability to predict which defendants would return for court appearances and/or be rearrested before settlement of their current cases. The program also monitored arrestees testing positive who are later granted conditional nonfinancial release before trial to see that they remain drug free. BJA notes that such demonstration programs have since been adopted in seven jurisdictions around the country.

The 1990 Law Enforcement Management and Administrative Statistics Survey found that in 33% of the jurisdictions surveyed at least some arrestees are given drug tests. In these agencies, the testing program was operated by an outside agency. Sheriff's departments were slightly more likely to operate testing programs than local police agencies.

The Administrative Office of the U.S. Courts began a demonstration project to test defendants for drug use in eight Federal judicial districts in 1989. The test results were included in the pretrial services report that was completed prior to initial appearance. Only those defendants who agreed to the testing were included. The success of the project led to a recommendation to expand the program to other districts.

As compared to convicted offenders, arrestees have stronger constitutional protections against unreasonable searches because they have not been convicted of a crime. Most courts that have considered the constitutionality of drug testing programs for nonconvicted populations have found that urine testing is highly intrusive, requiring a strong showing of compelling government interest to justify mandatory or random testing. Drug testing also is discussed in Chapter III.

How often do drug cases result in convictions?

In some jurisdictions, the proportion of drug arrests that were indicted and convicted has been increasing

Jurisdiction	Percent of drug arrests		Indicted Convicted	
	1982	1987	1982	1987
Washington, D.C.*	31%	73%	25%	60%
Manhattan	28	52	24	45
Los Angeles	43	54	37	49
San Diego	44	53	44	50
Jurisdiction mean	37%	58%	33%	51%

*Possession is not a felony in the District of Columbia.

Source: BJS, Barbara Boland, Catherine H. Conly, Paul Mahanna, Lynn Warner, and Ronald Sones, Abt Associates, *Prosecution of felony arrests, 1987, 1990, 10*.

More than four-fifths of the drug defendants tried in U.S. district court were convicted in 1990

Most serious offense charged	Percent of defendants convicted
Property offenses	84%
Drug offenses	83
Trafficking	84
Possession	76
Violent offenses	83
Public order offenses	75

Source: BJS, *Federal criminal case processing, 1980-89; with preliminary data for 1990*, NCJ-130526, October 1991, 10.

Conviction rates in U.S. district court have been increasing since 1980

In 1980, 74% of the defendants charged with all drug offenses in U.S. district court were convicted. This rate increased to 85% in 1987. In 1988 the rate decreased slightly to about 83% where it has remained in 1989 and 1990. In 1990, more than 16,000 persons were convicted of drug offenses in U.S. district court, 91% for drug trafficking, importing, or manufacturing.

Conviction rates for simple possession are lower than for trafficking, 76% compared to 84% in 1990. The conviction rate for possession went from 63% in 1980 to a high of 80% in 1987, declined in 1988 and 1989, and increased to 76% in 1990. The trend for trafficking is similar to the overall trend except that it peaked in 1986.

Most drug cases result in a guilty plea

The 1988 BJS study of felony defendants in the 75 largest counties found that 52% of the defendants charged with drug offenses pled guilty to a felony and another 12% pled guilty to a misdemeanor. Defendants charged with drug trafficking were more likely to be convicted as the result of a guilty plea than those charged with other drug offenses. At the Federal level, 68% of the defendants in drug cases terminated in 1989 entered a guilty plea.

The predominance of guilty pleas is not new. A study in Connecticut covering 75 years (1880 to 1954) concludes that between 1880 and 1910 10% of all convictions were obtained by trial. The entry of a guilty plea may or may not be the result of plea negotiations. Defendants may trade guilty pleas explicitly for a less severe sentence, but they also may make a straightforward admission of guilt.

Few drug cases result in a jury trial

A person accused of a crime is guaranteed a trial by jury. However, the accused may waive that right and be tried by a judge who serves as a finder of fact and determines issues of law. Such trials are called bench trials.

In 1989, 16% of all defendants in drug cases terminated in U.S. district court had a jury trial. Another 1% were disposed of by a bench trial. At the Federal level, defendants in drug cases were more likely to go to trial and to be tried before a jury than ones charged with property or public-order offenses. The trial rate was 18% for violent offenses, 9% for property offenses, and 13% for public-order offenses. The jury trial rate was 16% for violent offenses, 7% for property offenses, and 7% for public-order offenses. Of the defendants who went to trial, those tried before a jury were somewhat more likely to be convicted than those tried before a judge. Of the drug cases tried by a jury, 83% were convicted compared to 81% of those that went before a judge.

In State courts in 1988, 8% of the drug convictions resulted from trials, 4% from jury trials, and 4% from bench trials. Violent offenses are much more likely than drug offenses to result in a jury trial. For example, 36% of the murder convictions and 18% of the rape convictions in State courts resulted from jury trials.

Most Federal convictions are for offenses involving heroin or cocaine

In 1989, 66% of the Federal drug convictions involved heroin or cocaine, 26% involved marijuanna, and 8% involved other drugs. Most Federal convictions were for distribution, import, and manufacture including 96% of the heroin or cocaine convictions, 72% of the marijuana convictions, and 82% of the convictions involving other drugs. Of the marijuana convictions, 28% were for possession.

Are drug defendants convicted of the same offense for which they are charged?

In the 75 largest counties in 1988, 75% of the felony defendants who were originally charged with drug sale or trafficking and eventually convicted were convicted of the same offense, 8% of another drug offense, 1% of another felony, and 16% of a misdemeanor. Drug defendants were more likely to be convicted of the same offense for which they were arrested than defendants arrested for most other felonies, except for those arrested for burglary.

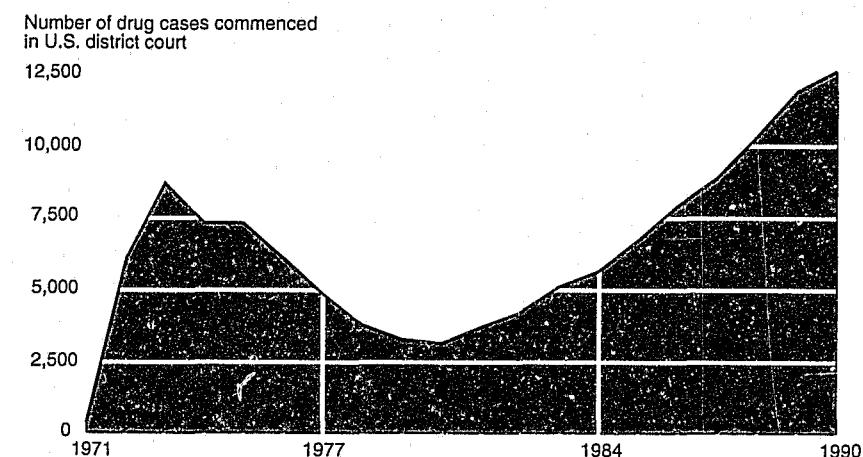
How many people are convicted of drug offenses?

In 1988, about 225,000 adults were convicted of State drug felonies. The number of convictions for felony drug trafficking and for possession offenses is estimated to be about equal. Drug offenses were about 34% of all felony convictions in State courts.

Of the 15,799 defendants who were convicted of drug offenses at the Federal level, 89% were convicted of trafficking offenses and 11% were convicted of possession offenses.

Have drug caseloads increased in State and Federal courts?

The number of drug cases in U.S. district court has risen dramatically since 1980



Source: Annual report of the Director of the Administrative Office of the U.S. Courts, 1971-90.

The number of drug cases in State courts is also increasing

- Evidence of this increase includes —
- A BJS study in five States from 1983 to 1986 found that all types of criminal cases were increasing, but the 61% increase in the number of drug offenses prosecuted was more than that for any other type of offense.
 - BJS reported that the 76,437 convictions for drug trafficking in State courts in 1986 accounted for 13% of all convictions. By 1988, drug trafficking convictions had risen to 111,950 (almost 17% of all convictions).
 - A BJS study in the 75 largest counties found that convictions for all offenses increased by 27% between 1986 and 1988, due in part to the 61% rise in drug convictions.
 - A study of 26 urban felony courts from 1983 to 1987 found that drug cases made up the largest share of all cases in all but one court.

These measures may underestimate actual increases in the drug caseload because they reflect the most serious offense charged. Some drug charges may be subsumed under more serious offenses such as murder, rape, or robbery.

How long does it take to process drug cases?

For defendants in Federal drug cases terminated in 1989, the average time from filing to disposition was 8.9 months for all outcomes, 7.5 months for guilty pleas, and 8.4 months for trials. Possession cases took less time than trafficking cases, 3 months compared to 9.5 months for all outcomes. In general, drug cases took longer than most other offenses. This difference may be due to the complexity of drug cases involving more defendants, more transactions, and more complicated factual and legal issues than found in other kinds of Federal cases.

In the study of 26 large urban trial courts, median time from arrest to disposition was similar for drug sale and possession cases, 3.9 months and 4 months respectively. In the upper courts, drug sale cases tended to take longer than drug possession cases. Drug cases did not take as long as cases involving the most serious offenses such as murder, rape, and robbery but did take longer than other types of cases. This study concluded that drug sale cases were not usually as complex as more serious case types but were more complex than other less serious, nondrug case types.

What is the impact of the increase of drug cases on court delay?

The study of 26 urban trial courts found the increase in drug caseloads was not the cause of long processing times. In some jurisdictions, the increased caseload per judge caused by the influx of drug cases did have a detrimental impact on processing time. In general, the courts that were slow before the influx of drug cases continued to be slow and vice versa.

Some research reports that State trial court resources are being diverted from the civil caseload to meet the increasing drug caseload.¹ The Federal Courts Study Committee found that districts with heavy drug caseloads were virtually unable to hear civil cases because courts must give priority to criminal over civil cases under the Speedy Trial Act.

Courts are using a variety of management techniques to handle the influx of drug cases

Special drug courts — Originally implemented in New York in the 1970s to handle new drug laws, these courts handle only drug cases. In Orleans Parish, Louisiana, the added narcotics divisions have all the resources available to the other divisions and process drug cases from arraignment to sentencing. Within the first few months of operation, they had eliminated the backlog of drug cases in Orleans Parish.

Early case disposition — By changing procedures, including the creation of a prearraignment conference, drug cases can be resolved earlier.

Motions management — Rather than focusing on the trial phase of drug cases, this technique accelerates upper court procedures especially motion hearings. In Santa Clara, California, a special department of the court hears all motions in drug cases including pleas.

Differentiated case management — A division of the Tacoma, Washington, court is devoted exclusively to drug cases. To ensure speedy resolution, the schedule for each drug case is negotiated.

How do the juvenile courts deal with drug offenses and drug abusing juveniles?

Juvenile courts are very different from criminal courts

Juvenile courts and the handling of juveniles are separate from the criminal courts. The language used in juvenile courts is less harsh. For example, juvenile courts —

- accept "petitions" of "delinquency" rather than criminal complaints
- conduct "hearings," not trials
- "adjudicate" juveniles to be "delinquent" rather than find them guilty of a crime
- order one of a number of "dispositions" rather than sentences
- handle "status offenses" (such as truancy, running away, and incorrigibility) that are not applicable to adults.

Once a juvenile is under juvenile court disposition, the court may retain jurisdiction until a juvenile becomes legally an adult (at age 21 or younger in most States). Juveniles committed to State juvenile corrections departments may also be held until they become adults.

At what age do offenders come under criminal court jurisdiction?

In most States the criminal courts gain jurisdiction over offenders at age 18. In a few States the age is 16 or 17 and in one it is 19. All States allow juveniles to be tried as adults in criminal courts through the provision of concurrent jurisdiction, excluded offenses, or judicial waiver.

Juvenile courts have changed their approach to drug cases

Traditionally, juvenile justice was oriented toward rehabilitating juvenile offenders. Recently in many States, it has shifted toward holding juveniles accountable for their actions.

A study in Seattle, Washington, found that historically juveniles referred for drug offenses were handled similarly to status offenders and public-order referrals. After the change in Seattle's juvenile justice system from the rehabilitation model to the accountability model in 1978, drug and alcohol cases were handled more severely.

Of referred delinquency cases, 7% are for drug law violations

Reasons for referral	Percent of delinquency cases
Larceny theft	26.9%
Burglary	11.3
Simple assault	8.9
Vandalism	7.1
Drug law violations	6.9
Obstruction of justice	6.8
Other delinquent acts	5.5
Motor vehicle theft	4.7
Trespassing	4.2
Disorderly conduct	4.0
Aggravated assault	3.6
Stolen property offenses	2.6
Weapons offenses	1.9
Robbery	1.8
Other sex offenses	1.5
Liquor law violations	1.2
Arson	.6
Rape	.3
Criminal homicide	.1

Source: OJJDP, Howard N. Snyder, Terrance A. Finnegan, Ellen H. Nimick, Melissa H. Sickmund, Dennis P. Sullivan, and Nancy J. Tierney, *Juvenile court statistics 1988*, NCJ-129575, May 1990, table 1, 10.

The drug case rate in juvenile courts has been rising

A study of 1985 to 1988 juvenile court records of 17 States found a 12% increase in the drug case rate. Over the same period, all delinquency cases rose by almost 4%. The study also found that from 1985 to 1988 —

- the drug case rates for 16- and 17-year-olds increased while those for younger youth declined

- drug cases were handled more severely by the court since the number of drug cases handled formally rose from 5 out of 10 to 6 out of 10 during the period

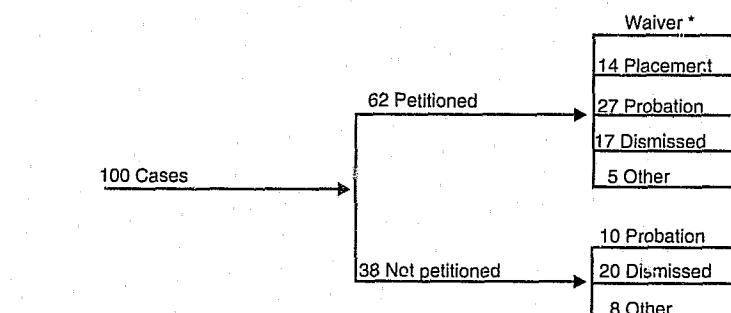
- the drug case rate for whites declined by 15%, while the rate for nonwhites rose by 88%

How do drug cases differ from other types of delinquency?

According to 1987 estimates of the National Center for Juvenile Justice:

- Law enforcement agencies are more likely to be the source of referral for drug offenses than for other offenses.
- Juveniles referred for drug offenses are more likely to be detained than those referred for other offenses.
- Drug cases are more likely to be handled formally with a petition than other cases.
- Drug cases are more likely to be waived to adult criminal court than those involving property or public order offenses, but are less likely to be waived than cases involving person offenses such as rape, robbery, and assault.
- Drug cases are more likely to be adjudicated than other types of cases.
- Drug cases are more likely to result in an out-of-home placement than person or property offense cases but slightly less likely than public order offenses.

How are juvenile drug cases processed?



*Less than one case per 100.

Note: Detail may not add to totals because of rounding.

Source: Melissa Sickmund, *Juvenile court drug and alcohol cases, 1985-88* (Pittsburgh: National Center for Juvenile Justice, September 1990).

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Notes

¹ Robert D. Lipscher, "The judicial response to the drug crisis," *State Court Journal* (Fall 1989), 13(4):13-17.

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Section 4. Sentencing and sanctions

What sanctions and sanctioning strategies are used for drug law violations?

The range of sanctions for drug law violations are defined by the U.S. Congress and State legislatures

As discussed in Chapter III, laws that set forth what is a violation of law also set forth penalties and sanctions. The types of sanctions allowable, time the sanction is in force, size of the fines allowed, and discretion allowed to judges and decisionmakers in setting sanctions vary from State to State and between the States and the Federal Government.

Some penalties and sanctions are set through a determination of guilt in a criminal court. Others are the result of a civil court action or an administrative decision of a government agency. For drug law violators —

- criminal courts determine which of the various community supervision and incarceration sanctions to impose
- criminal courts can impose special sanctions on drug-using offenders, regardless of their offense
- civil courts can evict public housing residents for violating drug selling provisions of their leases
- civil courts can order payment of back taxes on drugs and fine violators of tax codes for nonpayment
- civil and criminal courts can require forfeiture of individual and corporate drug-related assets seized by law enforcement agencies
- many government agencies have regulations that allow administrative sanctions for drug-using employees as well as organizations and individuals who receive their services or who they regulate.

What types of sanctions may be given to drug law violators?

Death penalty — Courts may sentence an offender to death for the most serious crimes such as drug-related murder.

Incarceration — Courts may sentence a convicted criminal to be confined in a Federal or State prison or a local jail to serve a court-imposed sentence. In many States offenders sentenced to 1 year or less are held in a local jail; those sentenced to longer terms are committed to a State prison.

Probation — Courts may sentence an offender to community supervision by a probation agency — often as a result of suspending a sentence to confinement. Such supervision normally entails specific rules of conduct while in the community. If the rules are violated a sentence to confinement may be imposed. Probation is the most widely used correctional disposition in the U.S.

Fines — Within limits set by law, courts may impose a monetary penalty that requires the offender to pay a specified sum of money. Fines are often imposed in addition to probation or as alternatives to incarceration.

Intermediate sanctions — Courts may impose a type of sentence that is between regularly supervised probation and incarceration in a jail or prison. Intermediate sanctions may include —

- intensively supervised probation with drug testing or treatment
- house arrest with electronic monitoring
- day reporting centers
- boot camps and split sentences (sometimes referred to as "shock incarceration")
- denial of government benefits
- community service
- criminal forfeiture of assets.

State and Federal courts use a variety of strategies for sentencing criminal offenders

Sentencing strategies are the overall approach taken in applying penalties to criminal offenders. Among sentencing strategies the basic differences result from the apportioning of discretion to judges and other decisionmakers such as parole authorities about when the sanction will end.

The various sentencing strategies generally include —

Indeterminate sentencing — the judge specifies minimum and maximum sentence lengths that are the upper and lower bounds on the time to be served. Within those limits, the actual release date is determined later by parole authorities.

Partially indeterminate sentencing — a variation of indeterminate sentencing in which the judge specifies only the maximum sentence length. An associated minimum automatically is implied, but is not within the judge's discretion. The implied minimum may be a fixed time (such as 1 year) for all sentences or a proportion of the maximum. In some States the implied minimum is zero; thus, the parole board is empowered to release the prisoner at any time.

Determinate sentencing — the judge specifies a fixed term of incarceration that must be served in full (less any "goodtime" earned in prison). There is no discretionary parole release.

It is often difficult to classify the sentencing strategies of jurisdictions according to these definitions because some States have systems that straddle the boundaries between categories.

Drug sentences can include features that modify severity

Such features include—

- **Mandatory sentencing** — The law requires the judge to impose a sentence to incarceration, often of specified length, for certain crimes or categories of offenders. There is no option of probation or a suspended sentence.
- **Presumptive sentencing** — The discretion of a judge who imposes a prison sentence is constrained by a specific sentence length set by law for each offense or class of offenses. That sentence must be imposed in all unexceptional cases. In response to mitigating or aggravating circumstances, the judge may shorten or lengthen the sentence within specified boundaries, usually with written justification being required.
- **Sentence enhancements** — The law specifies an additional time of incarceration for offenses committed under particular circumstances such as offenses involving a minor or for prior convictions. The enhancement may be a set period of time or a proportion of the basic sentence.
- **Sentencing guidelines** — Explicit policies and procedures are specified for deciding individual sentences. The guidelines usually specify a sentence length based on the nature of the offense and the offender's criminal history.

Sentencing guidelines sometimes use a grid or matrix to list the appropriate sanctions

Sentencing matrix

Offense severity	Criminal history			
	I	II	III	IV
I				
II	Probation			
III				
IV				
V				
VI		Imprisonment		
VII				

Adapted from *Preliminary report on the development and impact of the Minnesota sentencing guidelines*, Minnesota Sentencing Guidelines Commission, July 1982.

Sentencing guidelines have been established for Federal judges

The 1984 Comprehensive Crime Control Act established the U.S. Sentencing Commission. It reported its initial sentencing guidelines to Congress in 1987. The Supreme Court rejected challenges to the constitutionality of the guidelines in January 1989. Full nationwide application of the guidelines began in late January.

The prime objective of the guidelines is to reduce disparity in Federal sentencing. The guidelines use many variables in measuring the severity of the crime and the offender's criminal history in determining an appropriate sentencing

range. The guidelines use a two-dimensional grid with 43 levels of offense seriousness and 6 levels of criminal history. Level 43 is for the most serious crime; the most extensive criminal history would be assigned a VI.

The sentencing judge must impose a penalty within that specified unless the case is atypical. If the judge deviates from the guidelines, he must articulate for the record the reason for the departure from the range.

The U.S. Sentencing Commission reports that about 22% of Federal guideline sentences for drug offenses fell outside the range in 1990. Departures are subject to appellate review. The guidelines require an offender to serve almost all of his/her sentence, because Federal parole has been abolished and time reductions for good behavior have been severely curtailed. The U.S. Sentencing Commission reported that during 1989 about 55% and in 1990 about 70% of all defendants were sentenced under the guidelines.

Sentencing guidelines are also used by some State courts

Such guidelines came into use in the late 1970s. As of 1992, they are—

- used in 18 States
- written into statute in Florida, Louisiana, Minnesota, Pennsylvania, Tennessee, Utah, Oregon, Washington, Wisconsin, Alaska, California, and Kansas (effective 1993)
- established by the judiciary in Maryland, Massachusetts, Michigan, Rhode Island, Virginia, and Delaware
- in development in Missouri, North Carolina, South Carolina, Ohio, Arkansas, New Jersey, and other States.

What are the penalties for illegal drug offenses?

Federal and State laws consider a number of factors in establishing penalties for violators of drug laws

In general the penalties for drug law violations are determined by —

- the dangerousness of the drug involved, often determined by where the drug is placed on the Federal or State drug control schedule as discussed in Chapter III
- whether the violation is for drug possession or drug trafficking
- the amount of the drug involved
- whether the drug is real or counterfeit
- the criminal history of the offender.

Other factors that may be considered include —

- the location of the transaction, such as near a school or in a crack house
- the ages of the buyer and seller
- whether the drug transaction or the use of the drug results in serious bodily injury or death
- whether the substance involved is a finished drug or a precursor or essential chemical used in illegal drug manufacturing
- whether environmental damage results
- whether the offense involves illegal drugs or drug use paraphernalia.

Federal drug possession penalties generally consider only the drug violation history of the offender

With one exception, Federal penalties for a person convicted of possession of any type or amount of a controlled substance can be sentenced to —

- up to 1 year in prison and a minimum fine of \$1,000 for a first offense
- a minimum of 15 days and a maximum of 2 years in prison and a minimum fine of \$2,500 for a second drug offense
- a minimum of 3 months and a maximum of 3 years in prison and a minimum fine of \$5,000 for a third drug offense.

Federal prison sentences for convicted drug traffickers vary

Drug schedule	Some drugs included	Prison sentence	First offense Maximum fine	Subsequent offenses Prison sentence	Subsequent offenses Maximum fine
Schedules I & II	Heroin, cocaine	0-20 yrs	\$1,000,000	0-30 yrs	\$2,000,000
Schedule III	Amphetamines	0-5	250,000	0-10	500,000
Schedule IV	Diazepam	0-3	250,000	0-6	500,000
Schedule V	Over the counter drugs with codeine	0-1	100,000	0-2	200,000

Source: *A guide to State controlled substances acts* (Washington: National Criminal Justice Association, January 1991), 8-11.

As discussed later in this section, persons convicted of possession of certain amounts of a mixture or substance containing cocaine base such as crack cocaine face much stiffer penalties under "mandatory minimum" sentencing.

Federal drug trafficking penalties consider the type and amount of the drug involved, the offender's drug violation history, and other factors

For each drug, there is a threshold amount that brings the offender under the mandatory minimum sentencing structure discussed later in this section. The penalties for trafficking in lesser amounts of illegal drugs are generally organized by which of the five drug schedules the drug is on. The law provides for longer sentences for Schedule I and II offenders than some Schedule III-IV offenders. When death or serious bodily injury results from use of the drugs, first time offenders are subject to a sentence of 20 years to life, and repeat offenders are subject to a mandatory life sentence.

Penalties for trafficking in small amounts of drugs are less than those prescribed for their schedule. For example, although marijuana is a Schedule I drug, offenders convicted of trafficking in less than 50 kilograms are subject to Schedule III penalties.

The law provides for stiffer fines for offenders other than individuals, such as corporations. For Schedule I and II offenses, the maximum fines for corporate offenders are five times greater than for individuals, for Schedules III and IV they are four times greater, and for Schedule V, they are two and one-half times greater.

State and Federal sentencing structures are similar

According to the National Criminal Justice Association (NCJA), State penalties for possession or trafficking in a particular controlled substance may vary but, like the Federal system, are graduated by harmfulness and amount.

Like the Federal system, almost all States have two general classes of drug offenses — possession and manufacturing, delivery, or sale. But, unlike the Federal system, some States have a separate offense of possession with intent to distribute. These laws stipulate an amount that distinguishes these offenses from simple possession and sets penalties for them that are similar or identical to those for manufacturing or distributing the controlled substance.

All State and Federal laws prohibit possession and manufacturing/distribution of controlled substances, but 11 States also make it illegal to use or be under the influence of an illegal drug.

State laws vary widely in the longest possible prison sentence for drug violations

Jurisdiction	Maximum incarceration for first offense involving: Heroin and cocaine		Jurisdiction	Maximum incarceration for first offense involving: Heroin and cocaine	
	Marijuana	Marijuana		Marijuana	Marijuana
Federal	Life	Life			
Alabama	20 yrs	20 yrs	Missouri	15 yrs	7 yrs
Alaska	20	5	Montana	Life	Life
Arizona	14	14	Nebraska	50	20
Arkansas	40	30	Nevada	Life	Life
California	7	4	New Hampshire	7	3
Colorado	16	8	New Jersey	10	5
Connecticut	15	7	New Mexico	9	3
Delaware	10	5	New York	7	7
D.C.	20	1	North Carolina	10	5
Florida*	30	5	North Dakota	20	20
Georgia	30	10	Ohio	15	5
Hawaii	20	20	Oklahoma	Life	5
Idaho	Life	5	Oregon*	20	10
Illinois	30	7	Pennsylvania	15	5
Indiana	30	4	Rhode Island	Life	30
Iowa	10	10	South Carolina	5	5
Kansas	Life	Life	South Dakota	10	10
Kentucky	10	10	Tennessee*	30	10
Louisiana*	Life	30	Texas	99	99
Maine	10	1	Utah	15	5
Maryland	20	5	Vermont	20	15
Massachusetts	10	2	Virginia	40	30
Michigan	Life	7	Washington	10	5
Minnesota	20	5	West Virginia	15	5
Mississippi	30	30	Wisconsin	15	5
			Wyoming	20	10

*The maximum statutory penalty for cocaine is less than for heroin.

Note: Reference date according to source is "through the end of the 1990 legislative sessions." Penalties are listed for the most serious offense associated with the substance, usually manufacturing or distribution. These are statutory

maximums except in Minnesota and New York and do not include enhanced or subsequent offense penalties.

Source: *A guide to State controlled substance acts* (Washington: National Criminal Justice Association, January 1991).

Arkansas, Illinois, Indiana, Louisiana, Pennsylvania, and South Dakota. Nevada became the seventh State to allow consideration of drug activity in capital offenses according to NCJA. Nevada law allows a drug seller to be prosecuted for murder, in addition to any drug law violation, if a death results from the transaction.

- Washington State provides for "controlled substance homicide" if the buyer dies as a result of using the drug; the seller could be sentenced up to 10 years in prison and fined \$20,000.

Drug offenses in specific locations —

- 43 States and Federal law have penalties for illegal drug distribution in or near schools that are greater than for distribution away from schools.
- Federal law, 42 States, and the District of Columbia have some type of "safe house" provision, that makes it unlawful to be in, or operate rooms or a building where drugs are used or sold; some States provide enhanced penalties for such offenses.
- The assembly, maintenance, or placement of booby traps on Federal property in connection with the manufacture, distribution, or dispensing of a controlled substance is subject to a fine up to \$20,000 and 20 years in prison.

Drug offenses involving specific drugs —

- Federal law, the District of Columbia, and 36 States provide for enhanced penalties for particular drugs that are the target of aggressive law enforcement. The most frequently targeted drug is cocaine, including cocaine base and crack.

Drug offenses that result in environmental damage —

- Creating a serious hazard to human or animal life, harming the environment, or causing water pollution as a result of using poisons, chemicals, or other hazardous substances on Federal property while in the course of unlawfully manufacturing or otherwise distributing a controlled substance is subject to a fine up to \$500 and up to 5 years in prison.

Federal and State laws provide special penalties for various drug offense circumstances

Drug offenses involving minors —

- The Federal Government, all States, and the District of Columbia have penalties for distribution of controlled substances to minors that are greater than if adults were the buyers, and many States have greater penalties for distributing imitation controlled substances to minors.

- 25 States, the District of Columbia, and the Federal Government have made it unlawful to use a minor in drug distribution, often with penalties greater than if

the adult had distributed the drugs himself. Under Federal law, the penalties are doubled for a first offense and tripled after a prior conviction.

Drug offenses that result in serious bodily injury or death —

- Under Federal law, when death or serious bodily injury results from the use of the drugs, first time offenders are subject to a sentence of 20 years to life, and repeat offenders are subject to a mandatory life sentence.

- 6 of the 15 States revising statutory provisions to the death penalty in 1989 addressed drug-related murders:

The Federal Government can request civil penalties for drug possession

The Anti-Drug Abuse Act of 1988 allows DOJ to request a civil penalty of up to \$10,000 for illegal possession of small "personal use" amounts of some controlled substances (including marijuana, heroin, and cocaine) if the defendant has no prior drug offense conviction. The imposition of this penalty is the result of a civil administrative proceeding that does not result in a criminal record. After 3 years, the individual's records can be expunged provided he or she meets certain conditions, including paying the penalty, passing a drug test, and not having a Federal or State drug offense conviction since the civil penalty was imposed. Amounts collected through these provisions are to be deposited as miscellaneous receipts in the U.S. Treasury.

The regulations implementing the program became effective in 1991. To date, no cases have been brought.

Federal law establishes penalties for illegal use of precursor chemicals

Some chemicals that are precursors to PCP, amphetamines, and methamphetamines were listed recently as controlled substances under Schedule II and carry the same penalties as other Schedule II substances.

Other precursor chemicals were added to the "definitions section" of the Federal drug schedule. Possession of them with the intent to manufacture a controlled substance (or knowing, or having reason to believe, they will be used in that way) carries a basic penalty of up to 10 years in prison and a fine of up to \$250,000 according to NCJA.

Federal and State courts can fine and imprison money launderers

Persons convicted under the Federal money laundering laws are subject to —

- incarceration for up to 20 years
- a fine of up to \$500,000 or twice the value of the property involved in the transaction, whichever is greater
- forfeiture of any proceeds from the laundering activity
- civil penalties of the value of the property involved or \$10,000.

Financial institutions are also subject to sanctions under the money laundering law and the Bank Secrecy Act. Banks not in compliance can be fined up to \$10,000 a day for willful or grossly negligent violation of recordkeeping requirements. Bank officers and directors also can be fined.

At least 14 States have enacted laws aimed at money laundering, both prohibiting the act and imposing reporting requirements on financial institutions, according to NCJA. Only two States include these provisions in their Controlled Substances Acts (CSAs). Others are codified in general penal, tax, or banking laws and apply to money laundering in conjunction with any type of criminal activity. The Louisiana CSA provides for a maximum 10-year prison sentence and a maximum \$10,000 fine, while Oklahoma has a 2-year mandatory minimum prison sentence, and a maximum sentence of 10-years in prison and a \$50,000 fine.

What are the sanctions for violations of the drug paraphernalia laws?

The Federal Government, the District of Columbia, and all States but Alaska have some type of drug paraphernalia laws according to NCJA. Almost all use the language of the Federal Model Drug Paraphernalia Act of 1979, but the penalties vary widely. Under Federal law, any sale, offer for sale, or import or export of drug paraphernalia is punishable by up to 3 years incarceration and a \$250,000 fine. At least 32 States have enhanced penalties for distributing drug paraphernalia to minors; but again, penalties vary.

How do Federal mandatory minimum sentences apply to drug offenders?

Mandatory minimum sentences limit the sentencing discretion of judges

These Federal sentences take into account the type and amount of drugs involved, aggravating circumstances, and the criminal history of the offender. The law states that the measurements refer to the total weight of "a mixture containing a detectable amount" of the controlled substance. Hence, the mandatory minimum sentence would apply to someone convicted of distributing 1 kilogram of a very diluted heroin mixture while another offender who had less than 1 kilogram of pure heroin could receive a lesser sentence.

The law does allow judges to impose sentences longer than the mandatory minimums. First-time offenders facing a 10-year mandatory minimum sentence could receive anything up to and including life imprisonment, and someone eligible for a 5-year mandatory minimum sentence could receive as long as 40 years.

The law establishes mandatory minimum sentences for possession of crack cocaine

These offenders are to be sentenced to a mandatory minimum of 5 years and a maximum of 20 years for possession of—

- 5 grams of crack for a first conviction
- 3 grams for a second conviction
- 1 gram for a third conviction.

Federal law bases the length of mandatory minimum sentences on the amount and type of drugs involved

Trafficking in:	Drug amounts for required minimum prison sentences of:	
	10 years	5 years
Heroin	1 kilogram	100 grams
Cocaine	5 kilograms	500 grams
Cocaine base	50 grams	5 grams
PCP	100 grams	10 grams
LSD	10 grams	1 gram
Fentanyl	400 grams	40 grams
Marijuana	1,000 kilograms	100 kilograms
Marijuana plants	1,000 plants	100 plants
Methamphetamine	100 grams	10 grams

Note: Trafficking includes manufacturing, distributing, dispensing, importing, and exporting (or possession with intent to do the same) a controlled substance or a counterfeit substance.

Federal law also provides for harsher sentences under some circumstances

- For first offenders in which death or serious bodily injury resulted from using the drug, the mandatory minimum sentence is 20 years, regardless of the amount of drugs involved.
- For second offenders in which death or serious bodily injury resulted from using the drug, the mandatory minimum sentence is life in prison.
- Third-time offenders, who would be eligible for 10-year minimum sentences on a first felony, are sentenced to life imprisonment with no opportunity for conditional release.

The laws also establish minimum periods of supervised release after the full prison sentence has been served

These periods range from 1 to 10 years for drugs on Schedules I to IV, again depending on the amount and type of drug involved and the drug conviction history of the offender. The purpose of supervised release is surveillance, unlike parole which serves to help reintegrate the offender into the community.¹

A judge can order a lesser sentence only if the prosecutor recommends it

The law allows such a recommendation if the prosecution determines that the defendant provided "substantial assistance" to the government in the investigation or prosecution of other offenders. The U.S. Sentencing Commission estimated that 7.4% of all sentences covered by Federal sentencing guidelines were reduced for this reason in 1990. Such sentence reductions occurred more often in drug cases than in all cases. These reduced sentences are used most often in complex investigations such as drug trafficking and financial cases. The reductions are used less frequently in relatively simple felony cases.

Estimated percent of Federal sentences reduced for "substantial assistance" to the government, 1990

All offenses	7.4%
Drug offenses	11.8
Importation and distribution	12.6
Communication facility*	9.8
Simple possession	.5
Bribery	12.0
Money laundering	8.7
Auto theft	8.3
Forgery/counterfeiting	7.7
Kidnapping	6.7
Tax offenses	5.9
Extortion/racketeering	5.1
Escape	4.3
Sex offenses	4.3
Fraud	4.2
Gambling/lottery	3.6
Larceny	3.5
Robbery	2.9
Embezzlement	2.3
Firearms	2.1
Immigration	1.5
Assault	0
Burglary	0
Homicide	0

*Communication facility is a lesser included offense and covers offenses such as using a telephone in the commission of a drug law violation.

Source: U.S. Sentencing Commission, *Annual report, 1990, 1991*, table S.

A kilogram is roughly equivalent to 2.2 pounds; it contains 1,000 grams, each of which is roughly equivalent to 1/28 ounce.

Source: 21 USC 841.

How are intermediate sanctions applied to drug law violators?

Intermediate sanctions are a mix of old and new penalties

Over the past several years, officials have modified traditional probation programs for offenders for whom incarceration is too severe and costly while regular probation is too lenient. New programs termed intermediate sanctions have been developed expressly for such offenders. Somewhere between regularly supervised probation and incarceration, these sanctions include:

- intensely supervised probation
- house arrest and electronic monitoring
- day reporting centers (DRCs)
- boot camps modeled on military training camps
- shock incarceration
- denial of Federal and State benefits
- community service and restitution.

Any of these sanctions may be used alone or in combination.

State laws control the application of intermediate sanctions

Drug offenders, particularly those convicted of drug use, possession of small amounts of drugs, or dealing in small quantities, and nonviolent drug-involved offenders are thought to be particularly suited to intermediate sanctions. Some sanctions are used exclusively for youthful, nonviolent, or first-time offenders. States may prohibit certain types of offenders, or those convicted of certain offenses, from receiving intermediate sanctions. Offenders who sold drugs near a school, for example, might be banned from the program.

Many intermediate sanctions involve drug testing and treatment

The criminal justice system often uses drug testing to monitor drug use by offenders and to refer them to drug treatment. Offender drug testing and treatment are discussed in section 5 of this chapter.

Nonincarcerative intermediate sanctions are often used in conjunction with intensively supervised probation

Probation and parole agencies often have several levels of supervision designed for variations in the offenders' sentence and criminal history. The highest level of supervision, usually referred to as intensive supervision (ISP), varies from jurisdiction to jurisdiction but most often includes frequent contact between officers and offenders. ISP is often combined with other requirements such as drug treatment, drug testing, community service, and electronic monitoring as a condition of probation. Failure to comply with the condition can lead to more intensively monitored probation or to incarceration.

In the BJS Probation and Parole Survey, jurisdictions reported more than 55,000 probationers under intensive supervision in 1990—about 2% of all adults on probation. Nearly 17,000 parolees also were under intensive supervision during 1990.

The BJS 1986-89 probation followup study in 32 counties looked at what kinds of probationers were placed on intensive supervision:

Probationer characteristic	Percent of probationers in intensive supervision
Offense	
Murder	4%
Rape	17
Robbery	10
Felony assault	12
Burglary	11
Larceny	9
Drug trafficking	9
Drug possession	13
Fraud	11
Drug usage	
None apparent	6%
Occasional abuse	9
Frequent abuse	21

Note: Information was available on supervision level in 76% of cases and on drug history in 52% of cases.

Source: BJS, *Recidivism of felons on probation, 1986-89*, NCJ-134177, February 1992, table 1; and National Association of Criminal Justice Planners, *Variations on felony probation: Persons under supervision in 32 urban and suburban counties*, March 1991, 16-17.

Day Reporting Centers are a variant of intensively supervised probation

In these programs participants report regularly and frequently to the center to participate in various programs. A NIJ study identified 14 Day Reporting Centers in 1990, half of which served probationers. The Centers had about the same level of participant contact as intensively supervised probation programs, 14.5 contacts per week for the Centers and 16 per week for the probation programs. The Centers varied widely in their programs and in the number and type of persons served. Services provided through the Centers, either on site or through referrals, include job placement, training in job seeking and life skills, counseling, education, recreation, and transitional housing. Drug testing is often used.

House arrest is used in many jurisdictions

The BJS 1986-89 probation followup study found that —

- 1% of drug offenders on probation in 32 counties across 17 States were under house arrest
- 69% of these probationers totally satisfied the probation condition of staying home.

How is electronic monitoring used in supervising offenders?

House arrest and curfews are not new sanctions, but recent technological developments in electronic monitoring of offenders have made it easier to enforce compliance with the judge's orders to remain at home during certain times of the day, usually when not at school or work. Electronically-monitored house arrest is used in conjunction with probation, parole, or as an alternative to incarceration.

Often, the offender wears a bracelet that he or she cannot remove. There are several types of electronic monitoring programs including —

- continuous signaling, where the bracelet worn by the offenders emits a signal to a device placed in the home. The device enables the probation or

parole office to determine if an offender is at home when he or she has been ordered to be there.

- "programmed contact," involves having a computer contact the offender at times he or she is to be at home. When contacted the offender indicates his or her presence in a variety of ways depending upon the program.
- a hybrid system that combines programmed contact with a signalling device and some form of voice verification.

Electronic monitoring devices are not entirely foolproof. None of the devices can prevent an offender from using or selling drugs or committing other crimes while at home. None of them can prevent an offender from committing crimes when allowed to be away from home. Some devices can be removed without detection.

Electronic monitoring devices were first used in 1984

National Institute of Justice (NIJ) surveys have tracked the rapid growth in the use of electronic monitoring devices:

- By February 1989, 37 States, the District of Columbia, and Puerto Rico had electronic monitoring programs.
- The number of persons being electronically monitored on a given day increased from 95 in 1986 to 826 in 1987, 2,277 in 1988, and 6,490 in 1989.
- Because the average monitoring period was 79 days, many more persons are monitored during the course of a year than indicated by the single-day counts NIJ reported. (Some analysts believe the number to be four to five times greater than the survey's single-day counts.)

Almost a fourth of the respondents to a recent survey of urban probation departments conducted jointly by the American Probation and Parole Association (APPA) and the National Association of Probation Executives (NAPE) indicated that they used electronic monitoring for some drug-involved probationers.

The BJS 1990 probation and parole survey found that electronic monitoring was used for 8,000 of the 2.7 million adults on State and local probation or about a third of 1% of all probation and parole cases. About 13% of everyone under intensive supervision were monitored electronically.

Electronic monitoring devices are used for a wide variety of offenders

NIJ reported that the proportion of drug law violators in electronic monitoring programs grew from 13.5% of electronic monitoring participants in 1987 to 22% in 1989. In 1989 only property offenders (accounting for 31.7% of electronic monitoring program participants) were more numerous. One NIJ study reported that some jurisdictions focused on drug-involved offenders, but provided no information on the percentage of monitored offenders who were drug-involved.

The Federal system is testing electronic monitoring devices

In the Federal system, selected offenders are participating in a trial electronic monitoring program in the Community Control Project. This program began in January 1988 with 2 Federal district courts; in 1990, 12 additional courts were added to the project. The trial program is jointly sponsored by the Federal Probation System, the U.S. Parole Commission, and the Bureau of Prisons.

The Administrative Office of the U.S. Courts (AOUSC) reports that 233 offenders in the 12 new pilot districts participated, from October 1, 1990, through January 29, 1991. As of January 1991, about 100 offenders were participating in the original pilot districts. The equipment used in these programs was found to be reliable and effective.

Drug offenders may be sentenced to shock incarceration programs

Most shock incarceration programs are designed for young adult, nonviolent offenders. NIJ reports that they —

- normally involve a 1- to 6-month confinement in a correctional facility, which may operate like a military boot camp
- may use physical or mental challenges to build self-esteem and self-control — modeled after "challenge" programs such as Outward Bound
- generally are not designed exclusively for drug law violators or drug-involved offenders but include some form of drug treatment.

NIJ surveyed all State departments of corrections in 1990 on boot camps — one type of shock incarceration. There is a core of specific attributes that define a boot camp program, but the State programs studied by NIJ differed in —

- the amount of rehabilitation, counseling, and treatment time afforded the inmates
- whether the camp is located in a larger prison or is independent
- who places the offender in the camp (a judge vs. the department of corrections)
- whether participation in the program is voluntary.

The Office of National Drug Control Policy (ONDCP) reports that 32 States have adopted criminal justice policies that provide for the implementation of such programs. The BJS 1990 Correctional Facility Census found that in 18 States 2,862 adults were in 26 boot camp programs, 95% of them male. The 26 programs could accept the following types of offenders:

All boot camp programs	100%
First time incarcerated as adult	88
Nonviolent offenders	81
Probationers	38
Drug offenders	19
Parole violators	12
Violent offenders	12

Source: BJS, *Census of State and Federal correctional facilities*, 1990, NCJ-137003, May 1992, table 19.

What government benefits can be denied to drug offenders?

Federal, State, and local courts can deny Federal benefits to drug offenders

The 1988 Anti-Drug Abuse Act authorized Federal and State judges to deny specific Federal benefits to persons convicted of drug possession or trafficking. The U.S. Department of Justice (DOJ) administers the program and notifies the U.S. General Services Administration (GSA) of persons whose benefits have been denied. Each Federal agency is to review GSA's lists to ensure compliance with the law. The new provisions can be applied to anyone convicted on or after September 1, 1989, for offenses that occurred on or after November 18, 1988, the day the legislation was enacted.

460 Federal benefits may be denied or revoked

Convicted drug offenders may be ineligible for—

- student loans
- small business loans
- radio and television broadcast licenses
- medical, engineering, scientific, and academic research grants and fellowships
- nuclear power plant licenses
- ship construction subsidies
- pilot and maritime licenses
- physicians' prescription-writing authority
- Federal contracts and purchase orders
- contracts and purchase orders funded by Federal grantees or contractors.

Persons convicted of drug possession can be denied benefits for up to 1 year for a first offense and up to 5 years for a second or subsequent offense. Judges have similar discretion for those convicted of drug trafficking for a first and second offense. Federal benefits *can* be denied for 5 years for a first offense and for 10 years for a second offense. However, judges *must* deny Federal benefits permanently for a third drug trafficking offense. A judge can reinstate the benefits if the offender demonstrates that he or she has been rehabilitated and has remained drug free for 6 months.

Under the DOJ revocation program, access to long-term Federally-supported drug treatment programs cannot be denied and the following cannot be revoked:

- social security
- public welfare
- disability and veterans benefits
- public housing.

Courts are beginning to deny Federal benefits to drug offenders

Final Federal regulations for the denial of Federal benefits were issued on September 11, 1990. As of November 30, 1991, 245 convicted drug traffickers had been denied all or some of their Federal benefits as had 151 drug possession offenders—180 by Federal courts and 216 by State and local courts, with Rhode Island courts accounting for nearly 90% of the State cases. To date, four States have notified DOJ that they have imposed this sanction. In the Federal court system, 11 of the 94 district courts have informed DOJ of offenders who are to have their Federal benefits denied.

Public housing can be denied to drug users

Although public housing benefits are not revocable under the DOJ program, the U.S. Department of Housing and Urban Development (HUD) has a program that allows the 3,300 Public Housing Authorities (PHAs) and Residence Management Corporations (RMCs) across the Nation to keep drug sellers and users out of public housing. HUD instructs PHAs and RMCs in ways to screen prospective tenants so that the PHA or RMC can determine drug activity and deny entrance to drug offending applicants.

All public housing leases must now contain language that binds the resident to refrain from any drug activity as a condition of residency when the resident signs the lease. Any resident found to violate that condition of the lease can be evicted through civil procedures where the standard of proof is "a preponderance of the evidence," a less stringent standard than the "beyond a reasonable doubt" standard used in criminal cases. Thus, the public housing resident does not have to be convicted of drug offenses to be denied public housing residency.

HUD also is working with DOJ to use asset forfeiture laws to seize the leasehold that allows drug offending residents to occupy the units. The residents are then evicted because they have no legal right to remain in the unit without the lease.

Other lease provisions are used to evict drug offending residents as well. For example, provisions that prohibit residents from conducting any business, legal as well as illegal, in a public housing unit can be used to evict tenants.

Public housing evictions are expedited in 44 States where HUD has determined that State and local law provide due process and has waived the HUD grievance procedure requirements for lease termination and eviction actions. Without such a waiver, a resident notified of forthcoming lease termination may appeal to the PHA or RMC and then appeal a negative PHA or RMC ruling in State court, a two-stage procedure that lengthens the eviction process.

The Federal Government can deny other benefits and services to drug offenders

The Department of State must deny or revoke passports of convicted drug offenders who used the passport in committing the offense or otherwise crossed international borders in committing the offense.

The Federal Aviation Administration may assess civil penalties for violation of aircraft ownership and registration regulations. Such a regulation makes it easier to identify owners of aircraft and more difficult for owners to allow their aircraft to be used to smuggle drugs. The Anti-Drug Abuse Act of 1988 requires the permanent revocation of the airman certificate of a person who is convicted of (or knowingly engages in activity that is punishable as) a drug trafficking felony involving the use of aircraft.

Some States have enacted similar legislation revoking State benefits for those convicted of drug offenses

The new laws most commonly target driving licenses, particularly those for juveniles, according to ONDCP. Other affected licenses include those for various professions and occupations such as those for doctors, nurses, pilots, lawyers, and teachers, and hunting and fishing licenses.

ONDCP reports that as of November 1990 —

- 27 States permit or mandate the suspension of drivers' licenses for drug offenders
- 19 States permit or mandate the suspension of occupational licenses for drug offenders
- 7 States mandate eviction from public housing for drug offenders.

A recent Federal law encourages States to suspend the drivers' licenses of drug law violators. States that do not enact legislation by October 1, 1993, mandating a 6-month suspension of drivers' licenses for anyone convicted of a drug offense will lose 5% of certain Federal highway funds for each fiscal year of noncompliance. The reduction will increase to 10% on October 1, 1995.

How is asset forfeiture being used in drug cases?

Asset forfeiture is a powerful sanction against illegal drugs

As discussed in Section 2 of this chapter, asset forfeiture is the loss of ownership of property derived from or used in criminal activity that has been seized by the government. It permits the government to deprive drug criminals of —

- controlled substances
- equipment for manufacturing contraband
- conveyances used in trafficking and distribution of illegal drugs
- money used in drug transactions
- other property purchased with drug profits.

Recently, the Federal Government and many States have begun to use asset forfeiture to sanction those involved in illegal drugs by taking away their profits and the capital and assets needed to operate an illegal drug business.

NIJ reports that some jurisdictions have also used asset forfeiture as a sanction to ensure user accountability. For example, drug users in Maricopa County, Arizona, may have their cars seized and forfeited if they are caught buying drugs in them.² The possibility that their property is subject to forfeiture is intended to deter casual drug users.

Most jurisdictions permit civil forfeiture

NCJA describes the forfeiture provisions of the State and Federal governments. Civil forfeiture proceedings are against the property seized by the government that is alleged to have been used in a criminal activity. For example, civil forfeiture can be used when conveyances such as cars and trucks have been seized as a result of a drug bust. The Federal Government, 49 States, and the District of Columbia can use civil procedures to seize assets.

Jurisdictions vary in terms of what is forfeitable

Most jurisdictions allow forfeiture of drug containers, paraphernalia, conveyances, records, real estate, money, and other

What are the differences between civil and criminal forfeiture procedures?

Civil procedures

- assets can be seized without arrest or conviction
- hearsay evidence can be used, eliminating the need to identify confidential informants and undercover agents
- the government's initial burden of proof is "probable cause;" the ultimate burden of proof is "preponderance of the evidence"

Criminal procedures

- assets can be seized only after arrest and, in most States, conviction
- government must prove that owner's assets are related to drug trafficking or other criminal activities
- hearsay evidence cannot be used
- forfeiture requires a criminal conviction (a finding of guilt "beyond a reasonable doubt")

valuables. Since 1988, 26 States have added real property to the list of things that may be forfeited; a total of 43 States and the District of Columbia now permit the forfeiture of real property. Federal law allows seizure and forfeiture of public housing leases of drug sellers.

Several States permit exceptions to the forfeiture of conveyances. In some States a conveyance may be forfeited only if the underlying offense is a felony or involves a designated amount of a controlled substance. In California, a vehicle is not subject to forfeiture action if it is the sole means of transportation for the defendant's immediate family.

Criminal forfeiture occurs after conviction

The Federal Government and eight States permit criminal forfeiture — an action of the criminal court as a result of the offender's conviction.

Under Federal criminal forfeiture law, any property that is subject to criminal forfeiture can be specified in the criminal indictment of the defendant, or can come later in a bill of particulars that modifies the indictment. If the defendant is convicted, the court can declare the property forfeited at the final judgment. Claims that innocent parties owned all or part of the property in question are heard by the court after conviction, but before the final order of forfeiture.

Federal law authorizes the Attorney General to remit or mitigate the forfeiture if it would be unduly harsh. Petitions to mitigate or remit the forfeiture are most commonly given to innocent lien holders or family members. It allows innocent parties to recover property without incurring additional expenses.

Forfeiture funds are increasing

As noted previously, the DOJ Assets Forfeiture Fund administered by the U.S. Marshals Service grew from \$94 million in deposits in 1986 to \$460 million in 1990. The U.S. Customs Asset Forfeiture Fund grew from \$41 million in 1986 to \$100 million in 1990. The assets in each of these funds may be forfeited as a result of other Federal violations as well as drug law violations; however, most of them result from drug and money laundering cases. No similar information exists for the States, but the expansion of forfeiture laws in many States reflects a growing interest in using forfeiture as a sanction.

How do States use tax codes to sanction drug offenders?

At least 21 States levy a tax on drugs possessed or sold illegally

States have recently enacted these taxes (mostly in the 1980s) although, as discussed in Section 3, taxation was used as a drug policy device in the early 1900s. The new laws are covered under revenue codes, but failure to pay the taxes often results in civil and criminal penalties (in addition to any penalties associated with the drug violation itself), according to NCJA. The taxes include stamp, sales, and excise taxes on the manufacture, sale, acquisition, and possession of illegal drugs in the State. The typical tax is \$3.50 for each gram of marijuana, \$200 for each gram of other controlled substances, and a set amount for drugs sold in a manufactured form of dosage units.

When someone comes into possession of drugs, he or she is required to purchase tax stamps (anonymously in most States). If a person is found in illegal possession of drugs for which tax has not been paid, he or she is subject to the tax, a financial penalty (often 100% or more of the tax), and a prison sentence — for tax evasion, not drug possession. These sanctions can be applied regardless of the outcome of any criminal charges for possession of the drugs.

Drug tax laws target drug dealer assets

Unlike alcohol and tobacco taxes, these tax laws are not directed at the individual user of small quantities of drugs but at large-scale dealers. These dealers can be found guilty of a civil violation of the tax code if the State can show that they have not paid the tax. They could be required to pay the back tax, plus a fine, potentially a substantial sum of money. For example, a trafficker caught with 1 kilogram of cocaine or heroin would be subject to taxes of \$200,000 and a civil fine of \$200,000 at the most common tax

State tax rates for illegal drugs vary widely

State	Tax rates for:			Penalties for not paying tax		
	Marijuana	Other drugs by: Weight	Dosage unit	Civil	Incarceration	Fines
Alabama	\$3.50/g	\$200/g	\$2,000/50	100% tax	1-10 yrs.	—
Arizona	\$10/oz.	\$250/oz.	—	100% tax	—	—
Colorado	\$100/oz.	\$1,000/oz.	—	1,000% tax	—	—
Florida*	50% of price plus 25% surcharge of price					
Georgia	\$3.50/g	\$200/g	\$400/10	Tax owed and fined at assessor's discretion		
Idaho	\$3.50/g	\$200/g	\$2,000/50	100% tax	0-5 yrs.	\$10,000
Illinois	\$5/g	\$250/g	\$2,000/50	400% tax	1-3 yrs.	\$10,000
Kansas	\$3.50/g	\$200/g	\$2,000/50	100% tax	0-5 yrs.	—
Maine	\$3.50/g	\$200/g	\$2,000/50	Tax owed and fined at assessor's discretion		
Maryland	Permits counties to establish taxes			—	—	—
Minnesota	\$3.50/g	\$200/g	\$400/10	100% tax	0-7 yrs.	\$14,000
Montana*	Varies by schedule and drug					
Nebraska	\$100/oz.	\$150/g	\$500/50	100% tax	0-5 yrs.	\$10,000
Nevada	\$100/g	\$1,000/g	\$2,000/50	100% tax	—	—
New Mexico*	Varies by schedule and drug					
North Dakota	\$3.50/g	\$200/g	\$2,000/50	100% tax 12% interest	0-5 yrs.	\$5,000
Oklahoma	\$3.50/g	\$200/g	\$1,000/50	100% tax	0-5 yrs.	\$10,000
Rhode Island	\$3.50/g	\$200/g	\$400/10	100% tax	0-5 yrs.	\$10,000
Texas	\$3.50/g	\$200/g	—	100% tax		
Utah	\$3.50/g	\$200/g	\$2,000/50	100% tax	0-5 yrs.	\$5,000
Wisconsin	\$3.50/g	\$200/g	\$400/15 mg	100% tax	0-5 yrs.	\$10,000

— No provision.

*Florida, Montana, and New Mexico have taxes and penalties but they are calculated in a different manner. Montana, New Mexico, and Texas penalties are not discernable in

the source. See the Technical appendix for more information.

Source: *A guide to State controlled substance acts* (Washington: National Criminal Justice Association, January 1991), Appendix B.

rate for those drugs. He or she could also be subject to a criminal fine up to \$10,000 as well as a prison term. However, the criminal penalties have been ruled unconstitutional in some States.

A George Washington University study reports that in all these new measures, it is illegal to use information gathered in an investigation of tax evasion in a criminal proceeding. However, independently obtained evidence can be used in a criminal case. Revenues are often used for drug law enforcement, treatment, and school-based prevention programs.

How often are taxes assessed on illegal drugs?

States usually assess more than they are able to collect, mainly because offenders have few assets to pay the back taxes. In 1989 the Texas State Comptroller surveyed the 17 States that had such laws; the 13 responding States reported more than 3,400 assessments totalling more than \$431 million, with collections of \$1.7 million. Florida, with its excise tax dating to 1984 had assessed drug taxes more than 2,000 times, totalling more than \$220 million, and had collected about \$500,000. Two States reported no assessments and five States reported no collections.

What is the probability of being sentenced to incarceration?

Most Federal and State drug felons are sentenced to incarceration

Offense and jurisdiction	Percent of convicted offenders sentenced to incarceration:
Federal offenders, 1990	
All offenses	60%
Drug offenses	86
Trafficking	91
Possession and other	32
State felony offenders, 1988	
All offenses	69%
Drug trafficking	71

Sources: BJS, *Federal criminal case processing, 1980-89: With preliminary data for 1990*, NCJ-130526, October, 1991, table 16; and BJS, *Felony sentences in State courts, 1988*, NCJ-126923, December 1990, table 2.

Of those convicted of drug trafficking in Federal courts, 91% were sentenced to prison

In 1990, Federal drug offenders had a higher incarceration rate than all offenders combined — 60% of those convicted of any Federal crime were sentenced to prison. Those convicted of trafficking, importing, and manufacturing offenses were incarcerated more often than any other offenders, except those convicted of robbery and murder.

Most serious conviction offense	Percent sentenced to prison
All offenses	60%
Robbery	99
Murder	93
Drug trafficking	91
Burglary	84
Rape	78
Assault	62
Larceny	34

Source: BJS, *Federal criminal case processing, 1980-89: With preliminary data for 1990*, NCJ-130526, October 1991, table 16.

Federal drug law offenders are most often involved with narcotics

The Administrative Office of the U.S. Courts (AOUSC) reports on drug prosecution and trials by whether the drug involved was marijuana, narcotics (heroin or cocaine), or controlled substances (generally prescription drugs such as barbiturates or amphetamines). In the 12 months ending June 30, 1990, of the defendants sentenced for a drug offense —

- 67% were involved with narcotics
- 26% with marijuana
- 7% with controlled substances
- less than 1% with other drug-related statutes.

Those sentenced for narcotics and controlled substance violations were more likely to be sentenced to prison (91% and 82%, respectively) than were marijuana law violators (73%) or other drug statute violators (79%).

Almost three of four drug traffickers convicted in State courts were sentenced to incarceration

Of convicted drug traffickers in 1988, State courts sentenced —

- 30% to local jails
- 41% to State prison
- .5% to life in prison.

State courts were less likely to incarcerate drug traffickers than some other serious felons.

Most serious conviction offense	Percent sentenced to:		
	Incarceration	Prison	Jail
Drug trafficking	71%	41%	30%
Murder	95	91	4
Robbery	89	75	14
Rape	87	69	18
Burglary	75	54	21
Aggravated assault	72	45	27
Larceny	65	39	26

Source: BJS, *Felony sentences in State courts, 1988*, Bulletin, NCJ-126923, December 1990, table 2.

Of the 29% of drug traffickers not sentenced to incarceration, nearly all were sentenced to probation (28%).

Drug offenders are sentenced to incarceration in conjunction with other sanctions

The U.S. Sentencing Commission reports that 20% of sentenced Federal drug offenders were required to pay fines and restitution, most often in addition to a probation or prison sentence, in 1990. The average fine for a drug offense other than simple possession was \$19,810 — exceeded only by embezzlement (\$36,622) and fraud (\$60,758).

Federal mandatory minimum sentencing laws specify fines for repeat offenders and for those convicted of selling a drug that resulted in death or serious bodily injury. These fines range from \$2 million to \$20 million, depending on the amounts and types of drugs involved and the extent of the offender's history of drug felony convictions.

According to BJS, State courts imposed other penalties on drug traffickers — either alone or in conjunction with incarceration or probation. In 1988, these sentences included —

- fines, 17%
- restitution, 9%
- treatment of some type, 6%
- community service, 1%
- other, such as court costs, house arrest, and drug testing, 17%.

Do State and Federal prison sentences for drug traffickers differ?

Federal courts sentenced convicted drug traffickers to an average of 84 months in prison in 1990

Most serious conviction offense	Mean sentence length
All offenses*	57 months
Drug offenses	81
Trafficking	84
Possession and other	13
Violent offenses	90
Public-order offenses	28
Property offenses	22

*Total may include offenders for whom offense category could not be determined.

Source: BJS, *Federal criminal case processing 1980-89: With preliminary data for 1990*, NCJ-130526, October 1991, table 17.

Most Federal prison sentences for drug offenders are long

The U.S. Sentencing Commission reports that sentences for 47% of drug offenders (other than those convicted of simple possession) in cases covered by the sentencing guidelines in 1990 were for more than 5 years (60 months), and 67% were for more than 3 years (36 months). Relatively few of these drug offenders received sentences of less than 1 or 2 years (9% and 23% respectively).

The AOUSC reported that in 1990, Federal marijuana law violators received shorter prison sentences than violators of other drug control laws:

- 49 months for marijuana violations
- 86 months for narcotics (heroin and cocaine)
- 86 months for other controlled substances (generally prescription drugs such as barbiturates and amphetamines).

State courts sentenced convicted drug traffickers to an average maximum of 66 months in prison in 1988

Most serious conviction offense	Average maximum sentence length for felons sentenced to:			
	Total	Incarceration Prison	Jail	Probation
All offenses	51 months	76 months	7 months	43 months
Drug trafficking	41	66	7	43
Murder ^a	226	239	16	62
Rape	146	183	10	64
Robbery	100	114	16	54
Aggravated assault	59	90	7	42
Burglary	56	74	9	49
Larceny ^b	33	50	7	40
Other felonies	34	55	6	42

Note: Sentence length data were available for 94% of incarceration sentences and 95% of probation sentences. Means exclude sentences to death or to life in prison.

^a includes nonnegligent manslaughter.

^b includes motor vehicle theft.

Source: BJS, *Felony sentences in State courts, 1988*, NCJ-126923, December 1990, table 3.

Offenders usually serve only a portion of the sentence length in confinement

The BJS National Judicial Reporting Program reported that the average maximum court-ordered sentence to State prison in 1988 for—

- drug trafficking was 66 months, of which 20 months (30%) is estimated to be served in prison
- all offenses was 76 months, of which 24 months (32%) is estimated to be served in prison.

Drug law violators released from Federal prisons in 1990 served an average of 20 months

Type of offense	Average time served
All offenses	14.9
Continuing Criminal Enterprise	78.8 months
Robbery	39.5
Violent offenses	31.8
Sex offenses	27.1
Drug offenses	20.6
Property offenses	16.1
Firearms, explosives, and arson	15.7
Courts or corrections*	15.2
National security	14.5
Extortion, fraud, and bribery	11.7
White-collar offenses	11.6
Miscellaneous	4.0
Immigration	3.1

*Includes failure to appear on a bench warrant, contempt of court, bail bond jumping, escape, harboring a fugitive, perjury, obstruction of justice, and similar offenses.

Source: BOP, *State of the Bureau 1990*, 1991, 24.

Are sentences for drug law violators generally becoming more severe?

The number of drug offenders sentenced to Federal prison has risen since 1980

The BJS Federal Statistics Program reported that the number of Federal drug offenders sentenced to incarceration grew from 3,675 in 1980 to 13,306 in 1989—an increase of 262%, while the number of all offenders sentenced to prison grew by 99%. The number of individuals sentenced to prison for drug possession grew from 115 in 1980 to 474 in 1989, although their numbers remained small compared to drug traffickers (3,560 in 1980 and 12,832 in 1989).

Drug offenders sentenced to prison by U.S. District Courts accounted for 27% of all Federal prisoners sentenced to prison in 1980. By 1989, the percent had grown to 49%.

Federal sentence lengths for drug offenders have also increased

By 1989, Federal drug offenders were being sentenced to an average of 75 months in prison and preliminary data for 1990 show an average sentence length of 81 months. From 1980 to 1989 the average sentence length for Federal drug offenders grew by 59% compared to a 23% increase for all offenses.

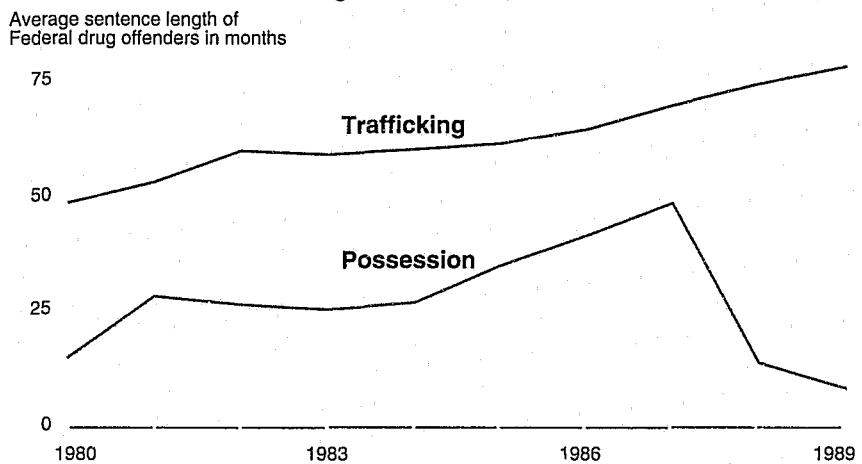
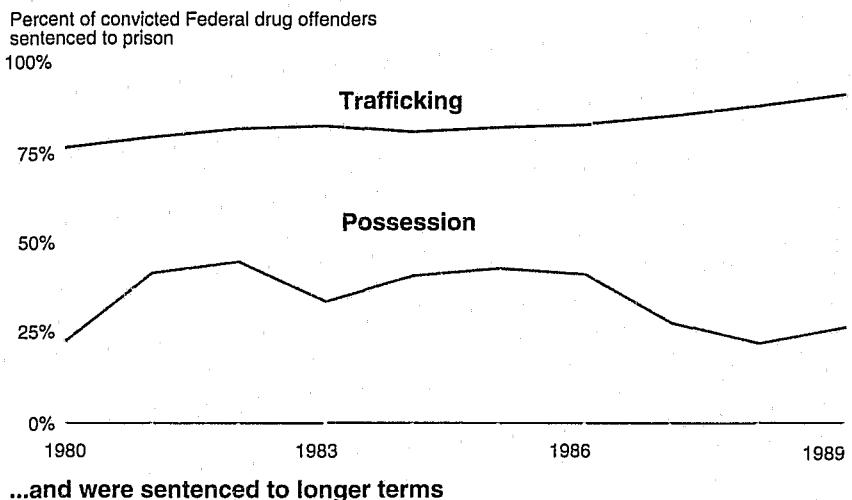
State courts were more likely to sentence drug traffickers to incarceration in 1988 than in 1986

BJS reports that the percent of convicted State drug traffickers sentenced to incarceration grew from 64% in 1986 to 71% in 1988, and the percent sentenced to prison grew from 37% to 41%. The probability of going to prison vs. jail remained the same, however—in each year, 58% of those sentenced to incarceration were sent to prison rather than to jail.

The Federal courts have begun sentencing under the Federal drug laws with death penalty provisions

The Anti-Drug Abuse Act of 1988 allows imposition of the death penalty in Federal cases for a "drug kingpin" or serious

Convicted Federal drug traffickers were more likely to be sentenced to prison in 1989 than in 1980...



Source: BJS, *Federal criminal case processing, 1980-89: With preliminary data for 1990*, October 1991, tables 15 and 17.

drug felon who intentionally kills or causes the intentional killing of any person. In May 1991, a Federal court in Birmingham, Alabama, sentenced a convicted drug dealer to death under this law—the first time the death penalty had been imposed under this law.

Since 1987, States have increased drug law violation penalties

NCJA reports that between 1987 and 1990—

- at least 14 States increased penalties for some basic manufacturing, delivery, and sale offenses

- at least 15 States increased penalties for some basic manufacturing, delivery, and sale offenses

- 27 States added new provisions for drug sales near schools, bringing to 43 the number with drug-free school laws

- the District of Columbia and all but 1 State increased penalties for distributing drugs to minors

- the number of States that provide greater penalties for targeted drugs grew from 22 to 35

- 23 States passed laws making it illegal to use minors in drug distribution—up from 3 in 1987.

What sanctions are applied to juvenile drug offenders?

Even juvenile cases handled informally may result in sanctions

As discussed in Section 3 of this Chapter, the juvenile justice system is very different than the criminal justice system. Juvenile cases can be handled informally or formally through a delinquency petition.

In cases that are handled informally, the juvenile may be —

- voluntarily placed outside the home, but this is rare
- placed on informal court supervision
- fined
- required to pay restitution, although this usually is not relevant to drug cases
- required to perform community service
- referred to another agency for counseling or drug treatment.

According to a study in 17 States in 1988 conducted by the National Center for Juvenile Justice (NCJJ), 38% of juvenile drug cases were handled informally. Of these cases —

- 53% were dismissed
- 26% imposed informal probation
- 21% received other dispositions, including referral to another agency for counseling or drug treatment.

If multiple sanctions were ordered, NCJJ considered only the most severe in its compilations.

Juvenile cases handled formally can end in more serious sanctions than cases handled informally

If adjudicated delinquent in a juvenile court, a youth can be —

- committed to a residential facility such as a training school, ranch, or camp
- placed in a group home
- placed on formal probation
- fined
- ordered to pay restitution (not usually relevant in drug cases)
- ordered to perform community service
- referred to another agency for counseling or drug treatment.

If the youth is not adjudicated delinquent, the case is usually dismissed, although the juvenile may voluntarily agree to some sort of sanction such as drug treatment.

Like adult sanctions, juvenile sanctions are often combined, for example probation with drug treatment and community service.

In 1988, 23% of formally handled juvenile drug cases resulted in "placement outside the home," in which the youth is placed in a residential facility housing delinquents or status offenders or in foster care. Juveniles charged with drug trafficking were more likely to be placed outside the home than those charged with drug possession (30% vs. 24% of those handled formally).

Juvenile offenders may be subject to drug testing as a condition of release

In a 1990 informal American Probation and Parole Association (APPA) survey to examine 36 drug testing policies, the purposes for testing mentioned most often were to —

- ensure a drug-free environment
- control the presence of illicit drugs/contraband
- reduce juvenile delinquent behavior
- monitor a youth's compliance with institutional rules, treatment plans, and conditions of probation.

The most commonly listed responses to positive drug test results included violation or revocation of probation or parole, a return or report to the court, a disciplinary action, and decreased privileges.

The researchers note that rewarding youths for having negative test results is also important, because this provides incentive for continued sobriety.

Are juvenile drug law violators being treated more severely?

The proportion of juvenile drug cases handled formally grew from 49% in 1985 to 62% in 1988 according to the NCJJ study. Both drug possession and trafficking cases were about as likely to be handled formally as informally in 1985.

By 1988, both types of cases were more likely to be handled formally, with the drug trafficking cases even more likely to be handled formally than the possession cases.

Drug offenses	Percent handled formally	
	1985	1988
Possession	50%	58%
Trafficking	51	66

Juvenile drug offenders were somewhat more likely to be placed outside the home in 1988 than in 1985

Disposition	1985	1988
All drug cases	100%	100%
Placed outside the home	10	14
Probation	41	37
Dismissed	36	37
Other	13	13

Drug possession cases	1985	1988
Placed outside the home	11	14
Probation	43	36
Dismissed	34	39
Other	12	10

Drug trafficking cases	1985	1988
Placed outside the home	13	20
Probation	40	35
Dismissed	44	40
Other	3	5

Source: Adapted from data used to produce *Juvenile court drug and alcohol cases, 1985-88* (Pittsburgh: National Center for Juvenile Justice, September 1990), figure 5, 7, figures 6-A and 6-B, 8.

Juvenile offenders are also monitored electronically

As noted earlier, many jurisdictions are using electronic monitoring. A 1988 study of juvenile courts using electronic monitoring identified 11 programs and obtained data on 9. The first program began in 1986. Most programs used electronic monitoring as an alternative to detention before adjudication. Two of the programs explicitly excluded habitual drug users from eligibility. Program statistics indicated that from about 30 to 350 juveniles had participated in the individual programs. Failure rates ranged from about 5% to 33%. The average length of the monitoring period ranged from about 2 weeks to about 3 months.

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Notes

¹ Deborah G. Wilson, "The impact of Federal sentencing guidelines on community corrections and privatization," in *The U.S. sentencing guidelines: Implications for criminal justice*, Dean J. Champion, ed., (New York: Praeger, 1989).

² NIJ, *Multijurisdictional drug law enforcement strategies: Reducing supply and demand*, NIJ issues and practices, NCJ-126658, December 1990, 7-9, 22.

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Section 5. Correctional populations

What happens to sentenced drug offenders?

Drug offenders are supervised in institutions or in the community

Convicted drug offenders who are—

- adults or juveniles may be placed on probation and supervised in the community in lieu of or in addition to incarceration
- adults may be incarcerated in Federal prisons, State prisons, or local jails
- juveniles may be held in various public and private institutions
- incarcerated adults or juveniles whose sentences have not yet expired may be paroled on conditional release in the community.

Of the more than 4.3 million adults under the care or custody of a correctional agency for any offense on a given day in 1990—

- 61% were on probation
- 12% were on parole
- 9% were in jail
- 17% were in prison.

Many adult and juvenile drug offenders are supervised in the community

About 2.7 million adults were on State or Federal probation at yearend 1990. The Administrative Office of the U.S. Courts (AOUSC) reports that 30% of the approximately 77,000 Federal offenders on probation on June 30, 1989, were drug offenders. This percentage has risen steadily from 23% in 1985.

No data on the proportion of probationers convicted of drug offenses are available at the State and local level, but a substantial number of probationers are estimated to have been convicted of drug offenses. For example, 28% of the felons convicted of drug trafficking in State courts in 1988 were sentenced to probation.

The number of juvenile drug offenders on probation nationwide is not known. However, a 1988 National Center for Juvenile Justice study estimated that juvenile courts placed about 37% of offenders in drug offense cases on probation.

Many jurisdictions are using intermediate sanctions for drug offenders

As noted in Section 4 of this chapter, traditional probation programs have been modified to provide a wider range of sanctions between regularly supervised probation and incarceration. Drug offenders, particularly those convicted of drug use, possession of small amounts of drugs, or dealing in small quantities, and nonviolent drug-involved offenders are considered to be particularly suited to these types of in-between sentences.

Use of many of these intermediate sanctions is growing, but they are currently used for a small proportion of offenders. For example—

- BJS reports that about 2% of all adults on probation in 1990 were under intensively supervised probation and that less than 1% were monitored electronically.
- The National Institute of Justice (NIJ) reports that as of July 1990, 17 States had shock incarceration programs for adults.

Drug offenders are sentenced to serve time in prisons or jails

Adult offenders may serve time in local jails, State prisons, or Federal prisons, depending on the nature of the offense and length of sentence. Local jails are usually reserved for those who commit less serious offenses, as well as those detained pretrial or awaiting sentencing. State prisons generally house those convicted of felonies and sentenced to more than 1 year. Federal prisons house offenders sentenced for violating Federal laws.

Juveniles may be committed to a State correctional facility designated specifically for juveniles. Courts also commit juveniles to residential treatment in community-based group homes or other usually nonsecure public or private residential facilities.

How many inmates are drug offenders?

More than 200,000 men and women were serving time for drug offenses in local, State, and Federal correctional facilities on an average day in 1990. An estimated 69% are in State prisons, 20% are in jails, and 11% are in Federal prisons.

Drug offenders accounted for about—

- 23% of the convicted jail population in 1989
- over 20% of the total State prison population in 1991
- 54% of the Federal prison population in 1990.

About 8% of the juveniles in custody in 1989 were detained or committed for drug offenses

	Number of juveniles In custody in:			
	Public facilities	Private facilities	Total	
Total				
Total held	56,123	37,822	93,945	
Drug offenses	5,927	1,413	7,340	
Males				
Total held	49,433	26,602	76,045	
Drug offenses	5,510	1,284	6,794	
Females				
Total held	6,680	11,220	17,900	
Drug offenses	417	129	546	

Source: OJJDP, *Children in custody, 1989: Public juvenile facilities*, January 1991, 5; and OJJDP unpublished data.

Is the proportion of drug offenders in jails and prisons increasing?

Drug offenders are a growing proportion of the sentenced inmate population

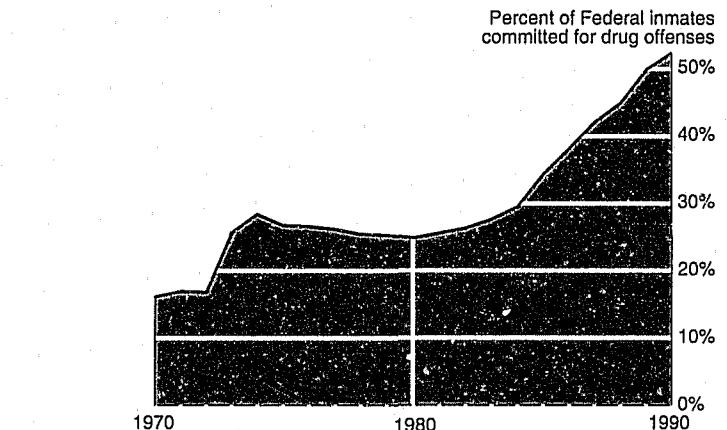
Convicted population	Drug offenders Percent of total	Number
Jail inmates		
1983	10.0%	13,262
1989	22.5	49,118
State prison inmates		
1979	6.4%	17,572
1986	8.6	38,736
Federal prison inmates		
1980	24.9%	4,749
1990	54.2	27,310

Sources: BJS, *Jail inmates, 1983*, NCJ-99175, November 1985, table 5; BJS, *Profile of jail inmates, 1989*, NCJ-129097, April 1991, table 5; BJS, *Profile of State prison inmates, 1986*, NCJ-109926, January 1988; BOP, unpublished data; BOP, *State of the Bureau, 1990*, 26.

Why are drug offenders becoming a larger share of the prison population?

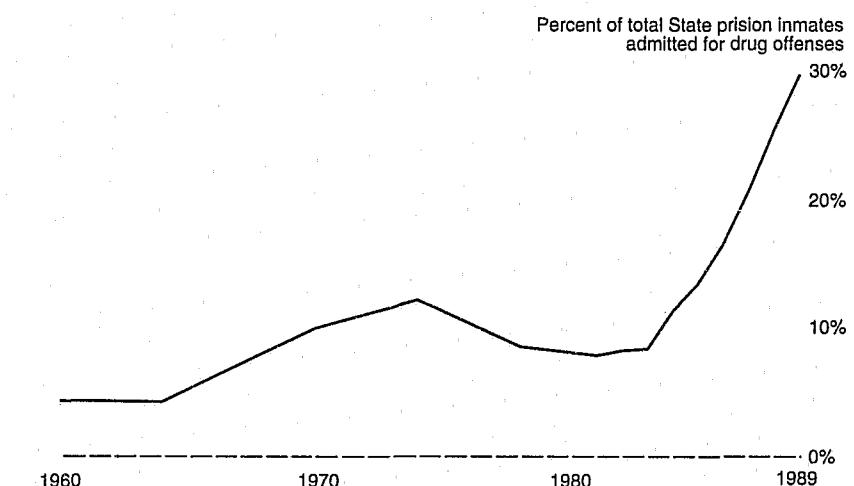
As discussed in Section 4 of this chapter, the likelihood that a convicted drug offender would be sentenced to incarceration is increasing. For example, the percent of convicted State drug traffickers sentenced to incarceration increased from 64% in 1986 to 71% in 1988. In addition, courts are giving drug offenders longer prison sentences. For Federal drug offenders, the average sentence to prison increased by 59% between 1980 and 1989.

In Federal prisons, the rising proportion of offenders committed for drug offenses exceeded 50% in 1990



Source: Bureau of Prisons, May 1991.

In State prisons, the proportion of inmates admitted for drug offenses has increased



Source: BJS, *Prisoners in 1991*, Bulletin, May 1992, table 11.

What are offenders' drug-use patterns?

A large percentage of offenders have drug problems

Many offenders use drugs regardless of their offense type —

- 53% of felons on probation in 52 urban counties across 17 States were drug abusers
- about 40% of offenders admitted to Federal prisons during one week in July 1988, a nonrepresentative sample of BOP admissions, had a moderate or severe drug problem based on psychological evaluation
- 18% of male State prison inmates and 24% of female inmates, totaling more than 83,000 individuals, reported daily use of cocaine, heroin, PCP, LSD, or illicit methadone in the month before their offense in 1986
- about 30% of jail inmates in the 1989 jail inmate survey reported that they had used one or more drugs daily in the month before their offense: almost 17% had used marijuana, 5% heroin, 14% cocaine, 3% amphetamines, and 1% barbiturates
- over 63% of youths in long-term, State-operated juvenile facilities in 1987 had used drugs regularly at some time before their offense, about 59% had used a drug in the month before their offense, and almost 40% were under

the influence of a drug at the time of the offense.

State prison inmates have a much higher level of drug use than those in the household population

Depending on age, the level of drug use among inmates is from 30% to 282% higher than in the household population.

Drug use and characteristics	Percent of total	
	1986 State prison inmates	1988 Household population
Males		
Ever used	80%	40%
Used in prior month	53*	9
Females		
Ever used	72%	33%
Used in prior month	47*	6
Blacks		
Ever used	79%	36%
Used in prior month	51*	8
Whites		
Ever used	80%	37%
Used in prior month	54*	7

*For prison inmates, this percentage refers to use in month prior to offense.

Source: NIDA, *National Household Survey on Drug Abuse 1988, Main findings*, 32, 34; and BJS, *Drug use and crime, Special report*, NCJ-111940, July 1988, table 2.

Some of the higher drug use in the prison population may be attributable to its young average age. Both State prison inmates and individuals in the household population from age 18 to 34 have higher levels of drug use than those age 35 and older.

State inmates who used drugs before entering prison were more likely than nondrug users to break prison rules

About 57% of State prison inmates surveyed by BJS in 1986 who had used drugs at some time were charged with prison violations, compared to 37% of the nonusers. In every comparison of drug users and nonusers, drug users had a higher percentage of rule violations. Drugs accounted for about 23% of all major rule violations in State and Federal prisons from July 1, 1989, to June 30, 1990.

At all ages, offenders are more likely to have used drugs than those in the household population

	Youth	Household, age 12-17, 1988	Percent in the age group								
			Age 18-25			Age 26-34			Age 35+		
	Incarcerated youth, 1987	1988	Jail 1989	Prison 1986	Household 1988	Jail 1989	Prison 1986	Household 1988	Jail 1989	Prison 1986	Household 1988
Ever used											
Any drug	83%	25%	81%	88%	59%	83%	87%	64%	65%	62%	23%
Marijuana or hashish	81	17	76	86	56	74	83	62	58	57	20
Cocaine	46	3	50	47	20	57	50	27	42	33	4
Stimulant	36	4	19	32	11	25	39	15	24	26	4
Sedatives	27	2	17	41	6	25	48	8	22	32	2
Heroin	13	1	11	13	—	22	31	2	26	29	1
Age group as a percent of total population	—	10%	38%	28%	15%	38%	42%	19%	23%	30%	55%
*The number of cases was too small to allow reliable estimates.											
— Data not available.											
Note: The percentages for stimulants and sedatives given for the youth, jail, and prison populations are not directly comparable to the household population estimates because the questions asked											
the incarcerated populations about the more specific drug groups of amphetamines and barbiturates or methaqualone, rather than the more general categories of stimulants and sedatives. These numbers, therefore, underestimate the actual prevalence of use of these drugs by incarcerated offenders.											
Sources: BJS, <i>Survey of youth in custody, 1987</i> , NCJ-113365, September 1988, table 10, 6; NIDA, <i>National household survey on drug abuse 1988, Main findings</i> , 20, 21, 23; BJS, 1989 Survey of jail inmates and 1986 Survey of State prison inmates, unpublished analysis.											

Is drug testing used in correctional systems?

Correctional populations are tested for drug use

The American Probation and Parole Association's *Drug Testing Guidelines* note that agencies responsible for supervising probationers and parolees need to identify drug-using offenders so they can be deterred from continued drug use when released into the community. Because testing released offenders is an effective way of monitoring drug use and reducing criminal risk, its availability allows judges to release drug users with some assurance that their drug use can be controlled.

Prison administrators commonly cite the need to maintain order, security, and discipline in their institutions as a primary objective of testing.¹ Chapter III provides a more detailed discussion of drug testing in general.

Drug testing has a number of uses in correctional settings

According to the American Probation and Parole Association, drug testing is used generally for—

- complementing the offender classification process
- conducting surveillance to detect continued use
- intervention following use
- monitoring treatment
- modifying the offender's conditions of supervision
- program and budget planning.

According to the American Correctional Association, drug testing is used in jails and prisons for—

- contraband control
- drug use monitoring after visits or return from a temporary release
- work furlough classification and monitoring
- screening for release on own recognizance
- identifying drug use trends in a population
- response to concerns about drug use in institutions.

The privacy and other rights of offenders differ from those of other citizens

In general, the farther offenders have progressed in the adjudication process, the less their rights count when weighed against government interest. Prisoners lose many of their rights because of their status, but they retain constitutional protection from unreasonable bodily searches.² Most courts have found random urine testing programs to be reasonable searches, saying that prison administrators' interests in maintaining order, security, and discipline in the institution outweigh prisoners' rights and interests.

The National Institute of Corrections reports that probationers and parolees differ in some respects, but their legal status with respect to drug testing is similar. Both have been convicted and are therefore not entitled to "the absolute liberty to which every citizen is entitled but to only conditional liberty."³ As of 1989, the courts had not upheld any constitutional challenge to urinalysis of probationers or parolees. Rather, courts had found that government interests in the rehabilitation of the offender and the protection of society outweigh the individual's right to privacy and interest in liberty. Decided cases allow courts or parole boards to impose drug testing and suggest that supervising agencies or officers require drug tests as long as they are reasonably related to individual rehabilitation or protection of society.

Several State laws authorize drug testing of the offender population

According to the National Criminal Justice Association (NCJA), 18 States statutorily authorize testing adult offenders. Test results might be used to determine eligibility for probation or as a condition of probation. A few States authorize mandatory testing of juvenile probationers, but most States test only volunteers. Eight States authorize the routine testing of parolees. Six States specially authorize drug testing of prison inmates, but the scope and purposes vary greatly.

Probationers and parolees are tested for drug use

Convicted offenders under supervision in the community — those on probation or parole — often must submit to urine tests as a condition of their probation or parole, as part of required drug treatment, or at the discretion of their supervising agency. Urine surveillance for probationers and parolees is not new, but increasingly it is being viewed as an integral part of their supervision in the community.⁴

The *Corrections yearbook* indicates that probation and parole systems in 36 States and the District of Columbia reported administering almost 1.5 million urine tests in 1990. The States revoked the community supervision of more than 14,000 offenders, while the Federal system revoked it for 2,055 offenders.

Of felons placed on probation in 32 large urban counties in 1986, 31% of the probationers identified as drug users were ordered by the court to undergo drug testing as a condition of probation. The BJS 1989 followup survey showed that of those who completed their 3-year probation with a drug testing condition, 67% had totally satisfied their condition while another 5% had partially satisfied it.

In the Federal system, probation officers recommend urine testing and drug treatment as a condition of probation when the presentence investigation indicates that the offender has a drug problem. In fiscal 1990, about 500,000 urinalysis tests were administered according to a AOUC report.

The 1988 Anti-Drug Abuse Act required the AOUSC to conduct a pilot study in eight judicial districts of mandatory drug testing of all persons placed on felony probation or supervised release for all offenses occurring or completed on or after January 1, 1989. They were to be tested at least once every 60 days for drug use. About 5% of the 4,979 urine tests administered to the 718 individuals who participated in this post-conviction phase of this program were found to be positive for drug use. The AOUSC report concludes that "there is no evidence that increased post-conviction testing would increase the identification of substance abuse by those under the supervision of the Federal probation system since current procedures identify most drug users prior to this stage."⁵

Many correctional systems test incarcerated offenders for drugs

Prisons are probably most likely to test inmates returning from work release or furlough in the community; some randomly test the general inmate population as well. Typically, officials test for marijuana, heroin, cocaine, amphetamines, and barbiturates.⁶ The *Corrections yearbook* reports that 42 agencies conduct urine tests of prison inmates; 35 provided data for 1990. Of the 918,000 tests administered, an average of 7% were positive. The average cost for each test was about \$8.00, excluding costs for confirmatory tests.

The Federal prison system tests inmates for drug use

The Federal Bureau of Prisons (BOP) has an extensive urine surveillance program. In 1990, it administered about —

- 7,000 tests to persons returning from community visits such as work release and furloughs
- 38,000 tests to inmates selected randomly from the prison population
- 27,000 tests of those whom the staff suspect are current users or inmates who have histories of drug use.

Since January 1987, the BOP has routinely tested for amphetamines, barbiturates, cocaine, opiates, PCP, phenothiazine, quinine, and phenylpropanolamine (PPA). Other drugs were tested by special request only. THC, the active ingredient in marijuana, was added to the routine testing panel in 1988.

The BOP also tests for certain legal drugs that inmates may have used without permission of the prison medical staff. All these drugs are "unauthorized." They include codeine in cough syrup, drugs such as barbituates and amphetamines not authorized by non-prison doctors, and phenylpropanolamine (PPA) in some over-the-counter diet pills.

The urine tests used by the BOP normally show whether a person has used a drug within about the past 72 hours. The body processes marijuana very slowly, however, and metabolites can be detected in urine up to 4 weeks after use in individuals who are daily users. All initial positive results are confirmed by a second testing method.⁷

Drug use among Federal inmates is relatively low

The prevalence of drug use among inmates selected randomly is probably the best indicator of overall drug use by Federal prisoners. These individuals are drawn from the general inmate population with no prior expectation that they may be using drugs and no special recent opportunity to have acquired drugs, such as on a community visit. In 1990, about half of 1% of the tests administered to randomly selected inmates in low security levels were positive, compared with just over 2% of tests in high security levels. An inmate may be tested several times a year.

THC, the active ingredient in marijuana, was the substance most commonly found in positive urine tests in low-security levels in 1990, while opiates were the most common substances found in positive tests among individuals in high-security levels. Prior to 1990, THC was the most common substance in high security levels, also.

Percent of positive drug tests for:	Prison security level	
	Low	High
THC	46%	24%
Opiates	24	49
Cocaine	15	13
Amphetamines/barbiturates	8	11
Other	8	3

Note: Detail does not add to 100% because an individual may be found positive for more than one substance. Percentages refer to the number of tests found to be positive, not the number of inmates with positive test results; an inmate can be tested several times during the year. Source: BOP, Urine Surveillance Program, 1987-1990, unpublished data.

Testing has shown a decline in drug use among Federal inmates

Year	Percent of all tests conducted that were positive —		
	After community visit	Randomly	Of suspected users
Low security levels			
1987	1.1%	1.5%	3.1%
1988	.9	1.4	3.8
1989	.6	.6	1.9
1990	.7	.5	1.5
High security levels			
1987	3.3	4.4	11.6
1988	1.6	4.3	8.7
1989	.4	2.9	6.1
1990	.2	2.3	6.9

Note: "Low" security refers to camps and correctional facilities and "high" security refers to penitentiaries. Administrative units that house all security levels were excluded. Source: BOP, Urine surveillance program, 1987-1990, unpublished data.

What drug treatment programs are available to offenders?

What are the major therapeutic interventions for offenders?

Drug treatment programs for offenders typically include —

- individual counseling
- group counseling
- urine surveillance
- referral to a support group.

Other treatment or services may include therapeutic communities, drug education, behavior modification, acupuncture, family therapy, relapse prevention training, and development of coping and interpersonal skills. Services intended to enhance offenders' ability to remain drug-free may also be provided. These might include academic education, job training, job placement, employment interviewing and job-search skills training, life skills training (for example, cooking, health and hygiene, personal finance), field trips to cultural events, and parenting skills.

Chapter III provides a more complete discussion of treatment in general.

The actual content of treatment programs varies with the overall treatment philosophy and intensity. Intensity refers to the amount of time a person spends in treatment program activities. A program in which a person spends 8 hours a week for 6 months, for example, will likely include a broader range of interventions and/or more detailed involvement in activities than one in which a person spends 4 hours a week for 6 months.

Many offenders supervised in the community are referred to drug treatment

Drug treatment is mandated for many drug-using probationers and parolees. About 23% of felony probationers sentenced in 1986 in 32 large urban counties were court-ordered to treatment as a condition of probation. Of these, about two out of three probationers satisfactorily complied with this condition.

The extent of legal pressure, sanctions for noncompliance with treatment, and terms of the referral vary. Some probationers are court-*ordered* to participate in treatment, for example; if they do not, their probation may be revoked and they may be incarcerated. Other probationers are simply court-*recommended* to treatment; in such case noncompliance would not necessarily carry a sanction.

Most offenders in the community who are in treatment are assigned to drug-free programs. Relatively few are sent to methadone maintenance programs or any other programs that involve pharmaceutical treatment.

Many programs serve offenders in the community

Treatment programs operate through various government agencies and private organizations. NCJA has a directory of more than 200 community-based

treatment programs serving offenders. These were identified by State officials as exemplary programs, so this number does not include all programs. In addition, a number of probation and parole departments directly provide similar services for drug-involved offenders or order them to pay a provider for treatment.

Treatment Alternatives to Street Crime (TASC) programs began in 1972 to identify, assess, refer, and monitor drug and/or alcohol dependent adults accused or convicted of crimes to community-based treatment. Some TASC programs serve juveniles as well. As of 1989, more than 125 TASC and TASC-like programs were operating in 25 States. Probation and parole departments also provide such services directly, usually in areas where TASC does not exist. The *Corrections yearbook* reports that 19 State probation departments and 23 parole agencies provide drug and/or alcohol treatment.

In 1987, 28% of jails provided drug treatment

- Jails that housed a large number of prisoners were more likely than smaller jails to have a treatment program
- Regardless of jail size, few jails have a comprehensive treatment program.

Drug treatment services available	Percent of jails with population of—						
	Less than 50	50-250	251-499	500-999	1,000-2,000	Over 2,000	Total
Drug treatment program*	15%	41%	60%	67%	72%	87%	28%
Group counseling	6	20	43	47	58	60	15
Transition planning	2	11	31	32	33	53	8
Drug education	6	19	42	46	55	60	14
Comprehensive drug treatment program**	2%	9%	28%	32%	35%	53%	7%
Volunteer services only	6%	15%	13%	18%	9%	27%	10%
Number of jails	1,031	447	104	57	33	15	1,687

*Other than detoxification services.

**Program includes group counseling, drug education, transition planning, and referral to outside treatment agencies.

Source: BJA, *A report of the findings of a survey of the Nation's jails regarding jail drug abuse treatment*, forthcoming, 5, 7.

Larger jails are able to provide more treatment time to inmates than smaller jails

Jail population	Key program characteristics		
	Number of hours per week of treatment	Average program capacity	Number of jails with treatment programs
Total	5.0 hours	42	307 jails
Over 2,000	13.2	171	9
1,000-2,000	9.3	71	20
500-999	4.9	75	27
251-499	6.1	48	46
50-250	4.3	24	113
Less than 50	3.4	17	92

Source: BJA, *A report of the findings of a survey of the Nation's jails regarding jail drug abuse treatment*, forthcoming, 5, 7.

Conducting comprehensive treatment programs in local jails is difficult because of short jail stays

Many inmates are not incarcerated for the minimum 3-month stay that researchers recommend for the effective treatment of heroin or cocaine users.⁸

The American Jail Association is studying model drug treatment programs designed by several jails. Programs vary depending on the population being treated. In Arizona, the program serves sentenced inmates and lasts 4 to 6 months. In Florida, inmates with stays of 4 to 6 weeks are treated. In Illinois, treatment is for pretrial inmates staying about 30 days. After release, participants are linked with a community-based program. Even the longest model jail program depends on community follow-up to provide comprehensive treatment.

Prison treatment programs can have a variety of components

Corrections compendium surveyed the Federal Government, the 50 States, and the District of Columbia. Most reported having group or individual counseling treatment components. Almost all State prison systems have peer support

groups, usually Alcoholics Anonymous (AA) or Narcotics Anonymous (NA). Nine States have Cocaine Anonymous (CA) groups. Religious, motivational, and other kinds of support groups exist. Some systems use community volunteers, particularly in the aftercare programs. Some of these volunteers are ex-offenders who are recovering addicts.

Treatment components	Number of State systems
Group counseling	50
Individual counseling	48
Drug screening	39
AIDS education	34
Therapeutic community	30
Mental health services	31
Work assignments	30
Vocational/academic training	27
Family counseling/therapy	24
Inmate volunteers	17
Medical treatment	18
Methadone treatment	2

Source: Marjorie Marlette, "Drug treatment programs for inmates," *Corrections compendium* (August 1990), 15(6):1, 5-20.

The Federal Bureau of Prisons began drug treatment in the 1960s

Federal offenders convicted under the Narcotic Addict Rehabilitation Act (NARA) were required to undergo drug treatment in prison. Early research

reported moderate success in these high-intensity residential programs. Because the funding and staff to maintain intensive treatment programs were cut beginning in about 1980, the number and intensity of programs declined, and participation dropped from about 5,000 to 2,000 by 1988. Drug education then replaced rehabilitation as the program focus. In 1988, about 4% of Federal prison inmates were in treatment.

According to *Corrections compendium* the Federal prison system began a new comprehensive treatment program in 1988 to address the needs of the wide variety of substance abuse problems in the inmate population. The program begins with 40-hours of drug education required of all inmates. Inmates in need of treatment are assigned to one of two types of programs, depending on their needs: a 500-hour treatment program during the last 18 months of an inmate's sentence with 6 months of aftercare after release or a 1,000-hour intensive program with 6 months of intensive aftercare.

How many incarcerated offenders are in drug treatment?

The proportion of the State prison population receiving treatment has increased. A 1979 NIDA-sponsored survey of prison treatment programs reported that about 4% of State prison inmates were in treatment. The 1986 BJS State Prison Inmate Survey reported that about 6% of inmates were in drug treatment. The 1990 BJS Census of Adult Correctional Facilities indicates that about 11% of State and Federal prison inmates were enrolled in drug treatment programs in institutions and community corrections facilities as of June 29, 1990.

Is treatment of drug offenders effective?

When is drug treatment considered successful?

According to researchers and treatment professionals, the medical term *treatment* refers to a course of action designed to obtain favorable results, whether it be a cure, amelioration, slowing, or symptomatic relief from a physical disease or condition. They believe that we cannot currently routinely "cure" drug addiction, just as we cannot routinely "cure" many physical diseases. They find that studies of treatment effectiveness should discuss the degree to which intervention can ameliorate or provide relief from addiction to or use of drugs.

Generally accepted goals of drug treatment are —

- reduction or elimination of drug use
- productive participation in the legitimate economy
- improved personal and family relationships
- reduction or elimination of involvement in illegal activities.

Treatment success can be measured in terms of preventing relapse or reducing the level of pretreatment drug use. Urine test results and self-reports of drug use are the most common ways to measure drug use during and after treatment.⁹

Treatment programs for offenders are also evaluated by how well they interrupt criminal behavior

Success of treatment in correctional environments is often defined by how long a person remains abstinent from drug use or criminal activity, or how much longer he or she maintains a low level of drug use or criminal activity before resuming pretreatment behaviors. Studies may measure post-release behavior over several years.

What is known about drug treatment for offenders?

Much knowledge about drug treatment for offenders also applies to treatment overall. There is general agreement that —

- a single treatment episode probably will not be sufficient to effect permanent behavioral change for most serious drug users
- legal pressure is important to induce drug users to enter treatment and to stay involved in treatment
- length of time in treatment is the strongest predictor of positive post-treatment outcomes
- most drug users in the community reduce or eliminate their drug use and criminal behavior while in treatment
- linkage between jail- or prison-based programs and subsequent community supervision and treatment participation improves outcomes
- benefit-cost analyses suggest that treatment costs are recovered in avoided costs of continued drug use.

What is to be determined about drug treatment in correctional settings?

Chapter III discusses studies of community programs that treat both offenders and nonoffenders. There have been far fewer methodologically adequate evaluations of drug treatment in correctional systems. Much remains to be learned, especially the —

- best timing for providing treatment during incarceration or community supervision
- optimal length of treatment
- most effective mix of treatment interventions for different types of drug users (that is, matching treatment and drug user to maximize success).

Are those who are compelled to enter treatment as successful as voluntary entrants?

Drug users referred to treatment by the criminal justice system stay in treatment longer on average than those with no legal involvement, and length of time spent in treatment is an important predictor of success. The longer a person stays in treatment, the lower the post-treatment criminal activity and relapse to drug use.

Several evaluations conducted from 1977 to 1981 have shown that clients monitored through TASC are as suc-

cessful in reducing their drug use and criminal activity as are those voluntarily in drug treatment.

The Treatment Outcome Prospective Study (TOPS) compared the posttreatment criminal activity of TASC-referred offenders, other offenders with a criminal justice status such as probation or parole, and those with no legal status who were in drug treatment programs across the Nation between 1979 and 1981. On most measures, those compelled to enter treatment did at least as well in treatment as those who sought treatment voluntarily. The criminal activity, drug use, and employment of voluntary and legally referred individuals often improved significantly with treatment and were directly related to the length of time spent in treatment.

Does legal supervision improve the treatment success rate of offenders who are released from prison?

Studies disagree about the role of community supervision in the successful drug treatment of offenders. A national survey conducted in conjunction with the National Narcotics Intervention Program of the APPA stressed the need for both surveillance and treatment to deal effectively with the drug-using offender. Early results from an evaluation of the Surveillance and Treatment on Probation (STOP) Program in Lexington, Kentucky, indicate that the program is successful in reducing drug use in a large proportion of the offenders.

The treatment program available in California for drug-using offenders during the 1960s was the California Civil Addict Program (CAP), a compulsory treatment approach operated by the California Department of Corrections. These offenders were primarily opiate users; after 1970, many were placed on methadone maintenance. According to the several studies of CAP, compulsory treatment reduced daily narcotics use and involvement in property crime. Narcotics users did best when they were treated as inpatients and then monitored for drug use and supervised as outpatients. Legal supervision with drug testing had the next most effective results. The results of studies that followed these offenders through 1975 suggest that

placing narcotics-using offenders on long-term parole, 5 to 10 years, and closely monitoring their drug use and other behavior produces the best results.

Other studies have shown that supervising the drug-using offender in the community has not resulted in notably better outcomes than incarceration. Community supervision, monitoring, and treatment of parolees in Baltimore in the early 1970s showed only modest benefits over parole supervision alone.

According to studies in the early 1970s, probationers and parolees from New York City with problems of opiate addiction who were supervised in the community had limited success in abstaining from drugs, securing or maintaining employment, and remaining law abiding.¹⁰

How effective is treatment in jails and prisons?

An Institute of Medicine (IOM) assessment of correctional drug treatment found that prison-based drug treatment rarely reduces post-release criminal recidivism and drug use relapse. A few controlled studies of prison therapeutic communities and other residential programs with strong post-release community supervision and/or treatment show that they reduce rearrest by as much as a fourth to a half. In correctional programs, as in strictly community-based programs, positive therapeutic outcomes have been clearly correlated with time in treatment.

Some evidence from individual programs has demonstrated that treatment in jails and prisons is effective. A 1975 evaluation conducted of the first comprehensive jail treatment program that began in 1971 in Ingham County, Michigan, determined that the average annual rearrest rate for program participants was 13% over 4 years compared to 76% for other jail inmates. The program involved services and treatment during the jail stay and afterwards in the community. Even though individuals were carefully selected for the program and, therefore, were not strictly comparable to the general jail population, the program seemed to have a measurable positive effect.

Evaluations of long-term intensive therapeutic communities have shown that programs such as Cornerstone and Stay 'n Out are likely to be more effective than other types of treatment. Participants stay a minimum of 6 months; each program has about 35 participants at one time.

Cornerstone is one of the few programs to have conducted treatment outcome studies. The Cornerstone Program is a 32-bed modified therapeutic community serving Oregon State prison inmates. Residents typically participate in the program for the 10-to-12 month period before their release, followed by a 6-month aftercare period on parole. A 3-year followup of inmates discharged between 1983 and 1985 found that Cornerstone graduates did much better than nongraduates. Similarly, those who remained in treatment longer, even without graduating, did better than those who left earlier.

Cornerstone Program discharges with no convictions			
Arrests	Convictions	Prison time	
Program graduates	37%	51%	74%
Nongraduates who completed:			
At least 6 months	21	28	37
2-5 months	12	24	33
Left before 60 days	8	11	15

Source: Administrative Office of the U.S. Courts, Gary Field, "The effects of intensive treatment on reducing the criminal recidivism of addicted offenders," *Federal probation* (December 1989), 53(4):51-56.

An examination of the New York Department of Correctional Services' Stay 'n Out program showed that participants released through early 1984 who remained in the program for 9 to 12 months were least likely to be reincarcerated when compared to those who underwent other types of treatment or no treatment.

Are drug-using offenders and drug law violators likely to recidivate?

Recidivism includes new criminal activity or technical violations of the conditions of release on probation or parole

Researchers use several measures of recidivism, including subsequent—

- arrest
- conviction
- incarceration
- technical violation of probation or parole such as failure to report to a probation or parole officer as ordered.

Drugs are an issue in recidivism in two ways

A person arrested for or convicted of a nondrug crime may use illegal drugs, which is a crime and a violation of the conditions of pretrial release, probation, or parole. Similarly, an offender who was convicted or incarcerated for a drug law violation may engage in illegal behavior in the community that may or may not have any connection with drugs.

Drug users are more likely than nonusers to commit new crimes after release from prison

A RAND Corporation study of individuals released from prisons in California, Michigan, and Texas in 1978 found that several factors were correlated with various recidivism measures:

- number of previous arrests, convictions, incarcerations, probation periods, and parole revocations
- age at first arrest, first commitment, and release from prison
- history of alcohol or drug use
- whether employed more than half of the study period.

Although correlated with recidivism over 36 months, none of these factors was a strong predictor of recidivism.¹¹

Another study in North Carolina of individuals released in 1980 measured recidivism as returns to prison. The type of individual most likely to return to prison, and most likely to return soon after release, is a young, black male drug addict or alcoholic, with several prior incarcerations including a previous

prison term that was long and was for a property crime. Drug use was a factor in recidivism, but all the other characteristics except gender were more important factors than drug use.¹²

The BJS National Recidivism Reporting Program (NRRP) found that a larger percentage of former inmates who returned to State prisons in 1979 were heroin users than were those entering prison for the first time. Reentrants were at least twice as likely as those entering prison for the first time to have ever been regular heroin users and somewhat more likely than first-timers to have been under the influence of drugs at the time of the offense for which they were imprisoned.

Federal drug law violators are no more likely to recidivate than Federal offenders overall

The BJS Federal Justice Statistics Program reported on Federal offenders whose probation was revoked between July 1, 1982, and June 30, 1983, either for a new offense or a technical violation of the conditions of supervision. Almost 6% of drug offenders' probation and almost 7% of all offenders' probation were revoked. The rate of recidivism for drug law violators was lower than the representation of these violators in the population as a whole. Drug law violators, for example, comprised 15% of the probationers but only 6% of the revocations. Those convicted of robbery, on the other hand, made up over 1% of the probation population, but almost 13% of the revocations.

Released Federal drug offenders were less likely than all other types of offenders to be returned to prison

Offense for which incarcerated	Percent returned to Federal prison within	
	1 year	3 years
All offenses	2.5%	9.2%
Drug offenses	1.4%	6.9%
Nondrug offenses	3.0%	10.3%
Violent	3.7	12.8
General property	3.4	11.7
Fraudulent property	2.5	8.9
Regulatory	2.0	—
Public-order	1.8	5.9

— Too few cases to allow estimate.

Note: Estimates based on all Federal prisoners whose prison terms started later than September 1977 and who were first released prior to July 1986. Percents returned include all those returned to Federal prison for violating terms of parole or committing a new Federal crime.

Source: BJS, *Drug law violators, 1980-86, Federal offense and offenders*, Special report, NCJ-111763, June 1988, table 14.

An additional number may have been convicted of State or local crimes and later incarcerated in State or county facilities after release from Federal prison. Such offenders are not included in these data. An earlier BJS study of Federal parolees found that about 15% of all parolees had their parole revoked for a new crime or a technical violation between July 1, 1982, and June 30, 1983, while about 11% of drug offenders had their parole revoked.

Almost half of the felony drug offenders placed on probation in 1986 were rearrested for a new felony within 3 years

Most serious felony conviction offense	Total	Drug	Percent of probationers in 32 large urban counties arrested within 3 years for:			
			Violent	Property	Weapons	Other
All offenses	43%	14%	9%	15%	1%	4%
Drug	49	27	7	10	1	4
Violent	41	9	18	9	2	3
Property	43	7	7	24	1	4
Weapons	36	10	11	5	8	2
Other	32	6	6	11	2	8

Source: BJS, *Recidivism of felons on probation, 1986-89*, Special report, NCJ-134177, February 1992, table 4.

Recidivism rates of drug law violators released from State prisons were lower than the rates for other types of offenders

A recent BJS report examined criminal activity of prisoners over a 3-year period following their release in 1983 in 11 States. Of the prisoners studied, 10% had a drug offense as the most serious offense for which they were incarcerated. In addition, nearly 38% of all prisoners studied previously either had been arrested or incarcerated for a drug law violation in conjunction with a more serious offense before their 1983 release. Half of the released drug offenders were rearrested within 3 years. Higher percentages of those charged with other crimes were rearrested:

- 60% of those incarcerated for a violent crime
- 68% of those in prison for a property crime
- 55% for a public-order offense, such as a weapons violation.

Similarly, a study of returns to prison of those paroled in Texas in 1983 found that those incarcerated for drug offenses, sex offenses, or murder were less likely to return to prison within 1 year than those incarcerated for burglary, theft, or assault.

Drug offenders released from State prisons were less likely to be rearrested for a similar crime

The relative likelihood of rearrest for a similar crime was highest for rape, other sexual assault, homicide, and fraud and lowest for those released for public-order or drug offenses.

Rearrest charge	Relative likelihood of rearrest
Violent offenses	1.9
Homicide	4.9
Rape	10.5
Other sexual assault	7.5
Robbery	2.9
Assault	2.1
Property offenses	2.3
Burglary	3.0
Larceny/theft	2.1
Motor vehicle theft	4.2
Fraud	4.6
Stolen property	2.4
Drug offenses	1.8
Public-order offenses	1.2

Note: See Technical Appendix for explanation of "relative likelihood of arrest."

Source: BJS, *Recidivism of prisoners released in 1983*, Special report, NCJ-116261, April 1989, table 10.

What effect does the type of community supervision have on recidivism?

RAND conducted a study of 14 intensive supervision programs (ISP) in nine

States from 1987 to 1990. The programs targeted serious offenders, most of whom were drug-involved. The programs differed in their participant selection criteria and content.

Recidivism was measured in several ways: technical violation of the conditions of supervision, new arrest, new conviction, and jail or prison time from both technical violations and new offenses. ISP increased participation in rehabilitation programs and other prosocial activities.

Results did not demonstrate that ISP per se reduced recidivism rates of these offenders. Recidivism was significantly lower only for offenders who had a high degree of participation in rehabilitation programs along with the increased surveillance provided by ISP.

What effect do shock incarceration programs have on recidivism?

Shock incarceration and boot camp programs have not yet been comprehensively evaluated. Preliminary studies reported by NIJ show generally lower returns to prison for boot camp graduates than for regular parolees during the first year after release. After the first year, however, shock incarceration graduates do no better than regular parolees.

A study described in *Federal probation* looked at other types of post-release failure and found a different pattern. There was no significant difference between boot camp graduates and regular parolees in returns to prison. Boot camp graduates, however, had significantly lower rates of absconding, commission of a new offense, or a technical violation, indicating that their post-release behavior may be less serious than regular parolees.

As reported by NIJ, preliminary analyses found that the *daily cost* of shock incarceration was greater than the cost of regular prison, but that the *cost per confinement* was lower for shock incarceration because the sentences were shorter.

Drug law violators have lower recidivism rates than other types of offenders

Most serious offense for which released	Percent of all released prisoners	Percent of released prisoners who within 3 years were:		
		Rearrested	Reconvicted	Reincarcerated
All offenses	100%	63%	47%	41%
Drug offenses	10%	50%	35%	30%
Possession	1	63	40	37
Trafficking	5	52	35	29
Other/unspecified	4	45	35	29
Non-drug offenses				
Violent	35%	60%	42%	37%
Property	48	68	53	48
Public-order	6	55	42	35
Other	1	77	63	59

Note: The offense distribution and percentages rearrested are based on 106,216 releases for whom most serious offense at release was known. Percentages of those reconvicted and reincarcerated are based on 99,103 releases, after data from Ohio were excluded.

Source: BJS, *Recidivism of prisoners released in 1983*, Special report, NCJ-116261, April 1989, table 8.

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The continuing challenge of responding to illegal drugs

The lessons of the past

From the vast literature and data examined in this volume, it is clear that the illegal and the illicit use of drugs —

- has consumed much of the Nation's health and wealth
- continues to harm citizens
- places unprecedented demands on the Nation's criminal justice system.

The question remains as to how the challenges of the drug problem can best be met by public and private responses. The complexity of identifying and implementing optimal policies and programs to meet present and future needs in this area is great.

One of the major themes of this report is change — in drug use, its consequences, and public and private responses. The most recent decade provides dramatic examples of the changing nature of the drug problem: the growth of AIDS cases associated with intravenous drug use, the emergence of crack cocaine, the unprecedented power of the cocaine cartels, and the proliferation of drug trafficking violence in many U.S. cities. Future changes are certain and will require new and creative responses.

Another theme that emerges from this report is that drug problems are cyclical and the length of the cycles extends over decades. As previously documented, the first cycle with cocaine at the turn of the century extended over 30 years; in the last decade the cycle with crack seems to have taken one-tenth of the time. But the rule seems to be that the time from initial experimentation through extensive if not epidemic use to relative abstinence can exceed a quarter of a century.

The need for a coordinated approach

History has shown that no single policy, approach, or program will solve the Nation's drug problem or its crime problem. It is clear that neither exists independently in American life. We have attempted to describe the public and private responses to the problem without advocating a single policy or approach.

However, the preponderance of evidence leads to the conclusion that a multijurisdictional approach that crosses the subject matter boundaries of many disciplines including criminal justice is required and is being pursued.

The most recent effort to coordinate efforts at the Federal level centers around the Office of National Drug Control Policy (ONDCP) and the national strategies it is required to produce annually. Four National Drug Control Strategies have been produced to date, the first in September 1989 and the fourth in January 1992.

The most important advance made under ONDCP over previous coordinative efforts was its national rather than Federal focus. The strategies highlight the critical role of the States, localities, and the private sector in many proposed responses and tactics in addition to individual Federal agency responses. There is also a strong emphasis on measuring progress in changing the behavior of drug-using Americans. The strategies also stress the accountability of individual users for the proliferation of drugs, the role of the criminal justice system, the need for expanded treatment capacity, increased international cooperation, and expanded use of the military.

The most recent strategy included new priorities: chronic, addicted drug use was a particular focus as was the treatment and prevention of alcohol abuse; the possible resurgence of heroin use was examined more fully; and the report was restructured with its chapters focusing on deterring new and casual users, freeing current users, and curtailing trafficking organizations, supply networks, and street dealers.

Future efforts must continue to be responsive to the ever-changing nature of the drug threat, especially —

- changes in the type and patterns of drug use
- impacts of drug trafficking, drug possession, drug use, and related criminal behaviors upon the criminal justice systems across the Nation
- new and unanticipated health consequences of drug use

- the American public's perceptions of the drug problem and what constitutes appropriate responses
- assessments of the effectiveness of policies and practices that are implemented.

Coordinated programs are also being implemented, such as the recent Federal "Weed and Seed" program. The multi-agency and jurisdictional effort is designed to assist localities with severe crime, economic, and social problems. The first phase of this program is to "weed" out violent criminals, illegal gang activities, drug trafficking, and related violence using Federal, State and local law enforcement. In phase II, the community is "seeded" with a wide array of social, economic, and criminal justice programs and services. These "seeds" are to establish the social and economic framework necessary to keep drugs and crime out and provide the peace and stability necessary for economic growth and opportunity for the residents. Further refinements to existing programs and new approaches are to be expected.

Information needs for drug control policy

When informed by a sense of history, careful collection and appraisal of scientific evidence, and a mature and balanced judgment of what is possible by way of justice system and other interventions — effective policies can be implemented to reduce the incidence and consequences of illegal drug use. This report is an attempt to present a snapshot of where we are and where we have come from in responding to the drug problem. Due to the constantly changing nature of the problem and our responses to it, new information on the subjects presented here will be needed to aid the policy discussion of tomorrow.

To maintain the quality and relevance of the research and programs devoted to responding to drugs, a sustained flow of reliable information will be needed on the nature and extent of the drug problem, the legal response to drug-related crimes, the causes of these problems, the characteristics of the people affected, and the best possible methods of prevention and treatment.

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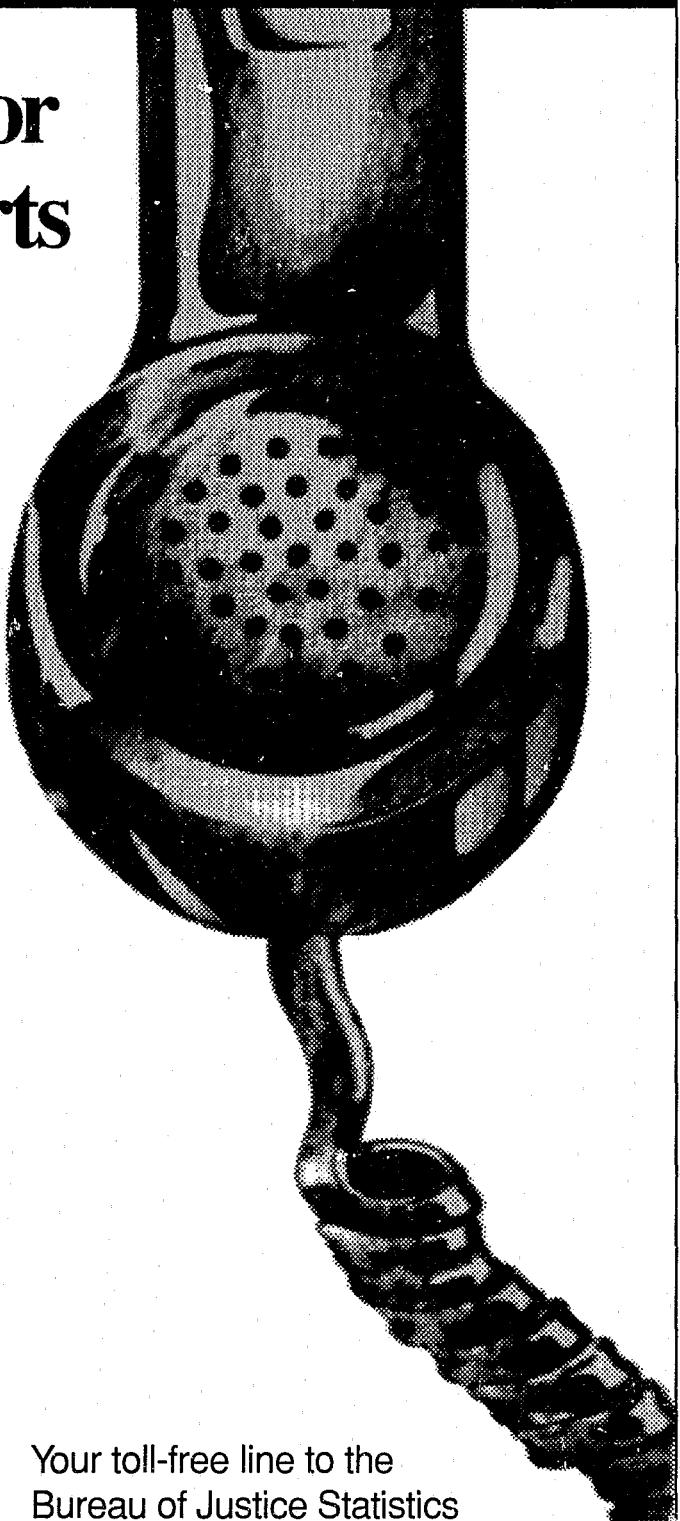
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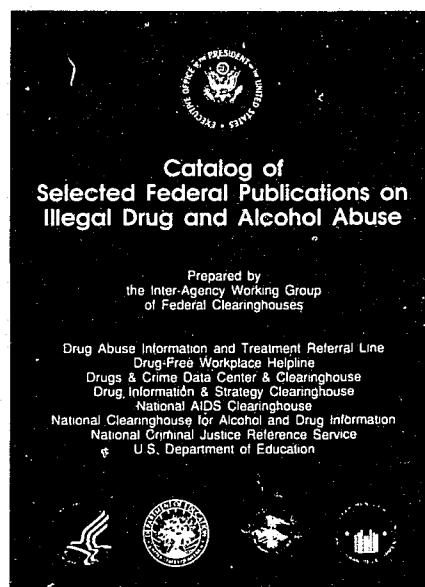
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The *Catalog of selected Federal publications on illegal drug and alcohol abuse* is available from the Drugs & Crime Data Center & Clearinghouse. Produced by the Inter-Agency Working Group of Federal Clearinghouses, this catalog presents a listing of free drug-related publications available from such agencies as —

- Bureau of Justice Statistics (DOJ)
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- Bureau of Justice Assistance (DOJ)
- National Institute on Drug Abuse (HHS)
- Substance Abuse and Mental Health Services Administration (HHS)
- Centers for Disease Control (HHS)
- Office for Drug-Free Neighborhoods (HUD)
- Department of Education.

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- community initiatives
- drug testing
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