

The Federal Drug Control Budget



New Rhetoric, Same Failed Drug War

February 2015

The Obama administration says that drug use should be treated as a health issue instead of a criminal justice issue. Yet its budget and its drug policies have largely emphasized enforcement, prosecution and incarceration at home, and interdiction, eradication and military escalation abroad. Even what the government does spend on treatment and prevention is overstated, as many of its programs are wasteful and counterproductive.

Drug War Policies Dominate Federal Drug Budget

The enacted federal drug war budget totaled roughly \$26 billion in 2015, and the Office of National Drug Control Policy (ONDCP) has requested an even larger budget for 2016.¹ An additional \$25 billion is spent at the state and local levels on the drug war every year.²

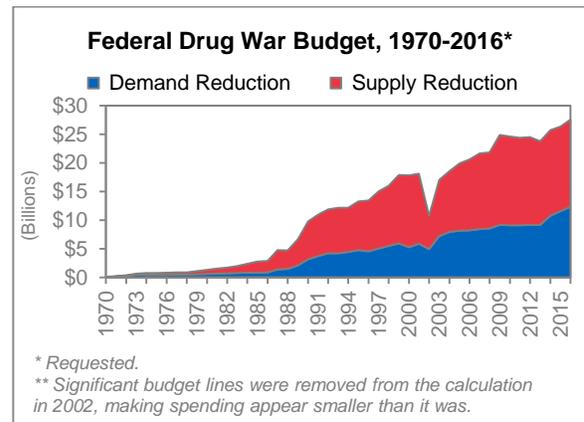
A significant majority of this annual budget – roughly 55 percent – is devoted to policies that attempt to reduce the supply of drugs, such as interdiction, eradication and domestic law enforcement. Less than 45 percent is devoted to treatment, education and prevention – what is commonly known as “demand reduction.” Almost nothing is spent on life-saving harm reduction services.

Treatment and education programs are far more effective than arrests and incarceration.

The 2016 budget request is not much different. It contains nearly the same basic ratio of supply-to-demand funding. These distorted funding priorities have not changed significantly under the last several administrations.

Supply reduction efforts have proven ineffective, costly and destructive, and have distracted from proven strategies to reduce the harms of drug misuse. Despite incarcerating tens of millions of people and spending

more than a trillion dollars in the past forty years,³ drugs remain cheap, potent and widely available.⁴



Supply reduction = interdiction, eradication & law enforcement
Demand reduction = education, prevention & treatment.

Source: ONDCP; Sourcebook of Criminal Justice Statistics.⁵

The drug war strategy also pulls any discussion of alternatives to failed prohibitionist policies off the table. While President Obama and other members of his administration have gone so far as to say that drug legalization is a legitimate topic for debate, the administration’s drug control strategies have disparaged marijuana regulation.⁶

Demand Reduction: Underfunded and Overstated

The federal government simply refuses to prioritize proven demand reduction strategies, even though the U.S. is the largest consumer of drugs in the world. Effective treatment and education programs are a far better investment – and far more likely to improve public safety and health – than arrests and incarceration. A seminal study by the RAND Corporation found that every dollar invested in drug treatment saves taxpayers \$7.46 in societal costs – a reduction that would cost 15 times as much in supply-side, law enforcement expenditure to achieve.⁷

Even what the government does spend on demand reduction is overstated, because many of these programs have been wasteful and unsuccessful. For example, several longstanding federal prevention efforts, like the National Youth Anti-Drug Media campaign⁸ and Drug Abuse Resistance Education (DARE) program⁹ – are costly, ineffective, and might actually lead to unintended negative consequences.

Much federal funding for treatment is, in fact, funneled into the criminal justice system – which is far less effective than health-based approaches. Drug courts, have not significantly reduced the likelihood of incarceration, routinely deny proven treatments like methadone, and absorb scarce resources better spent on demonstrated health approaches like community-based treatment.¹⁰ It's disingenuous for ONDCP to claim that wasting money on failed, criminal justice approaches is "treatment". It is not.

The biggest problem we face isn't the use of drugs; it's the misuse of drugs. Data consistently show that the vast majority of people who experiment with illegal drugs do not develop addiction or dependence.

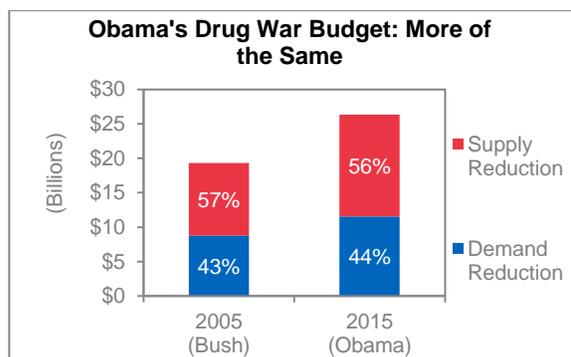
Arresting people who use drugs non-problematically and forcing them into treatment takes up resources that could be invested in helping people struggling with serious drug problems. People who use marijuana are much less likely to become dependent but are increasingly forced into treatment by the criminal justice system – the source of over half of all treatment referrals for marijuana each year.¹¹ Forcing people into treatment instead of prison for low-level drug offenses is definitely *not* a health approach. Getting arrested should not be a requirement for receiving treatment.

The federal government continues to privilege abstinence-only approaches to treatment and prevention, to the exclusion of proven, evidence-based interventions. This costly, punitive, zero-tolerance approach has overwhelmingly failed. The U.S. Government Accountability Office (GAO) found that ONDCP has "not made progress toward achieving most of the goals articulated in the 2010 National Drug Control Strategy," and, in fact, has lost ground in vital areas like reducing youth drug use, overdose deaths, and HIV infections among people who inject drugs.¹²

Conclusion

President Obama and members of his administration say that drug use should be treated as a health issue, not a criminal justice issue.¹³ The administration has even adopted some limited drug policy changes: pledging not to interfere with states that regulate marijuana and embracing certain overdose prevention and sentencing reform measures, such as de-emphasizing the federal prosecution of low-level drug offenses to reduce federal prison overcrowding.¹⁴

Yet his budget and the bulk of his drug policies continue to emphasize enforcement, prosecution and incarceration at home, and interdiction, eradication and military escalation abroad.



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Source: ONDCP; Sourcebook of Criminal Justice Statistics.¹⁵

After 40 years of failure, we need to invest in proven health-based strategies – not just talk about them. Instead of throwing more money at supply-side interventions that are proven failures, the Drug Policy Alliance advocates addressing U.S. demand for drugs by funding a diverse array of treatment models and effective prevention and harm reduction programs.¹⁶

It's time we developed a comprehensive strategy for dealing with drug abuse in the 21st century by focusing on what works. We know what doesn't work: In the last 30 years, the number of Americans in prison has increased tenfold. We have less than 5% of the world's population but almost 25% of its prison population.

This isn't a partisan issue. Facing massive budget deficits, both parties are searching for alternatives to prison for people who use drugs – because locking them up is only making us poorer, not safer.

But thanks to decades of scientific research, we now know a lot about what does work. We know, for example, that every dollar spent on quality treatment for drug-dependent people returns several dollars in

savings in the first year alone. It's time we treated people struggling with drug misuse the way we'd want to help a family member struggling with addiction to alcohol or other drugs: by using what works.

¹ White House Office of National Drug Control Policy, "National Drug Control Budget: FY2016 Funding Highlights," (Washington, DC: Office of National Drug Control Policy, 2015).

² Jeffrey A Miron and Katherine Waldo, *The Budgetary Impact of Ending Drug Prohibition* (Cato Institute, 2010)..

³ Martha Mendoza, "Us Drug War Has Met None of Its Goals," *AP*, May 13(2010)..

⁴ Dan Werb et al., "The Temporal Relationship between Drug Supply Indicators: An Audit of International Government Surveillance Systems," *BMJ Open* 3, no. 9 (2013); Jonathan P Caulkins and Peter Reuter, "How Drug Enforcement Affects Drug Prices," *Crime and Justice* 39, no. 1 (2010); C. Costa Storti and P. De Grauwe, "The Cocaine and Heroin Markets in the Era of Globalisation and Drug Reduction Policies," *Int J Drug Policy* 20, no. 6 (2009); A. Fries et al., "The Price and Purity of Illicit Drugs: 1981-2007," (DTIC Document, 2008).

⁵ White House Office of National Drug Control Policy, "National Drug Control Budget: FY2016 Funding Highlights." State University of New York at Albany, "Table 1.14.2012", *Sourcebook of Criminal Justice Statistics Online* (2012); White House Office of National Drug Control Policy, "National Drug Control Budget 2012 Summary," ONDCP (April 2011): 5; "National Drug Control Budget: FY2014 Funding Highlights," (Washington, DC: Office of National Drug Control Policy, 2013); "National Drug Control Budget: FY2015 Funding Highlights," (Washington, DC: Office of National Drug Control Policy, 2014).

⁶ "2013 National Drug Control Strategy," (Washington, DC: Office of National Drug Control Policy, 2013); "2012 National Drug Control Strategy," (Washington, DC: Office of National Drug Control Policy, 2012).

⁷ C Peter Rydell and Susan S Everingham, *Controlling Cocaine: Supply Versus Demand Programs*, vol. 331 (Rand Corporation, 1994).

⁸ Government Accountability Office, Contractor's National Evaluation Did Not Find That the Youth Anti-Drug Media Campaign Was Effective in Reducing Youth Drug Use, (August 2006); R. Hornik and L. Jacobsohn, "The Best Laid Plans: Disappointments of the National Youth Anti-Drug Media Campaign," *LDI Issue Brief* 14, no. 2 (2008); R. Hornik et al., "Effects of the National Youth Anti-Drug Media Campaign on Youths," *Am J Public Health* 98, no. 12 (2008).

⁹ Stephen R. Shamblen et al., "A Short-Term, Quasi-Experimental Evaluation of D.A.R.E.'S Revised Elementary School Curriculum," *Journal of Drug Education* 40, no. 1 (2010); Marjorie E Kanof, "Youth Illicit Drug Use Prevention: Dare Long-Term Evaluations and Federal Efforts to Identify Effective Programs," (Washington D.C.: Government Accountability Office, 2003); S. L. West and K. K. O'Neal, "Project D.A.R.E. Outcome Effectiveness Revisited," *Am J Public Health* 94, no. 6 (2004); Mary Nakashian, "A New Dare Curriculum Gets Mixed Reviews: Communications Activities for Improving and Evaluating the Dare School-Based Substance Abuse

Prevention Curriculum. Program Results Report," *Robert Wood Johnson Foundation* (2010).

¹⁰ Drug Policy Alliance, *Drug Courts Are Not the Answer: Toward a Health-Centered Approach to Drug Use* (Drug Policy Alliance, 2011); Nastassia Walsh, "Addicted to Courts: How a Growing Dependence on Drug Courts Impacts People and Communities," (Justice Policy Institute, 2011); Eric L. Sevigny, Harold A. Pollack, and Peter Reuter, "Can Drug Courts Help to Reduce Prison and Jail Populations?," *The Annals of the American Academy of Political and Social Science* 647, no. 1 (2013); H. Matusow et al., "Medication Assisted Treatment in Us Drug Courts: Results from a Nationwide Survey of Availability, Barriers and Attitudes," *J Subst Abuse Treat* (2012).

¹¹ Substance Abuse and Mental Health Services Administration, "National Survey of Substance Abuse Treatment Services (N-SSATS): 2011 Data," (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013).

¹² Government Accountability Office, *Office of National Drug Control Policy: Office Could Better Identify Opportunities to Increase Program Coordination* (Washington, DC: United States Government Accountability Office, 2013).

¹³ David Morgan, "Data suggests drug treatment can lower U.S. crime," *Reuters* (May 17, 2012). See also, Dan Glaister, "Obama drops 'war on drugs' rhetoric for needle exchanges," *The Guardian* (March 16, 2009); Rafael Lemaitre to ONDCP Blog, 2014, <http://www.whitehouse.gov/blog/2014/01/17/what-does-new-budget-deal-mean-drug-policy-reform>.

¹⁴ Eric Holder, "Remarks at the Annual Meeting of the American Bar Association's House of Delegates, San Francisco, August 12, 2013," (Office of the Attorney General, United States Department of Justice, 2013).<http://www.justice.gov/iso/opa/ag/speeches/2013/ag-speech-130812.htm>;

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¹⁵ *Sourcebook of Criminal Justice Statistics Online* (2012); White House Office of National Drug Control Policy, "National Drug Control Budget: FY2016 Funding Highlights."

¹⁶ R. P. Mattick et al., "Methadone Maintenance Therapy Versus No Opioid Replacement Therapy for Opioid Dependence," *Cochrane Database Syst Rev*, no. 3 (2009); Marica Ferri, M. Davoli, and C. A. Perucci, "Heroin Maintenance for Chronic Heroin-Dependent Individuals," *ibid.*, no. 12 (2011).