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Federal Drug Abuse Control Policy and the Role of
the Military in Anti-Drug Efforts

Statement of
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Comptroller General
of the United States

Before the
Senate Committee on Armed Services



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FEDERAL DRUG ABUSE CONTROL POLICY
AND THE ROLE OF THE MILITARY
IN ANTI-DRUG EFFORTS

SUMMARY OF STATEMENT BY
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Drug abuse is a major national problem despite increasingly expensive federal anti-drug efforts. Federal expenditures for drug control were nearly \$4 billion in fiscal year 1987. The drug problem persists because of the enormous demand for illegal drugs in the United States and the overwhelming supply of illegal drugs available to meet the demand.

It is time to reassess federal drug abuse control policy and strategy. If we measure success by the number of drug users and the amounts of drugs being smuggled into the country, we must unfortunately conclude that our present strategy and policies are not working. Experts disagree and opinions vary about which anti-drug programs work best, and about which programs should receive a higher priority and increased resources. An increasing number of experts believe we should attack the root of our drug problem, America's demand for illegal drugs. This approach warrants strong consideration.

We must also have better management and stronger leadership of federal drug control efforts. We lack a cohesive federal anti-drug policy and strategy. Numerous organizational changes have been made over the past 20 years to reduce the fragmentation of federal anti-drug efforts, improve coordination, and strengthen leadership and oversight. Presently, the National Drug Policy Board is charged with this mission. The authority and responsibility for planning and coordinating federal anti-drug efforts needs to reside in a single official directly accountable to the President. To succeed, this individual must receive strong and sustained support from the President and the Congress.

The military has become increasingly involved in supporting federal anti-drug efforts. The costs and benefits of having the military do more, however, require careful and thoughtful consideration. Increasing military support would probably result in more drug seizures and arrests, but it may not significantly reduce drug supplies. DOD officials also believe a substantial increase in military assistance could adversely affect military readiness. In addition, providing military personnel with search, seizure, and arrest authority would be a significant departure from this country's long-standing tradition of separating national defense and civilian law enforcement responsibilities. Whatever the Congress decides, the military's role must be part of a unified federal anti-drug policy and strategy.

Chairman Nunn and Members of the Committee:

We are pleased to be a part of your hearings examining the status of the United States drug situation and the federal government's anti-drug efforts, including the military's role in the "war on drugs."

Drug abuse continues to be a major national problem despite increasingly expensive federal anti-drug efforts over the last twenty years. The problem persists because of the enormous demand for illegal drugs in the United States and the overwhelming supply of illegal drugs available to meet this demand.

THE FEDERAL DRUG STRATEGY
HAS NOT CURTAILED DRUG ABUSE

The drug problem has been a matter of national concern since the early 1900s when the narcotics laws were first passed. Early efforts to deal with the problem primarily focused on reducing the supply of drugs, first with the 1914 Harrison Narcotic Act requiring manufacturers and distributors of opium, morphine, heroin, or coca products to register and pay taxes, then later by prohibition and strict legal control.

By the end of the 1950s, the public and legislators generally agreed that the strict supply reduction policy by itself was not enough. During the 1960s and 1970s, drug abuse increased dramatically and spread to new markets. The almost exclusive emphasis on supply reduction and stiff penalties was challenged with growing frequency, leading to increased research and experimentation with treatment for drug abusers. With the passage of the Drug Abuse Office and Treatment Act of 1972 (Public Law 92-255), federal policy clearly called for a more balanced response to the drug abuse problem by adding a vigorous prevention and treatment component to the federal effort. From 1970 to 1976, more federal drug control funding was devoted to such programs, which were designed to reduce the demand for drugs.

Most of the early demand reduction activities were directed toward providing treatment for drug users, particularly heroin addicts. Heroin abuse had emerged in the mid-1960s as a problem of major significance, and heroin was essentially the number one drug priority throughout the 1970s.

In the 1980s, the situation has become dramatically different. Cocaine is now the major problem. The smuggling of drugs, especially cocaine, from South America has escalated, and the federal government's drug strategy now places much greater emphasis on supply reduction, especially on interdicting drugs

being smuggled into the United States. As chart A shows, expenditures for federal anti-drug efforts have increased from \$129.5 million in 1970 to nearly \$4 billion in 1987. The budgetary emphasis shifted to supply reduction programs in 1977, and the spending gap between supply and demand reduction efforts has continually widened since. By 1987, the federal government was spending three times more on supply reduction than demand reduction, \$3 billion and \$1 billion, respectively. Our analysis shows that spending on drug interdiction activities increased by about 1,500 percent from 1977 to 1987.

Despite the increased funding, there is a continuing heavy demand for drugs by U.S. consumers. Americans want drugs, and they are willing to pay a high price to get them.

The latest National Survey on Drug Abuse in 1985 shows that the overall level of illicit drug use reported by households has remained high. About 70 million people (37 percent of the population over 12 years of age) had used an illegal drug at least once in their lifetime and about 23 million people (12 percent) were current users (i.e., they reported using a drug at least once in the 30 days prior to being surveyed).

There are a variety of new drug trends in the 1980s. But cocaine has emerged as the widely abused drug of greatest concern, and "crack," a potent and highly addictive form of cocaine, has

exploded in epidemic proportions in some cities. Chart B illustrates the increased cocaine consumption in this country from 1982 to 1985, and charts C and D show the resulting trends in cocaine-related hospital emergencies and deaths from 1983 through 1987. In all cases, the trend is up.

The heroin addict population has remained relatively stable since the 1970s at about 500,000. However, Mexican "black tar," a new and crudely processed form of heroin that is high in purity but low in price, has become more widely available. "Black tar" can be processed in a shorter time than traditional Mexican brown powder heroin, leaving several impurities in the drug and coloring it dark brown to black. Marijuana use has been declining, but it remains the most widely abused illegal drug in the country. The estimated U.S. marijuana consumption was 4.9 thousand metric tons in 1982, compared to 4.7 thousand metric tons in 1985. Domestic marijuana production has increased as has the potency of the marijuana available on the market. Another problem reported by law enforcement officials is the increased violence associated with drug trafficking, including much greater use of automatic weapons by the traffickers.

Drug production in foreign countries remains at high levels despite international drug control programs, and supplies available for export to the United States are plentiful. For example, there was an estimated 45 to 55 metric tons of opium

produced in Mexico in 1987, 735 to 1,360 metric tons produced in Southwest Asia in 1987, and 1,095 to 1,575 metric tons produced in Southeast Asia during the 1986-1987 growing season. The amount of cocaine produced in Colombia, Peru, Bolivia, and Ecuador in 1987 was estimated to be 322 to 418 metric tons. Countries involved are often not motivated to take strong action against drug cultivation, which, in many cases, has been an important part of their culture and economy for centuries. Major source countries, such as Iran, Afghanistan, and Laos, are outside U.S. influence, and other governments, such as Colombia and Bolivia, where cooperative efforts have been attempted, have been subjected to corruption and violence by drug traffickers.

Contributing to the problem are the enormous profits of drug trafficking, which attract an endless stream of entrepreneurs who see opportunities far outweighing those offered by legitimate businesses. The President's Commission on Organized Crime reported in 1986 that drug trafficking generates an income estimated to be as high as \$110 billion.

Finally, it is still relatively easy to smuggle illegal drugs into the United States and sell them to willing customers once they are here. Only a small part of the drugs smuggled into the United States are interdicted before they reach the domestic drug trafficking networks. For example, Customs estimated that 27 tons of cocaine were seized in fiscal year 1986 out of an

estimated 138 tons smuggled into the country, and 1,106 tons of marijuana were seized out of an estimated 11,000 tons smuggled in that same year.

FEDERAL ANTI-DRUG POLICY AND
STRATEGY MUST BE REASSESSED

It is time to reassess federal drug abuse control policy and strategy. If we want to measure success by looking at the number of drug users and amounts of drugs entering the country, we must unfortunately conclude that our present strategy and policies are not working. The dilemma is that no one knows which drug control programs are the most effective. Opinions vary about what the federal government should do to control the drug problem. Experts disagree about which anti-drug programs work best, and about which programs should receive a higher priority and increased resources.

An increasing number of drug experts believe that the root cause of our national drug problem is the demand for illegal drugs. Since our current approach is not working, it is time to consider devoting more emphasis and more resources to activities aimed at reducing demand: prevention, treatment, and research on the causes and extent of drug abuse. I do not suggest that efforts to control the supply of illegal drugs are useless and should be reduced. I do suggest, however, that the Congress and the

executive branch should exercise great caution before deciding to devote more resources and more emphasis to supply reduction programs.

BETTER MANAGEMENT AND STRONGER
LEADERSHIP ARE NEEDED

We must also have better management and stronger leadership of federal drug abuse control efforts. In reports and testimonies dating back to the early 1970s, we have repeatedly pointed out problems caused by the fragmentation of federal anti-drug efforts among several cabinet departments and agencies and the resulting lack of coordination of federal drug control policies and programs.

Numerous organizational changes have been made over the past 20 years to reduce the fragmentation of federal anti-drug efforts, improve coordination, and strengthen leadership and oversight. At present, the National Drug Policy Board, chaired by the Attorney General, is charged with strengthening central direction and facilitating coordination of federal drug abuse control policy and programs.

In February 1988, we reported that the Policy Board had made some progress in facilitating coordination among drug law enforcement agencies. The Policy Board had also made several policy

decisions, and issued the National and International Drug Law Enforcement Strategy--primarily a description of existing drug enforcement strategies and activities. However, the Board had not exercised its statutory authority and responsibility to develop budgetary priorities, on the grounds that it lacked the information needed to decide where resources should be allocated. Exercising budget authority effectively is a key to having a cohesive policy.

The Board has been unable to make the hard choices affecting agency budgets and programs necessary to bring cohesion to federal drug control efforts. The Policy Board operates by consensus, and its members, who are heads of departments and agencies, each have vested interests in the programs of the organizations they represent.

I believe that the time has come to assign the authority and responsibility for planning and coordinating federal anti-drug efforts to a single individual. This individual must be directly accountable to the President for developing and implementing a unified drug abuse control policy and a coordinated anti-drug strategy. But organizational changes by themselves are not sufficient to solve the problem. To succeed, this individual must receive strong and sustained support from the President and the Congress.

One of the first priorities of the President's drug policy coordinator should be to improve the quality and quantity of information that can be used to assess drug control programs and determine which are the most effective. Existing data systems portray general drug trends and help gauge the overall impact of the federal drug strategy, but they do not adequately measure the effectiveness of specific drug control efforts.

EXPANDING THE MILITARY'S
ANTI-DRUG ROLE REQUIRES
CAREFUL CONSIDERATION

The passage of the Posse Comitatus Act Amendment in 1981 clarified the extent to which the Department of Defense (DOD) can indirectly support civilian law enforcement efforts. Since then, the military has played an increasing role in anti-drug efforts that has concentrated almost exclusively on assisting interdiction efforts. The costs of DOD interdiction support have risen steadily--from an estimated \$5 million in fiscal year 1982 to about \$405 million in fiscal year 1987.

DOD contributes support to civilian drug interdiction efforts in a variety of ways. For example, military surveillance aircraft provide radar coverage of areas determined by Customs and Coast Guard to be major air and marine smuggling routes; selected Navy ships patrolling the Caribbean have Coast Guard personnel aboard

to interdict suspected smugglers; Army helicopters transport Bahamian law enforcement teams on apprehension missions in the Bahamas; and Army helicopters and personnel were used to transport Bolivian strike teams in raids on cocaine labs. In addition, DOD supports anti-drug efforts by sharing intelligence; training law enforcement personnel; and loaning communications equipment, radars, weapons, motion sensors, night vision goggles, and other equipment.

DOD is prohibited by statute from assisting drug law enforcement agencies if such assistance will adversely affect military readiness. According to DOD officials, providing support to drug law enforcement agencies affects readiness to some degree but the impact so far has been minimal. Thus, DOD infrequently turns down requests for assistance on the basis of readiness considerations, but it has, on occasion, provided a lower level of support than requested because of potential readiness degradation. DOD officials contend, however, that substantially increasing military assistance could adversely affect readiness.

While greater involvement by the military would probably result in more drug seizures and arrests and create a greater deterrent effect, such increases may not significantly reduce drug supplies. Drug traffickers have numerous smuggling methods and routes available and can quickly counter interdiction strategies.

Drug producers also have such large quantities of raw materials available that they can overcome losses from interdiction.

Furthermore, most DOD anti-drug assistance, like most civilian drug interdiction activities, is directed at trying to stop drugs being smuggled into the country on boats and airplanes between ports-of-entry. Such interdiction activities are very expensive and have produced few results. For example, the Air Force reported that in fiscal year 1987 it designated 591 AWACS flying hours to interdiction, and only 6 seizures and 10 arrests were attributed to this effort. The incremental cost to DOD associated with this assistance was \$2.6 million. Similarly, the Navy and the Coast Guard reported that Coast Guard personnel were on board Navy ships for a total of 2,500 ship days in 1987 to conduct interdictions. According to the Navy and Coast Guard, these efforts resulted in 20 vessel seizures and 110 arrests at a total cost of about \$40 million.

Marijuana is the drug that is most frequently interdicted between ports-of-entry. But most heroin and a large percentage of cocaine entering the United States is thought to be smuggled through ports-of-entry (e.g., cargo containers, airline passengers, automotive vehicles). The law prohibits DOD personnel from conducting port-of-entry searches and seizures, and DOD officials believe that if this prohibition were lifted, the number of military personnel needed to make port-of-entry

inspection efforts more successful would be great and would directly detract from the Armed Services' primary mission.

Perhaps the greatest need that drug law enforcement agencies have for interdiction efforts is drug intelligence, especially real-time intelligence concerning specific smuggling movements, such as aircraft and boat departures and commercial shipments known to contain contraband. Some experts believe that drug interdiction efforts can best be improved by developing more reliable and timely intelligence collection, analysis, and dissemination so that law enforcement agencies can more effectively target their interdiction efforts. DOD has tasked some of its personnel outside the United States with collecting drug-related intelligence, though DOD points out that the amount of drug intelligence these personnel can collect is limited, given their military missions.

Both the Senate and House versions of the Defense authorization bill propose not only to increase the level of DOD involvement in the anti-drug effort but also to provide military personnel with search, seizure, and arrest authority under certain conditions.

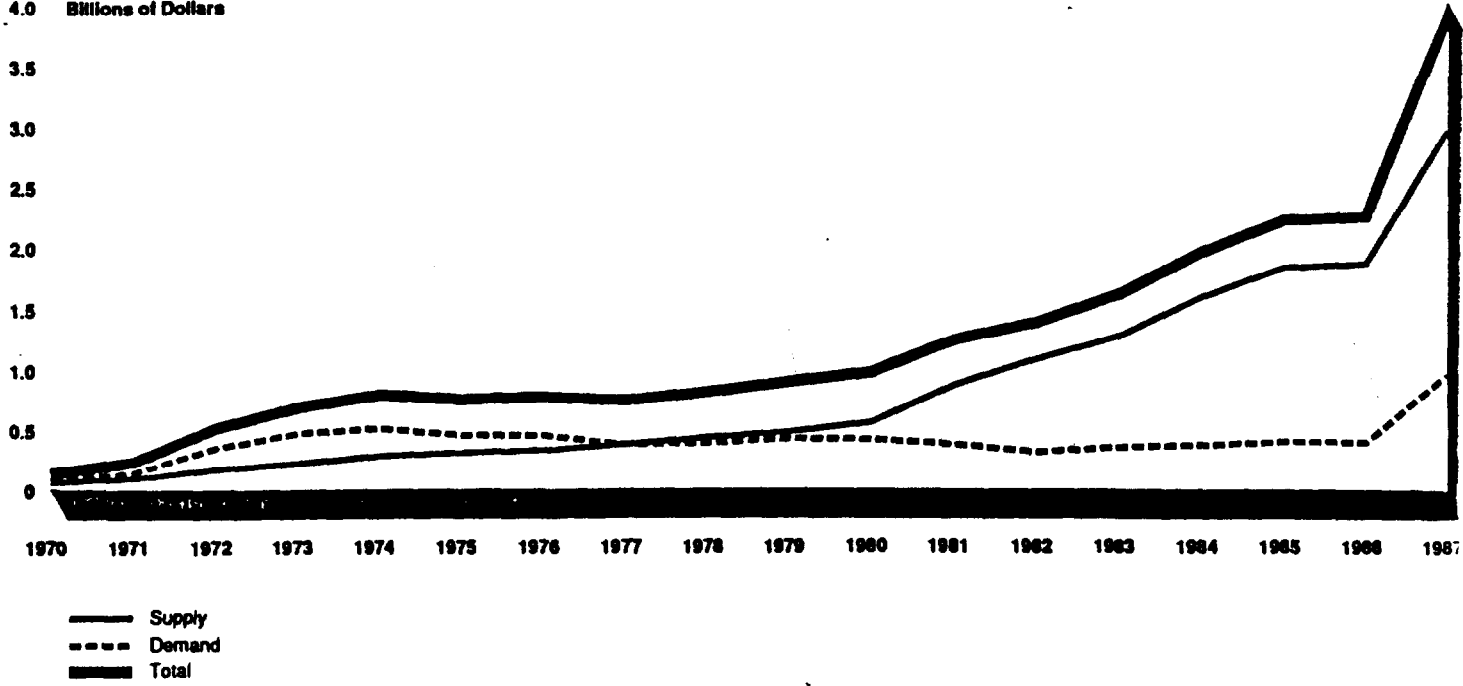
Before making decisions, there are several issues Congress should carefully consider. Providing military personnel with police authority would be a significant departure from this country's long-standing tradition of separating national defense and

civilian law enforcement responsibilities. However, if Congress decides to give the military that authority, it needs to be defined very carefully. DOD's role in collecting intelligence to support drug enforcement also raises questions--we must take every precaution to make sure that the military does not become involved in domestic intelligence operations like those it engaged in during the 1960s. Other considerations are the additional training that would be required if military personnel are to safely and effectively carry out searches, seizures, and arrests, and the impact on military readiness if more personnel are diverted to a nonmilitary mission. In addition, we question the advisability of the Navy routinely boarding U.S. and foreign registered vessels given the potential sensitivity of American citizens and foreign governments to such boardings. In summary, the military can play a key role in providing logistical and technical support to civilian drug law enforcement efforts, but going beyond such a role needs careful consideration. And even that role must be part of a unified federal anti-drug plan.

That concludes my prepared remarks. We would be pleased to respond to questions.

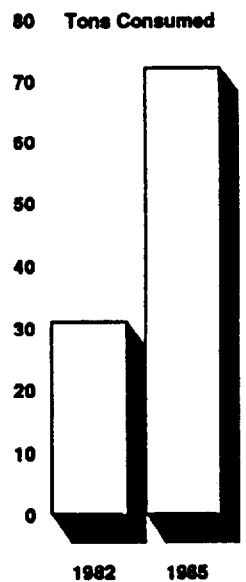
Chart A: Federal Spending--Supply Versus Demand

4.0 Billions of Dollars



Source: Various Federal Drug Strategy Documents

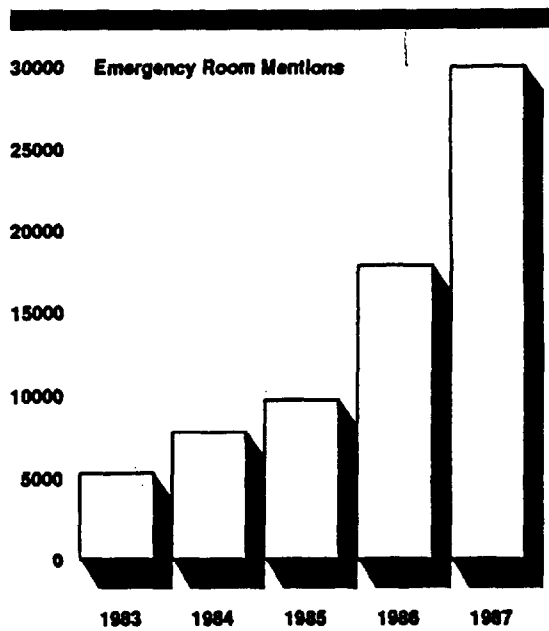
Chart B: Estimated U.S. Cocaine Consumption, 1982 and 1985



Note: Metric ton=2,205 pounds.

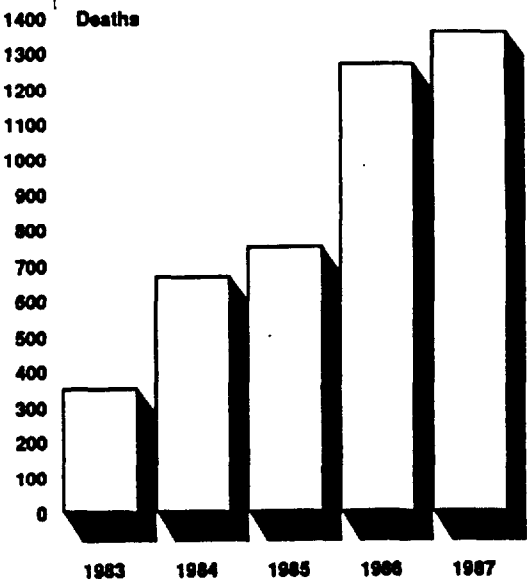
Source: National Institute on Drug Abuse

Chart C: Trends in Cocaine-Related Hospital Emergencies, 1983-1987



Source: National Institute on Drug Abuse, unpublished DAWN data, May 1988.

Chart D: Trends In Cocaine-Related Deaths, 1983-1987



Source: National Institute on Drug Abuse, unpublished DAWN data, May 1988.