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Economics, Budget

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Apple-tab-span {white-space: pre}Drug policy in the United States dates back to twentieth century. Alcohol was first prohibited in the United States in 1919. The prohibition of alcohol first appeared under various provincial bans, and under the federal constitutional amendment in 1919 it was codified and approved by 36 of the 48 states at the time. The movement towards prohibition and developing drug policy continued in 1925 as the United States promoted the regulation of cannabis in the International Opium Convention which was the first international drug control treaty. By 1930 the Federal Bureau of narcotics was created under the Hoover administration, bringing light to the growing presence of drug usage in America. In 1933 under the Hoover administration, the Eighteenth Amendment to the United States Constitution was repealed, shortly after the Marijuana Tax Act was passed by congress in 1937 which required those distributing cannabis to acquire and report a detailed account of marijuana related transaction. The required account included: affidavits, information regarding the individuals involved, and inspections. Nixon’s War on Drugs played a monumental role in the development of what the United States’ drug policy is today.

The Vietnam War is notoriously tied with widespread concern over American drug usage and the Nixon administration. On 17 June 1971 Richard Nixon declared a war on drugs; Nixon described the abuse of illegal substances as “ public enemy number on in the United States” and a “ serious national threat” (Bertram 1996). Under the Nixon administration, the United States

Congress implemented the Controlled Substance Act of 1970 which is the foundation for the United States' current drug war. During Nixon's presidency, most of the funding to fight the war on drugs went towards treatment, instead of law enforcement.

In 1972 the National Commission on Marijuana and Drug Abuse recommended legalizing the possession and sales of small amounts of marijuana, this suggestion was ignored by the Nixon administration and Congress (Bertram 1996). Despite the efforts to fight the war on drugs, a study conducted in 1979 showed that illegal drug use in the United States had peaked to 25 million users within the last 30 days of the survey (Gerstein & Green 1993). Despite a new administration, under Ronald Reagan's presidency the war on drugs continued. In 1986 the Anti-Drug Abuse Act of 1986 was passed by congress.

This bill enforced a new mandatory minimum sentence for drugs including cannabis (Gerstein & Green 1993). Towards the end of the Reagan administration, the Office of National Drug Control Policy was created for primary coordination of drug-related security, diplomatic, legislative, research and health policy across the government. In 1992 the use of illicit drugs declined to 12 million individuals, nearly half of the amount surveyed in over ten years prior (Yunker 2012). With the ongoing implementation of acts and bills to fight the use of illicit drugs, one can deduce that the need for firm drug policy in the United States is due to the inconsistency and fluctuations of drug usage over the years.

Over 40 million Americans today use marijuana, methamphetamine, cocaine, hallucinogens, heroin, or prescription drugs for non-medical reasons every year. Nearly half of those 40 million use only marijuana. In recent years, regular marijuana use has increased, while the use of cocaine has declined. In the United States homicides that are largely associated with overt black market demands for cocaine have lessened, and in turn an increase in deaths linked to prescription drugs has surfaced. Recent United States policy challenges include new substances that are being developed continuously. These new substances are known as designer drugs and often are referred to as “ legal highs,” for the reason that these designer drugs are not mentioned in existing law. In 2012 under the Obama administration, it was estimated that federal spending to emphasize drug control would rise to nearly $26 billion (Parsons & Gold 2012). The allotted spending would cover a range of necessary tools: prevention of drug usages as well as treatment for those who had fallen victim, domestic and international law enforcement, as well as interdiction.

The division of the $26 billion proportioned to drug control is not equally divided between the aforementioned components; spending towards prevents and treatment is below one-half but has increased since the start of the Obama administration (Parsons & Gold 2012). When examining drug policy in the United States there are many realms to consider where spending is involved. States, local governments, and private sectors spend large sums to aid drug control. In recent years local movements have spent more than the federal government on enforcement based resources.

Examining United States current drug policy, it is necessary to review the Affordable Care Act.

With the implementation of the Patient Protection and Affordable Care Act, it was expected by the Obama administration that insurance coverage would be distributed across millions of individuals who were without (Parsons & Gold 2012). The administration projected that such efforts would benefit prevention and intervention services while creating incentives for managing day-to-day healthcare and strengthening treatment methods that were largely community-based. Examining the United States' drug policy critically, one might distinguish that there are different sects of drug intervention. The categories used in United States' drug policy range from prevention, treatment, domestic law enforcement, harm reduction, and international supply-side reduction efforts.

The categorization of drug policies and programs used has failed in certain aspects. The way in which the United States handles law enforcement implies that the governing body that is law enforcement is closely associated with supply control. In the United States law enforcement utilizes their resources to do more than reduce the supply of drugs into their nation.

Additionally, there is a notable amount of harms are centered on the drug market in the United States. The lead agency for dealing with that matter is domestic law enforcement. Because of this, there are ongoing debates about the strategic use of incarceration for functionaries that can be replaced, creating a better understanding of the mechanics of ever-changing drug

epidemics, as well as expanding the approaches to dealing with drug dependency (Blumstein 2011). Most of modern research related to drugs is financed by the National Institute of Health, specifically the National Institute and Alcohol Abuse and Alcoholism, as well as the National Institute on Drug Abuse. Additionally, government agencies such as the White House Office of National Drug Control Policy, the U. S Department of Justice, and the Substance Abuse and Mental Health Services Administration work towards increasing drug-related research. With regard to concerns about the current drug policy used by the United States, little of the financing addresses tactical policy decisions.

Because of this, many of the aforementioned foundations have played a crucial role in the research. For example, the Robert Wood Johnson Foundation has been the largest resource for nongovernmental funding aimed towards impartial research in the scope of drug policy, however the support provided by this foundation has dwindled due to the termination of the Substance Abuse Policy Research nearly a decade ago (Kennedy 2011). Analyzing the literature and studies conducted on the drug epidemic in the United States, one will notice that there is a large focus on biomedical studies, however this is very little funding on the holistic research. There is a large gap in the research analyzing and evaluation of the current drug control dynamics that have dominated congressional budgets and dialogues for several decades (Blumstein 2011).

One may use the federal drug control budget as a common view to recount U. S drug policy. As mentioned, the Obama administration predicted that it

would spend about $26 billion on drug control, with under half the figure dedicated to prevention and treatment. With these numbers in mind, it is necessary to consider the ratio of law enforcement to treatment and prevention has increased from 2000 to 2012 (Parsons & Gold 2012).

Assessing the figures carefully, it would be more beneficial to look at the number beyond the federal budget on programs and policies related to drugs use. For Example, the National Association of State Drug and Alcohol Abuse Directors have gathered data on numerous occasions from the state drug and alcohol organizations on state financing for treatment and prevention programs. The National Association of State Drug and Alcohol Abuse found that the federal government only provides for roughly 40 percent of spending on state funded drug and alcohol services (The National Association of State Drug and Alcohol Abuse 2012).

In 2011, following crimes relating to property, drug offense make up the second largest category for arrests in America (FBI 2011). Nearly half of the 1. 6 million drug related arrest in 2010 were cannabis possession arrest (Caulkins & Savigny 2011).

Low quantities of marijuana possession arrests result in minimal incarceration sentences, albeit some of those arrested serve time in local jails prior to receiving their trail. The majority of individuals that are behind bars for drug related arrests were linked to the distribution of drugs (Reuter et al., 2011). A Washington, D.

C based advocacy and research center called the Sentencing Project approximated that the sum of individuals incarcerated for crimes related to drugs increased from nearly 40, 000 in 1980 to over half a million in 2010 (Sentencing Project 2012). Interdiction is a crucial component of drug policy in the United States as well as international relations. The seizing of drugs and couriers between countries that supply drugs and the United States is complex as several interdiction resources deliver many purposes outside of drug control. Interdiction is ascribed with 15 percent of drug control spending federally in 2012 (Kilmer & Pacula 2012). Even though interdiction does well to maintain a sizable cost differential between prices overseas and wholesale prices in America, and a vast majority of the cocaine shipments are expropriated, there is not a substantial evidence to make the claim that the enlarged efforts have successfully accomplished more than adjusting the ways by which illicit drugs are transported. The United States has made it a point to emphasize law enforcement and crop eradication in source countries internationally. The majority of the money that the United States has spent has gone towards Plan Colombia, a foreign aid, military, and diplomatic initiative that focused on fighting leftist insurgent groups and drug cartels in Colombia.

Plan Colombia proved to be instrumental in fortifying the Colombian government, however the initiative resulted in minimal impact on both cocaine production and its exports from the Andean region (Mejia and Restrepo, 2011). Additionally, the North Atlantic Treaty forces alongside the United States have made minimal attempts to regulate poppy cultivation in

Afghanistan, despite expressing the need to reduce opiate production there. Analyzing the situation critically, it is necessary to note that doing such things runs the risk of isolating a rule population that is host to a fragile system of government (Caulkins & Savigny 2011). The United States' government has also provided a significant amount of aid in order to reduce drug violence and organized crime in its neighbor, Mexico. Under Plan Mexico, an initiative similar to Plan Colombia, $1.

6 billion has been allotted to the effort and it continues to expand into counternarcotics efforts in Central America (Cave et., al 2012). The United States' drug policy has sought to expand its range on an international level and therefore is active in the United Nations Commission on Narcotic Drugs. The United States drug policy advocates for ardent enforcement of laws on illicit drugs, and additionally oppose the efforts that put reducing harm over reducing consumption. As mentioned, prevention is a crucial component of the United States' drug policy.

Public education in the United States is the most common arena to access prevention programs. Because of that, the price of prevention programs is sourced predominately via extra claims on already underfunded schools as well as the opportunity cost from not utilizing school hours to teach the standard subjects taught (Caulkins & Savigny 2011). The portion of federal funding allocated to prevention has diminished in the last decade due to discontentment with the Safe and Drug-Free School Acts which is a central component of the United States' federal government's endeavors to foster the existence of safe and drug-free learning environments (Reuter et al.,

2011). Despite the efforts, the Safe and Drug-Free Schools Act has failed to aim its spending on efficient prevention methods. One can make this assessment by considering that the prevention that occurs through such programs remains both poorly supervised and organized.

Because of this, the funding to implement drug prevention is generally a gradual process and fails to go far enough to cover each required aspect to properly implement effective measures. Furthermore, districts tend to make the choice to utilize free programs that have lower success rates or implement programs unsystematically. The issue lies within the foundation of the programs as they lack proper monitoring, technical assistance, and accountability (Hunter et al.

, 2009). When looking at the programs that are struggling, one must understand that drug prevention is a concept that is completely elastic. In the United States' society the term " drug prevent" is used to debate national advertising campaigns and prevention programs that are school-based. Such prevention programs has taken to many different comprehensive approaches: the facts, resistance skills, esteem building amongst the youth, as well as fear-mongering. Additionally, the media-based attempts have translated through a clear yet parallel set of paradigms (Cuijpers, 2003). Due to the on and off again spikes in drug usage in America, one can see that while prevention seems promising it has failed to achieve dramatic results that nongovernmental and governmental foundations alike strive for.

If prevention were as successful as organization hoped it would and will be, the funding for treatment would not be as vast as it is. According to the Substance Abuse and Mental Health Service, treatment that involves illicit drugs have increased reasonably within the last two decades. In 2000 the rate went from 1. 3 million to 1.

5 million almost ten years later, however those admission were for alcohol only. A fair amount of the growth is due to the steady increase in admissions linked to marijuana usage. In 2000, the marijuana admissions in the United States increased from 600, 000 to almost 750, 000 in 2009.

Contrarily, the heroin admissions remained much more stable, fluctuating between 310, 000 and 340, 000 in the same span of time (Caulkins & Savigny 2011). In 2012 it was found that there was about a 20 percent drop in the amount of treatments that involved cocaine in the last decade, this drop of a fifth has the capability to make the previously mentioned pillars, like intervention for example, appear as successful as its advocates believe (Caulkins et al., 2012).

Revisiting the pillars of drug policy, treatment is one of the most common forms of drug policy in the United States. Those that view drug treatment in a light of failure use meta-analyses to promote that the typical fact-based treatment may reach about a 20 percent reduction in the intensity or extent of substance use at least momentarily(Aos et al., 2012).

Despite the recent traditional perspective that drug treatment does not hold significant efficacy, one most recognize that a high rates of relapse do not

necessarily indicate that treatment is not a solution that is cost effective. Persons that are dependent on hard drugs are treated with about $25, 000 a year in social costs (Aos et al., 2012).

Concerning the traditional view on drug treatment, there is the perspective found in neuroscience that addition is a “ chronic relapsing brain disease”(Caulkins & Savigny 2011). With the recognition of this notion in federal policy making it is necessary to note the futileness of a cure rate. Rather, drug policy makers seek to manage the chronic disease as they would any other.

In spite of the billions of dollars dedicated to research regarding drug addiction and treatment, there is practically no meaningful pharmacotherapy for the commonly abused stimulants in the United States. Modern treatment relies on psychotherapy which hardly helps to overcome physical desires. However, there is proof from clinical studies that show that to an extent there is cognitive-behavioral therapies that have been successful in reducing stimulant usage in drug addicts (Rawson et al., 2004). Organizations that work in the field of drug policy intermittently provide knowledge that is useful to federal policy in order to advocate for their own policy preferences and beliefs. In the 2005, a New York City based non-profit called The Partnership for a Drug-Free America has worked with the Office of National Drug Control Policy to create the national campaign, “ Above the Influence” (U. S. Government Accountability 2006).

Above the Influence has underwritten sizable placements as a result of the Office of National Drug Control Policy spent $540 million of government money, earmarked by Congress to conduct the campaign. Ultimately, the funds were increased by grants from private sectors. The United States Congressed reduced the amount of money spent annually on the campaign, from $120 million in 2005, to a drastic $45 million in 2010 (Elliot 2013). Concerning United States drug policy, consistent founding is rather uncommon. This can be largely attributed to the politics that surround this contentious subject. Because the founding is inconsistent (and sometimes nonexistent) for nonprofit organizations that provide treatment, the research surrounding drug addiction and policy that compares the effectiveness of the pillars of intervention have been stagnant over the last decade. In order to strengthen drug policy in the United States, it would be profitable to fortify the infrastructure of drug policy.

This has the ability to be done by using all remaining policy levers; different approaches must be reviewed in creating the drug policy plan that will yield desired results. Specifically, the variety of control strategies should ideally be aligned with the cycle that is the drug epidemic. For example, when levels of drug usage are lower than the last year, drug suppliers are not as present therefore law enforcement officers have a better chance in successfully implementing the action-side of United States drug policy. Pulling strength via trans-state variations within federal drug policy may also increase success rates; the United States' federal government has worked towards drawing in the handful of states whose drug polices differ from their own. By

doing so, the government may have more success learn from state differences in policy that do not veer too far from what are today’s pillars of intervention.