



The Federal Response to the United States Drug Problem 1960 - 1989

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A Study Commissioned by
Governor William Donald Schaefer's
Drug and Alcohol Abuse Commission

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The Sixties

The drug situation in 1960 was vastly different from what it is today. Heroin addiction was the important social and law enforcement concern, and it was largely confined to the black ghettos of a few cities, with half of the 45,000 registered addicts living in New York City. Opium, which earlier in the century had been a plague, was still around, but it was used by an extremely small addict population. Cocaine was rarely heard of, and marijuana was unknown to most Americans. During World War II and the Korean Conflict, all branches of the military freely dispensed amphetamines — one of the new wonder drugs that was a central nervous system stimulant — to the soldiers, sailors, and airmen who had to stay awake for long hours. The Federal Bureau of Narcotics (FBN) reported in 1960 that an eight year study indicated a continuing, gradual decrease in the incidence of narcotics addiction.

Narcotics Law Enforcement

On the eve of the birth of the drug culture, enforcement of Federal drug laws, aside from the border interdiction responsibilities of Customs, was in the hands of 300 agents of the FBN. This was about the same number of narcotics agents as there were in the 1920s. With the notable exception of New York City, state and local police departments handled their drug problems out of a vice squad or morals division, along with prostitution and illegal gambling. Earliest narcotics law enforcement in the United States dated from 1890, when Congress imposed a tax on opium and morphine. It rested in a unit of the Treasury Department. In 1915, following enactment of the Harrison Act, a Narcotics Section was established in the Miscellaneous Division of the Bureau of Internal Revenue of the Treasury Department, since the Harrison Act was a tax law. There were 162 agents.

In 1920, narcotics law enforcement was wedded to alcohol prohibition enforcement, but still considered mainly a tax problem, and was promoted to division status within the Revenue Bureau's Prohibition Unit, made famous by Elliot Ness and the "Untouchables." The Prohibition Unit was composed of 112 special agents, 305 narcotics agents, and 2,756 prohibition agents. In 1927, the unit achieved the status of a full bureau in the Treasury Department, and three years later the Narcotics Division followed suit. The United States Bureau of Narcotics, more commonly known as the Federal Bureau of Narcotics (FBN),

was born. With new methods and resources, the FBN got off to a successful start. The FBN seized 50 kilograms of heroin and 77 kilograms of morphine in just one case during its first year. The following year an astounding 265 kilograms of heroin were seized, and in 1932, 17 kilograms. That was to be the last sizable seizure until after World War II. Despite the large seizures of heroin, most drug activity in the 1930s revolved around morphine and smoking opium.

When the drug drought of World War II disappeared with the reopening of the world's trade routes, Americans became conscious of a drug problem. By the 1950s, a higher level of performance was expected of drug law enforcement. The FBN first opened offices abroad in an effort to get closer to the sources of the supply of drugs.

Since World War II, there had been a renewal of and an increase in the use of heroin. The war had spawned a new problem and an entirely new group of drug users. Legal pharmaceuticals, principally amphetamines, tranquilizers, and sedatives were freely and legally dispensed. While they served legitimate medical needs, their addictive and abuse potentials were not well understood, either by the physicians who dispensed them or by the patients who took them. Meanwhile, another new phenomenon, cocaine use, was slowly building.

The sociological causes of the drug explosion of the 1960s are yet to be fully explained. Some observations, however, can be made. An explosion did in fact take place. The nature of the drug problem had undergone a fundamental change because it had come to involve all social strata, and it included a vastly expanded market. It also comprised a radically increased pharmacopeia of drugs of abuse.

In the 1960s, heroin came chiefly from Europe, through the so-called French Connection, with lesser amounts — possibly 15 percent — from Mexico and the Far East. At this time, the efforts of the FBN were directed largely against the Mafia, and it succeeded in placing virtually the whole top echelon of Mafia leaders in prison. Political pressure from groups purporting to represent Italian-Americans succeeded in bringing about a reaction from a number of congressmen that resulted in essentially stopping FBN's organized assault. Congressional pressure had the effect of banning the word "Mafia" from the vocabulary of Federal law enforcement and even recalling for destruction all copies of the FBN's Mafia mug book. It has been speculated that if political pressure had not obliged the FBN to stop arresting Mafia figures, the Mafia might have ceased to exist as a serious crime problem.

The cocaine that was in the United States in the mid-1960s came from various countries in South America, with Chile beginning to emerge as the most important source country. The French were interested in developing heroin smuggling routes through Latin America, and they turned to a group of Chilean pickpockets and shoplifters who on their own added cocaine to the heroin they were smuggling. Thus developed a greatly expanded cocaine distribution network in the United States.

Marijuana in the 1960s came from a world-wide supply network, but Mexico supplied the bulk of the drug consumed by its northern neighbor. The pharmaceuticals on the illicit market at the beginning of the decade came largely from legal manufacturers, but toward the end of the decade illicit laboratories began to appear. The four drug groups most widely used in this country were heroin, cocaine, marijuana, and pharmaceuticals. Their relative order of importance and the extent to which they were used cannot be guessed with any degree of accuracy.

By the mid-1960s, the social revolution was in full force, notably identified with various aspects of the Civil Rights Movement (including Free Speech Movement and the Sexual Revolution), with the drug explosion in its wake. The social revolution also took the form of a broader social protest, increasingly directed against the Vietnam War.

While heroin remained to a large extent the drug of the underclass, middle class youth increasingly experimented with powerful new pharmaceuticals, many of them illicit, and with new forms of marijuana. "Liberated" youth progressed from jimson weed to marigold seeds to banana skins to peyote buttons, to the accompaniment of ever more strident rock music. More advanced dropouts experimented with cocaine, but because of its high cost this soon became the preferred drug of the upper-middle class.

Certain intellectuals, such as Allan Ginsburg and Timothy Leary, gave a show of respectability and intellectual underpinning for those who cared to have a moral justification for using drugs. The drug that was to open the floodgates of artistic creation and intellectual insight was LSD, made available in unlimited quantities in the clandestine laboratories of Augustus Owsley Stanley.

Law Enforcement 1965 - 1973

Meanwhile, a reaction to the dramatic drug phenomenon had set in from besieged law enforcement and anguished middle-class parents. The Treasury Department's FBN had no jurisdiction over amphetamines, barbiturates, and LSD, which were among the pharmaceuticals most widely used by the drug culture and which were collectively referred to as "dangerous drugs." Jurisdiction lay with the Food and Drug Administration, which set up a law enforcement agency in 1965 with powers parallel to those of the FBN. The new agency, which became operational the following year, was called the Bureau of Drug Abuse Control (BDAC). The young men recruited as agents into BDAC sometimes had a higher level of formal education than the FBN agents and a broader outlook unshackled as yet by the discipline of the streets.

The two agencies were on an obvious collision course. The middle class drug dealers who were the natural targets of BDAC were supplying heroin as well as dangerous drugs to their clientele. Often BDAC and FBN were targeting the same people — unknown to each other. In some instances they inadvertently arrested each other's undercover agents. Something had to be done. In 1968, the two bureaus were combined into the Bureau of Narcotics and Dangerous Drugs (BNDD) and transferred to the Justice Department. This marriage of the tough, street-wise FBN agent and the bright and eager BDAC agent was a happy if not always harmonious relationship. BNDD was also given an expanded budget. Before the merger there were 300 FBN agents and about the same number of BDAC agents. By 1973, this 600 had grown to 2000. This was the period, from 1968 to 1973, that saw the destruction of the French Connection. At the end of this period a further reorganization took place. The Controlled Substance Act combined the narcotics investigation capability of U.S. Customs and two lesser known narcotics groups that had been established only shortly before with BNDD into the Drug Enforcement Administration (DEA).

The Development of Federal Drug Law

Before 1890 there was no control of opium in the United States. In that year Congress passed legislation imposing a tax on the importation of morphine and opium and on the manufacture of smoking opium. But the first serious attempt to control drug abuse through legislation was a Pure Food and Drug Act of 1906. This Act was aimed at preventing the manufacture of and regulating the traffic of adulterated, misbranded, poisonous, or harmful foods and drugs. Requiring

little more than proper labeling, however, the Act was directed largely at patent medicines, many of them containing opiates.

Congress addressed the problem again in 1914 with the Harrison Act, which outlawed heroin and regulated the importation, sale, and use of "narcotic" drugs. The Pure Food and Drug Act was replaced in 1938 by the Federal Food, Drug, and Cosmetic Act. In 1956, Congress enacted the Narcotic Drug Control Act, which provided stiff, mandatory sentences for drug traffickers. In 1971, the Controlled Substances Act combined the 1938 law and a much amended Harrison Act.

With the passage of the Drug Abuse Office and Treatment Act of 1972, Federal policy for the first time required a program balancing law enforcement with prevention and treatment efforts.

Federal Drug Strategy 1968 - 1973

John Ingersoll was appointed the first and was, in fact, the only director of BNDD. During his — and its — tenure from 1968 to 1973, he proved himself an able and far-sighted leader. Working closely with Congress and the White House and with strong support from his boss the Attorney General, and with BNDD's mandate as lead agency in the drug control effort, Ingersoll developed a four-pronged approach to the drug problem:

- Rational enforcement of Federal drug law
- A radically improved and expanded training program
- Public Education
- Research

The first two components of this strategy were referred to as supply reduction, the last two as demand reduction. While the first two were more specifically the charge of BNDD, the agency also played a supplementary and advisory role in demand reduction. For example, the National Institutes of Drug Abuse (NIDA) carried out research based on BNDD proposals and funding.

BNDD took the statutory obligations of the United States under international agreements to control drugs seriously and worked aggressively with the U.N. and foreign countries. It vastly increased its presence overseas. Within five weeks of taking office, Ingersoll traveled to Europe to confront the heroin problem at its source.

BNDD dragged a reluctant State Department into prodding Turkey — the source for opium used in French Connection heroin — into issuing a ban on the production of opium poppy. BNDD established for the first time in any branch of law enforcement a systematic method, flawed though it may have been, for identifying the most important drug trafficking networks. It was also the first law enforcement organization to organize a capability for strategic intelligence analysis and reporting. It trained thousands of foreign police officials in more effective techniques of drug law enforcement. (Since virtually all heroin, cocaine, and marijuana were produced abroad, it was considered that the closer law enforcement was to the point of origin the more effective it could be.) BNDD's greatest success, which came shortly after its reorganization into DEA, was the destruction of the French network that supplied the bulk of the heroin used in this country. In effect, the FBN and BNDD totally destroyed the French Connection.

These were heady days, but they were not to last. BNDD's strategy of controlling supply by directing resources against the ultimate drug sources was aimed at long range success, but showed no immediate result in the streets of America. Indeed, street crime worsened, largely because the explosive nature of the demand for drugs had vastly increased their supply. Drug law enforcement was simply overwhelmed. In the French Connection, BNDD was successful because it used strategic intelligence analysis methods and for the first time learned how drug trafficking really worked. Unfortunately, their targeting had been a function so esoteric that very few persons understood it. When Ingersoll was unable to explain effectively the explosive nature of the drug problem and convince others of the strength and value of his strategy and new methods, he and BNDD were held to be failures by Congress and the White House.

Responding to critics that not enough was being done, in June 1971, President Nixon created by Executive Order the Special Action Office for Drug Abuse Prevention (SAODAP) to oversee treatment, rehabilitation, education, and research. The new SAODAP director said his strategy was to make health care so available "that no one could say he committed a crime because he couldn't get treatment." Still, the clamor to control crime in the streets continued, and in January 1972, the President created the Office of Drug Abuse Law Enforcement (ODALE). Commissioner of Customs Myles Ambrose was detailed to the Justice Department as a Special Assistant Attorney General and Special Consultant to the President for Drug Abuse Law Enforcement. ODALE was placed under his direction. With the creation of ODALE, BNDD effectively lost its role as lead agency. As a result of this fragmentation there was a need for a common pool of information. The Office of National Narcotics Intelligence (ONNI) was created to meet this need. Other entities established along the way were the

Cabinet Committee on International Narcotics Control and the Strategy Council on Drug Abuse. To make matters worse, Customs was openly challenging BNDD for leadership in drug matters. By January 1973, the destructive bureaucratic struggle was getting out of hand, and a task force was created to study the reunification of the Federal drug effort.

The Seventies and Eighties

In 1970, the President complained about a "vacuum of knowledge" concerning the drug problem. Its intensity and seriousness were sensed, but its exact nature and dimensions were unknown. While hard, reliable statistical data were sparse, all indicators pointed to a series of problems out of control. For example, a public opinion poll in 1969 suggested that four percent of adults, 12 percent in the 21 to 29 age group and 22 percent of college students, had tried marijuana. Ten percent of these adults had used barbiturates and four percent LSD. A year later it was estimated that ten percent of the entire adult population had tried marijuana. There was no longer a drug problem, but a group of problems:

- Heroin addiction was worsening.
- Dangerous drugs and marijuana were used by strata of society never before affected by drugs, both working class and middle class.
- Drug use and street crime were emerging as new phenomena.
- Cocaine abuse was becoming fashionable in upper income groups.

In 1971, the President sent a special message to Congress saying that the situation had assumed the dimensions of a national emergency "afflicting both the body and soul of America." The situation continued to worsen.

The first organized attempt by the U.S. Government to describe the nature and extent of the drug problem occurred in 1978, although it was hesitant about quantifying or estimating the number of drug users. The report concluded, among other things, the following. The drug situation at the end of 1978 was in a constant state of change. Heroin abuse had declined over the previous four years as a result of drought in Mexico and that country's opium eradication program, but the decline was expected to reverse itself because of an explosion in opium production in other parts of the world. The number of heroin addicts was estimated to have dropped from 450,000 in 1977 to 380,000 in 1978.

Abuse of dangerous drugs was expanding rapidly, the report continued, and cocaine use was growing in popularity. In 1978, marijuana was described as the "most widely abused drug," with from 10,000 to 15,000 tons being smuggled into

the country and domestic production of marijuana reaching "significant proportions." After marijuana, the extent of drug use came in this order: dangerous drugs, cocaine, heroin.

The situation continued to worsen in the 1980s, and three new elements, "crack," "designer drugs," and, most recently, "ice" or "crystal," appeared on the market. Crack, which first appeared in 1981, exploded on the drug scene in 1986. By mid-1989, it was available in almost every state. It is an inexpensive, highly addictive, physically and emotionally destructive cocaine derivative. It has been described as "the fast food of drugs," in that it is ready to use, can be purchased quickly and easily, and is cheap. Designer drugs are synthetic substances that are chemically similar to narcotics, stimulants, depressants, or hallucinogens and have the same effects.

Other dangerous drugs continued to be widely abused during the 1980s. Ice, or crystal as it is sometimes called, was known principally in Hawaii and California. A smokable form of methamphetamine, it originated in laboratories in the Far East. It is highly addictive, can easily be produced in illicit laboratories in the United States, and gives a high that may last 14 hours or more. Thus, it has the potential of becoming even more of a public health and law enforcement problem than crack.

NIDA's 1985 Household Survey projected that 70.4 million people in the United States (37 percent of the population over 12 years old) had used an illegal drug at least once in their lifetime and that 23 million were current users. However, the 1988 Household Survey showed "significant declines in current use of illicit drugs by Americans nationwide." The Household Survey has sometimes been said to underestimate the number of users as well as the amounts of drugs used because it is confined to households and does not include groups such as students, transients, and the homeless. It may also not accurately reflect the true situation in areas of intense use, such as the inner cities. Thus, it may reflect a drop in cocaine use by the wealthy, but not reflect an increased use of crack by persons living outside households.

If the declines are in fact valid, and no one can really be sure, they would most likely be voluntary — that is, unlike declines at other times such as during heroin panics, they probably have nothing to do with government action. Given the availability of virtually all drugs and a constant lowering of prices, it may be that the drug market has reached a saturation point. The use of heroin seems to have been stable for several years. Marijuana use seems to have less appeal to the young than it once did. Cocaine seems to have lost some of its glamor for the wealthy.

Federal Drug Strategy Since 1973 – DEA

In 1973, the competing agencies were brought together at the President's request by Act of Congress and named the Drug Enforcement Administration (DEA). The new agency's role as lead agency in drug law enforcement was confirmed by Executive Order. Ingersoll was replaced.

In 1975, the White Paper of the President's Domestic Council reaffirmed the supply reduction/demand reduction concept and made this division of responsibilities:

- DEA – Lead agency for supply reduction
- NIDA – Lead agency for demand reduction
- Department of State – Lead agency for international drug policy

It was a generally well-reasoned document with well-founded proposals. It did, however, have at its core one proposal that, while seemingly sound, was to have far-reaching negative consequences. The White Paper prioritized government resources and for both supply and demand reduction they were to be "directed toward those drugs which inherently pose a greater risk to the individual and to society." The White Paper determined heroin, amphetamines, and barbiturates deserved the most attention. Cocaine and marijuana were to be given "some attention."

This position assumed a static situation, and its application deprived drug law enforcement of the flexibility it needed to respond to local conditions and changed circumstances. In Florida, for example, the heroin problem was insignificant, while the state was being overrun with cocaine and marijuana from South America and the Caribbean. Agents were discouraged from conducting cocaine investigations at a time when cocaine was rapidly becoming the country's major drug problem.

The role of Chilean smugglers in developing a cocaine distribution network in the late 1960s and early 1970s was previously mentioned, as was the drug culture's interest in all sorts of drugs during the growth of the drug problem in the 1960s. Other factors also entered in to increase the demand for cocaine and to help create what eventually became a staggering market. Seizures of cocaine, as a rough indication of the demand for it, increased from 54 kilograms in 1969 to 56,000 kilograms in 1988.

In the 1950s, Cuba was a safe haven for American gangsters and a meeting place for American and French drug traffickers. Both of these groups had an interest in the gambling casinos there. When Fidel Castro closed the casinos in 1959, he upset the working relationships between organized crime and some elements of the Cuban business community. Cuba at that time was a heavy market for cocaine, and many Cuban exiles gained their early livelihood in the United States by bringing cocaine to their old American organized crime acquaintances. While pro-Castro Cuban intelligence agents financed their operations in the United States through cocaine sales, anti-Castro militants financed their organizations in this country — as well as paramilitary operations against Cuba — using the same method. By increasing supply at a time demand was increasing, they played a significant role in helping the market to take off.

While the nation's demand for drugs was increasing, drug law enforcement and the drug effort of the U.S. Government failed to reduce the problem. New programs were largely modifications or logical developments of BNDD initiatives. For example, DEA's strategy plan for 1976 included such items as:

- Encourage foreign governments to improve drug traffic suppression institutions;
- Seek an international legal framework;
- Utilize other U.S. agencies;
- Improve DEA's intelligence; and
- Require that each investigation be consistent with enforcement priorities.

This plan is a 25 page document that spells out in detail how DEA's strategy is to be implemented. The unfortunate thing is not that it does not contain startling new initiatives, but that the agents drafting the plan encountered difficulty in having basic and necessary ideas included.

Over time, DEA's successes were measured in annual increases in statistics, such as seizures of drugs and arrests of drug law violators. Such statistics helped keep the budget afloat, but otherwise only served to reflect a problem that was yearly growing worse in terms of the number of people abusing drugs and the social costs of drug abuse. This pattern of using statistics set in the mid-1970s continues into 1989, because it is accepted by Congress and the press.

In its 1980 Annual Report on the Federal Drug Program, the Strategy Council on Drug Abuse pointed out that Federal drug strategy historically involved three major program elements:

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- Domestic treatment and rehabilitation
 - Domestic drug law enforcement
 - International narcotics control

The report added that prevention was emerging as a fourth major program element as efforts to educate the public were increased. (Education had been one of BNDD's four major efforts.) Coordination problems were addressed through White House policy oversight, direction, and coordination of Executive Branch efforts. The report stated that the program emphasized a flexible response involving a wide variety of approaches.

Coordination among Executive Branch agencies—the report continued—rested with the Drug Policy Office within the White House Domestic Policy Staff. The Drug Policy Office had been created in March 1978. The President signed an Executive Order on May 9, 1979, designating the Associate Director for Drug Policy within the Domestic Policy Staff as the person primarily responsible for assisting the President in formulating drug policy.

The Strategy Council on Drug Abuse had been created by Act of Congress in 1973 and had been revitalized by President Carter in 1977. The Council was responsible for the preparation of Federal strategy for drug abuse prevention and control. It was composed of the Attorney General, the Secretaries of State, Defense, Treasury, and Health and Human Services, the Administrator of the Veterans Administration, the Director of the Office of Management and Budget, and others.

During this time, NIDA, which had prime responsibility as lead agency for setting demand reduction policy, drifted away from that responsibility to assume the role as the lead agency in drug research.

The problem of drug abuse continued to worsen. In response, new initiatives were taken. In 1982, an Office of Drug Abuse Policy was established by Executive Order to oversee and coordinate Federal policies and programs. (This is a different body from the Drug Policy Office. The Office of Drug Abuse Policy had been established by Congress. In 1977, President Carter abolished it in favor of the Strategy Council on Drug Abuse.)

Also in 1982, the Attorney General assigned the FBI jurisdiction to investigate Federal drug offenses and appointed an FBI agent as Administrator of DEA. A year after his appointment, the FBI agent/Administrator told a group

of Rotarians that "the two agencies have come together with a mutual respect for each other's professionalism" and that "we have within our reach the goal of stabilizing the drug problem, then minimizing it. The good news is we are successfully attacking the problems."

In 1984, the National Narcotics Act established the National Drug Enforcement Policy Board to provide stronger leadership and more centralized direction to supply reduction efforts. That same year the government revised its strategy into a program with five major elements:

- Drug abuse prevention through awareness and action
- Drug law enforcement
- International cooperation to control narcotics
- Medical detoxification and treatment
- Research directed at causes, treatments, and understanding

The revision in this strategy had the effect of focusing public attention away from a balanced supply/demand reduction strategy into a strategy that minimized U.S. Government effort. "The Federal role is to provide national leadership working as a catalyst in encouraging the efforts of state and local governments and the private sector, and to pursue those drug abuse functions which lie beyond the jurisdiction and capabilities of the individual states." This strategy was consistent with the administration's delineation of the proper responsibilities of Federal, state and local government.

In 1986, a Presidential National Security Directive declared the international drug trade to be a national security concern. An Executive Order created the National Drug Policy Board in 1987. This new board was established to oversee all Federal drug control efforts. It expanded the activities of the National Drug Enforcement Policy Board to include demand reduction efforts. It was to be the cabinet-level forum for "significant policy decisions, interagency coordination, and information exchange within the drug law enforcement and drug abuse prevention and health communities." By appointing the Attorney General chairman, Edwin Meese was effectively made "Drug Czar." With the establishment of the National Drug Policy Board, the drug control efforts of the Federal Government had come full circle. The Board was designed to fulfill the lead agency function that had first been assigned to BNDD in 1968.

In implementing these continuing efforts to strengthen the national leadership and management of the drug control efforts, the following are among the major initiatives undertaken by 1987.

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- The role of the military and the U.S. intelligence community were expanded in drug law enforcement.
 - Thirteen Organized Crime Drug Enforcement Task Forces were established to attack high-level traffickers with multi-agency resources.
 - A National Narcotics Border Interdiction System was created to coordinate drug interdiction activity.
 - Increased emphasis was placed on advanced investigative techniques, such as electronic surveillance and investigations into the finances of drug traffickers.
 - The State Department's assistance for crop eradication programs was still further expanded, and DEA's activities overseas were still further broadened.

As with DEA in the 1970s, nothing new came about that had not germinated with BNDD. Indeed, the major drug control efforts of the Federal Government in the 1980s seemed to be management by divestiture rather than the development and implementation of a successful strategy. About 75 percent of the Fiscal Year 1987 Federal drug control budget was directed at supply, the remaining 25 percent at demand reduction — prevention 13 percent and treatment 12. The Federal role in these areas changed in 1982 when Congress, through the introduction of block grants, directed that funds for treatment and prevention should be given directly to the states. The Federal Government still has responsibility for functions beyond state capabilities, primarily through the Departments of Education and Health and Human Services and ACTION, which have responsibilities for prevention programs. Mrs. Reagan's "Just Say No" project has been designed to focus attention on prevention programs.

For treatment programs, the Federal Government, mainly through the Alcohol, Drug Abuse and Mental Health Administration dispenses funds to states, which in turn disburses them to local treatment facilities. NIDA plays a role as the major agency involved in treatment research. The Department of Defense, the Bureau of Indian Affairs, and the Veterans Administration have treatment responsibilities for persons within their jurisdictions.

Public Law 100-690, of November 18, 1988, established in the Executive Office of the President the Office of National Drug Control Policy, with a Director (the inevitably named "Drug Czar"), a Deputy Director for Supply Reduction and a Deputy Director for Demand Reduction. In January 1989, the President nominated Mr. William J. Bennett as Director of the Office.

On September 5, President Bush addressed the nation on the drug problem, and the following day released his National Drug Control Strategy. The document is a comprehensive, broad-brush treatment of the drug problem with numerous proposals for addressing the drug problem in various fields: The Criminal Justice System; Drug Treatment; Education, Community Action, and Drugs in the Workplace; International Initiatives; Interdiction Efforts; Research; and Intelligence.

Among the many proposals made are:

- Increased Federal funding to state and local agencies;
- Prosecution of misdemeanor drug offenses;
- Increased crop eradication;
- Increased Federal funds for drug treatment;
- Greater state and local accountability for the effectiveness of treatment programs;
- Improved coordination among treatment facilities and between treatment facilities and social, health, and employment agencies;
- Implementation of firm drug prevention policies in schools and universities;
- Federal support for community-wide drug prevention efforts;
- Creation of a national program to mobilize volunteer efforts to prevent the illegal use of drugs;
- The disruption and dismantlement of drug-trafficking organizations;
- Reduction of cocaine, heroin, and marijuana supply;
- Development of a comprehensive, information-based approach to Federal interdiction;
- Upgraded Federal intelligence support to interdiction;
- Improved operations aimed at money couriers;
- Improved inspection techniques and border systems;
- The establishment of a Drug Control Research and Development Committee involving directors of research and evaluation and chief technology advisors to all appropriate drug supply and demand reduction agencies;
- Better and more frequent data collection and analysis, including flexible, quick response data collection;
- Increased basic and clinical research on drug use and addiction;
- Increased intelligence efforts to concentrate on the infrastructure of trafficking organizations and their allied enterprises;
- Improved drug automation and information systems;
- Sharing of intelligence; and
- The establishment of an interagency working group chaired by Bennett's

group to develop plans for an intelligence center to unite U.S. drug-related analytical capabilities and to improve intelligence capabilities.

The Role of Intelligence

Drug Law Enforcement Intelligence has been confined largely to the analysis of information. Only rarely has it made incursions into the area of information gathering, and those – except for some technical operations – were short-lived because of problems relating to evidence and to operating within the law. The first drug law enforcement intelligence unit was BNDD's Strategic Intelligence Office, whose mandate was simply stated as to "determine the strategic intelligence needs of the Bureau and perform studies for planning and decision purposes."

In July 1972, President Nixon established the Office of National Narcotics Intelligence (ONNI) by Executive Decree. It was to "monitor and coordinate the requirements for and the analysis, production, and dissemination of foreign and domestic narcotics intelligence and related information to insure that the intelligence product meets the needs of Federal, State and local officials having operational, planning and policy-making responsibilities in the narcotics field." However, ONNI was never able to translate this directive into any specific tasks. It had no information gathering potential of its own and those who did – most importantly BNDD and Customs – were reluctant to open their criminal investigation files to anybody. A year later ONNI was folded into BNDD's Strategic Intelligence Office in the reorganization that formed DEA. With this reorganization, drug enforcement intelligence had about 60 personnel.

The act of Congress that established DEA defined its intelligence mission as "the development and maintenance of a National Narcotics Intelligence System in cooperation with Federal, State, and local officials, and the provision of narcotics intelligence to any Federal, State or local official that the Administrator determines has a legitimate need to have access to such intelligence."

DEA's Office of Intelligence became a viable organization that fulfilled the immediate needs of the organization and complied with the congressionally mandated mission. It grew in manpower and budget in pace with DEA. By the mid-1980s, not only DEA, but also the U.S. Customs Service, the U.S. Coast Guard, the FBI, and the Bureau of International Narcotics Matters (INM) in the Department of State had intelligence programs.

DEA's program provides intelligence support to other Federal, state and local law enforcement organizations largely through the El Paso Intelligence Center. At Headquarters, DEA's Office of Intelligence provides ongoing support to the Office of Enforcement through continuous analysis of current DEA criminal investigations. Since 1977, it has produced the annual Narcotics Intelligence Estimate, which proclaimed itself "the most comprehensive and authoritative assessment available to the Federal Government on the supply of drugs to the U.S. illicit market." The Office of Intelligence also finances intelligence information collection efforts by the Office of Enforcement.

The National Drug Control Strategy paper of September 5, 1989, proposed the planning of "a center that, by linking information resources with analytic skills, will provide necessary strategic analytic intelligence to various Federal (and appropriate State and local) agencies." A specific proposal is due February 1, 1990.

International Drug Control

The United States has always been a leader in international drug control. The first step in this direction took place in 1909, when the United States called for an International Opium Convention to restrict the traffic in narcotic drugs. The call was made possible by the seriousness of the addiction problem in the United States, but the immediate stimulus had been provided by the American colonization of the Philippines at the turn of the century. Specifically, at the urging of the Episcopal Bishop of the Philippines, President Theodore Roosevelt called for an International Opium Convention to restrict the traffic in narcotic drugs.

A conference was held in Shanghai in 1908, followed by another in 1911. The latter produced the Hague Convention, the first international drug agreement. At the Peace Conference following the First World War, responsibility for international drug control was given to the League of Nations, and the Hague Convention was included in the Treaty of Versailles. The League, among other things, established a coordination mechanism for international law enforcement. Following World War II, the drug problem was given to the United Nations, which established responsibility within the Commission on Narcotic Drugs under its Economic and Social Council. Under pressure from the American representative to the Commission, the governments of Britain, France, and The Netherlands agreed to give up their Far Eastern opium monopolies. In 1953, the United

Nations Opium Conference confronted the task of curtailing surplus opium production, then still far in excess of legitimate medical and scientific needs.

Perhaps the most significant act of the United Nations in drug control has been the 1961 Single Convention, signed by 74 nations. This Convention, synthesizing more than 50 years experience in international drug control, and its 1972 Protocol, are the basic treaties now in force concerning drugs. The Single Convention established the International Narcotics Control Board (INCB) to limit legal production of narcotics to amounts needed for medical use. Under the Single Convention and its Protocol, the INCB has the authority to require reduction of opium poppy cultivation and opium production; the international control system was to exchange information; the United States and other "victim" nations were given greater opportunity to extradite traffickers from other countries; the United Nations was given authority to recommend technical and financial assistance to cooperating governments to carry out their treaty obligations; and the signing parties undertook an obligation to drug abuse prevention, education, treatment, and rehabilitation of drug users.

A parallel to the Single Convention, which deals with narcotic drugs, is the Convention on Psychotropic Substances of 1971. United Nations' initiatives are funded through voluntary contributions to the United Nations Fund for Drug Abuse Control.

In addition to working with international bodies, the United States in recent years has taken strong initiatives for unilateral action or cooperative action on a number of fronts. Narcotics agents were first stationed abroad in the late 1950s, mainly in Europe and the Middle East. This practice flourished in the early 1960s, and by the end of the decade narcotics agents were in nearly every major city of the world that had any impact on the American drug problem. These agents actively conducted drug investigations, established liaisons with local police forces, and "performed other duties as required." At a higher level these agents acted as intermediaries in providing training for foreign officials in the United States. They also provided American technical and equipment assistance.

Inevitably, the Department of State became involved in both controlling and in supporting these activities. The Department was instrumental, for example, in arranging the Turkish Opium Ban, as well as in orchestrating the total U.S. program in Mexico, a major producer of heroin and marijuana, as well as a transshipment point for cocaine from South America.

During the Reagan Administration, U.S. foreign drug policy was based, in theory, on the following principles:

- Drug abuse is a major international issue, having adverse social, political, and economic impact on producer and transit countries, as well as on the consumer nations.
- Each country is responsible for reducing the supply of illicit drugs within its borders.
- The international community should help countries that need help.
- Illicit drug cultivation and production must be controlled at the source.

Within these principles the United States should:

- Assist foreign governments to stop the production and transportation of drugs, including crop control programs and interdiction efforts.
- Develop mutual assistance treaties directed at facilitating legal and judicial actions such as extradition and the seizure of assets.
- Encourage the support of international narcotics control programs.
- Curtail the diversion from legitimate trade of legal drugs and of the chemicals used in making illicit drugs.

The 1989 National Drug Control Strategy is a little blunter in its international objectives:

- Disrupt and dismantle drug-trafficking organizations.
- Reduce supplies of cocaine, heroin, and marijuana.
- Assist European demand reduction and supply reduction efforts.

Thirty years of Federal effort have not been able to contain the drug problem in this country. State and local efforts appear to suffer the same frustration. The drug problem seems impervious to the best efforts of law enforcement, no matter how large the resources or intense the effort.

Resources have not been lacking for the Federal Government's long-lasting "War on Drugs," first declared by President Nixon. Funds available have skyrocketed from a virtually self-sustaining two million dollars in the beginning to five billion in 1989 (two thousand five hundred times as much), and the Government expects to ask for from one to two billion dollars more in 1990. The 300 FBN agents have grown to over 3000 DEA agents, with an equivalent increase in support personnel. Tens of thousands of Federal agents and their state and local

and foreign counterparts have received advanced training. By setting up task forces with other Federal agencies and state and local police forces and through the cross-training of FBI agents, additional thousands of police have been made available for the drug effort. These figures do not include the hundreds of Border Patrol and Customs Officials, the Coast Guard and military support personnel, the personnel engaged in demand reduction, et cetera. Counting both supply reduction and demand reduction, the Federal government entities with drug abuse responsibilities amount to 11 cabinet departments, 32 departmental agencies, and five independent agencies. In addition, there are 14,000 State and local law enforcement entities with jurisdiction in drug matters.

The drug control effort has been monumental, and few stones have been left unturned. National and international mechanisms have been established to deal with all aspects of the problem at the operational level. The problem has been attacked at its source by both demand reduction and by supply reduction programs such as crop eradication of the plants used to make drugs. Both old-fashioned and highly sophisticated methods have been used to keep drugs out of the country. Attempts have been made to deprive illicit drug manufacturers of the chemicals needed to make drugs. Immense national and international investigations have been directed against large and important drug organizations. Traffickers have been deprived of the fruit of their illicit activities through financial investigations and the seizure of their property. Advanced intelligence methods have been developed and applied.

The money, the manpower, and the intense and widespread effort have resulted in spectacular increases in seizures of drugs and arrests of drug law violators. For example, seizures of cocaine have increased from 54 kilograms in 1969 to 56,000 kilograms in 1988. During the same period, arrests climbed from 232,690 to 850,034. Comparison with earlier figures is even more startling.

Arrests and seizures, however, as impressive as the statistics may be as evidence of the fine, hard work of criminal investigators, are not an end in themselves. In fact, the arrests have had the negative social impact of clogging the court system and crowding our jails. A strategy of more of the same or of shifting emphasis from one program element to another, or of recycling discredited programs can have little hope of success, if history has any meaning.

What is Needed

An overview of the past 30 years shows a Federal drug control effort characterized by constant change and instability. There has been little or no continuity in either programs or in program leadership. With each succeeding reorganization, new leadership was often selected to develop drug control policy or to direct the activities of agencies having drug control missions. Frequently, these interim leaders had no historical understanding of the nation's drug abuse problem or of prior Federal efforts to deal with the problem.

What is needed is a cohesive, coordinated and properly funded national drug control strategy, developed through consensus. It must reflect recommendations and ideas received from all of the various drug control disciplines — prevention/education, treatment and law enforcement — and from all levels of government — federal, state and local. It must also include input from the private sector and from our communities. It should be designed with an understanding of the historical development of our nation's drug abuse problem and of all prior efforts to correct it. Its development should anticipate a long term commitment and provide consistency in program effort. It must be sufficiently flexible, however, to recognize and to deal with new and emerging drug threats. An ingredient of particular importance in our national effort to reduce drug abuse is competent Federal leadership. Such leadership is necessary to coordinate the development of our national strategy. It is also requisite to assure the coordinated and focused implementation of our national drug demand and drug supply reduction effort.

If the United States is ever to find its way out of the drug morass it is now in, certain steps need to be taken.

A DRUG MANDATE: The Executive Branch and Congress must decide jointly in a very short, clear, and simple policy document exactly what they hope to accomplish in the matter of drug control. This statement of national purpose becomes the Mandate of the Executive Branch. The Mandate is then passed to the appropriate operational arm of the Executive Branch. In matters of supply reduction, this might be assumed to be DEA. In matters of demand reduction a parallel organization will have to be created responsible for prevention, education, treatment, and research. Once the Mandate is passed, the Executive Branch and Congress will exercise strict oversight through regular, systematic program review based on performance measurement standards that will have to be developed, but the agencies will maintain the role of lead agencies in their respective responsibility in the implementation of the Mandate.

LEAD AGENCY RESPONSIBILITY: This is the difficult point. For it is here that the elected officials must decide whether the drug problem is a short-range or long-range problem. It must be assumed that over time there will be political changes in the country. Therefore, the continuity of the implementation of national purpose must be entrusted (although with strict political oversight) to the permanent drug abuse control institutions.

The agencies responsible for demand reduction and supply reduction should be given full authority to determine national implementation strategy within the scope of the national purpose mandate, to formulate appropriate plans, and to develop and run programs. Coordination with other agencies and assurance of their cooperation will be maintained at a high level within the Executive Branch. The appropriate entity for this would seem to be the Office of National Drug Policy, which would also exercise Executive Branch oversight over the lead agencies responsible for demand reduction and supply reduction. This Office should be responsible only to the President. All other agencies with drug control responsibilities should receive policy guidance from DEA and its counterpart.

The delegation of authority to lead agencies has precedent in the Apollo Program, in which Congress and the Executive Branch decided on a national purpose of putting a man on the moon and gave NASA the mandate to do it. NASA was then left free to determine the strategy, plans, and programs for implementing its mandate.

PROGRAM REVIEW: All existing programs need to be reviewed, and workable performance measurement standards for each program need to be established. Many programs, such as interdiction and the disruption of organizations, are essential, but undue reliance is placed on them. All programs should be harmonized and prioritized toward implementing the common mandate, and only those programs most likely to be rewarding should be continued at their present rate. In any event, a reorientation in the thinking of all personnel will be required away from targeting the "Who" of drug trafficking to the "What" and "How."

The cutting of existing wasteful programs would release substantial funds to help defray, if not pay for, the necessary reforms. Substantial new budget support would not necessarily be desirable. If new funding is needed, it should be strictly justified in relation to the program that needs it.

A SOUND INTELLIGENCE PROGRAM: Strategy, plans, and programs should be based on strategic intelligence rather than on shifts in the political winds. The

kind of strategic intelligence that is needed is not now available and would have to be developed on a priority basis. Strategic intelligence analysis should be entrusted to DEA, as basic and clinical research should be entrusted to its demand reduction counterpart. The Strategic Intelligence product must determine the goals of Operational Intelligence.

The lead agencies must identify and deal with several drug problems (not just one), including short-term programs and long-term problems. In the short term, any drug control program must produce convincing results in the streets. Aside from its own merit, such results would restore public support and remove the temptation of political meddling.

A NATIONAL STRATEGY: Since law enforcement in the streets and prevention and treatment programs are essentially the job of state and local authorities, the Federal Government must assist them by incorporating their needs in our national strategy. This National Strategy must address all aspects of both demand reduction as well as supply reduction and embrace all levels of government—Federal, state, and local. It must continue to clearly define what is to be done and by whom and identify adequate funding for implementation of the National Strategy.

SELECTION OF THE RIGHT PEOPLE: The utmost care must be given to the selection of directors of the lead agencies for demand reduction and supply reduction. It must be recognized that management of the national drug control effort is an awesome responsibility and one of the most demanding jobs in government. Great care and skill must be exercised in the selection of these key persons to ensure a successful drug control strategy. With the right people in place we can marshal our resources and move forward toward success.

About the Author

John Bacon is a historian and an intelligence analyst with thirty years experience in both national security and drug law enforcement intelligence.

Mr. Bacon has a Master of Arts degree in history from Georgetown University and 20 years experience with the Central Intelligence Agency both overseas and in Washington.

One of the original nine members of BNDD's intelligence office, he served with BNDD and its successor DEA for ten years in a wide variety of capacities: Latin American analyst; Senior Analyst; Chief of the Project Pilot Working Group; Chief of the Latin American Section; Chief of the Cocaine/Cannabis Section; Chief, Studies and Estimates Section; and Acting Chief, Strategic Intelligence Division.

Now retired from government service, Mr. Bacon does consulting on drug matters and free-lance writing.