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Just How “New” is the 2012 National Drug Control Strategy?

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Some have hailed the Obama administration’s 2012 [National Drug Control Strategy](#) as a revolutionary [shift](#) toward a public health approach to the nation’s drug problems. Others have [panned](#) it as nothing new. There are actually advances to applaud in the new strategy and budget, in terms of both rhetoric and substance. Those positive steps should be acknowledged. But the extent to which the 2012 strategy represents a break from the past should not overstated.

Numbers that Count

The Obama administration can accurately claim that it is devoting more federal dollars to treatment and prevention (“demand reduction”) than to domestic drug law enforcement. For example, the fiscal year (FY) 2012 enacted budget includes \$10.148 billion for treatment and prevention, compared to \$9.358 billion for domestic enforcement.

But there’s a large caveat here. Federal spending on domestic drug enforcement is only part of the drug supply-control picture. The federal government also spends billions of dollars each year on interdiction and overseas supply-reduction efforts, and state and local governments spend many billions more on drug law enforcement—especially incarceration—with the aim of constraining availability. With this in mind, the fact that the 2012 strategy devotes more federal resources to treatment and prevention than to domestic drug enforcement is less impressive than it sounds.

In the first place, Obama’s predecessor in the White House, George W. Bush, could have made the same claim during his second term. From FY2005-FY2008, federal spending on demand reduction exceeded spending on domestic drug enforcement by an average of \$1.2 billion per year, based on figures provided in the [budget document](#) accompanying the new strategy. (Please see Table 1.)

Table1: Historical Drug Control Funding by Function, U.S. Federal Government

FUNCTIONS	FY 2005 Final	FY 2006 Final	FY 2007 Final	FY 2008 Final	FY 2009 Final	FY 2010 Final	FY 2011 Final	FY 2012 Enacted	FY 2013 Request
<u>Demand Reduction</u>									
Drug Abuse Treatment	6,761.8	6,811.0	7,135.0	7,422.9	8,426.9	8,937.2	8,953.9	8,747.5	9,150.5
Drug Abuse Prevention	2,040.0	1,964.5	1,934.2	1,841.0	1,954.0	1,566.4	1,478.1	1,400.5	1,387.6
Total Demand Reduction	8,801.8	8,775.5	9,069.2	9,263.9	10,380.9	10,503.6	10,432.0	10,148.0	10,538.1
<i>Percentage</i>	<i>43.2%</i>	<i>41.5%</i>	<i>40.8%</i>	<i>41.2%</i>	<i>40.5%</i>	<i>40.5%</i>	<i>40.8%</i>	<i>40.3%</i>	<i>41.2%</i>
<u>Supply Reduction</u>									
Domestic Law Enforcement	7,266.1	7,525.2	7,921.2	8,268.9	8,994.0	9,155.5	9,143.0	9,357.5	9,418.9
Interdiction	2,433.6	2,924.1	3,045.9	2,968.7	3,699.2	3,662.4	3,977.1	3,591.6	3,680.9
International	1,873.7	1,895.8	2,191.4	1,998.5	2,532.6	2,595.0	2,027.6	2,087.6	1,962.0
Total Supply Reduction	11,573.4	12,345.1	13,158.5	13,236.1	15,225.8	15,412.9	15,147.7	15,036.7	15,061.8
<i>Percentage</i>	<i>56.8%</i>	<i>58.5%</i>	<i>59.2%</i>	<i>58.8%</i>	<i>59.5%</i>	<i>59.5%</i>	<i>59.2%</i>	<i>59.7%</i>	<i>58.8%</i>
TOTALS	20,375.2	21,120.6	22,227.7	22,500.0	25,606.7	25,916.5	25,579.7	25,184.7	25,599.9

Source: Office of National Drug Control Policy, 2012

Second, when federal spending on interdiction and international drug control programs are also taken into account, it is clear that “supply reduction” efforts continue to receive the bulk of federal drug-control dollars. Again based on the historical budget figures provided in the new strategy, in FY2008, under Bush, 58.8 percent (\$13.236 billion) of the federal drug budget was allocated to supply reduction (domestic enforcement, interdiction, and international programs), compared to 41.2 percent (\$9.264 billion) allocated to demand reduction (treatment and prevention). Obama’s FY2013 request is \$3.1 billion larger than Bush’s FY2008 budget, but shows an identical breakdown, with 58.8 percent (\$15.062 billion) for supply reduction and 41.2 percent (\$10.538 billion) for demand reduction.

Nor has the Obama administration challenged the illusory notion that interdiction and overseas supply-control efforts will curtail availability of illicit drugs in the United States. Obama’s FY2013 strategy includes more than \$5.6 billion for interdiction and overseas

supply-control efforts, which even when adjusting for inflation is 6 percent more than Bush's FY2008 spending on interdiction and overseas efforts.

Third, federal spending constitutes only a portion of total national spending on illicit drug control, and state and local spending is more focused on enforcement than is the federal effort. Trends in state-level incarceration of drug offenders indicate that state and local spending on drug-related corrections alone (not including policing or court costs) is at least on par with federal drug enforcement spending. According to the federal [Bureau of Justice Statistics](#) (BJS), state prisons held 242,900 drug offenders behind bars in 2009, entailing expenditures of \$7.5 billion (based on an average cost of \$31,000 per inmate, as estimated by the [Vera Institute of Justice](#)).

Absent official estimates of overall state and local drug control spending, an educated guess is that state and local spending is at least equivalent to total federal drug control spending, and is devoted mostly to enforcement. Roughly speaking then, total U.S. drug control spending amounts to about \$50 billion a year, of which about 25 percent goes toward treatment and prevention, 65 percent to domestic enforcement (especially incarceration), and 10 percent to interdiction and international programs.

So despite important increases in federal treatment spending, law enforcement remains the centerpiece of U.S. drug control, both at the federal level—including interdiction and international programs—and the state and local level, where the majority of drug law enforcement and incarceration occurs.

Boosting Support for Substance Abuse Treatment

With overall federal and national drug control spending in better perspective, a closer look at the numbers shows that the Obama administration has in fact given treatment funding a needed boost. The arguments for investing in improved access to high-quality treatment are by now beyond dispute: treatment is a [proven](#) and cost-effective way to reduce drug abuse and drug-related threats to public health and public safety.

The Administration has justifiably prioritized “integrating substance use disorder treatment into broader health care systems.” The FY2013 request for treatment represents a \$403 million (4.6 percent) increase over the enacted FY2012 budget.

Whether that increase materializes will depend upon the Congress, but federal treatment spending during the Obama administration has already been measurably higher than during the Bush administration. (Federal funding for prevention programs, by contrast, has been diminishing during the Obama years.)

Cumulative federal treatment spending in the first three fiscal years of the Obama administration (2010, 2011, and 2012) exceeded treatment spending under the final three Bush fiscal years (2007, 2008, and 2009) by nearly 16 percent. Even when adjusted for inflation, treatment spending under Obama has been nearly 10 percent higher than under his predecessor.

Annual treatment spending can also be assessed in relation to the numbers of Americans estimated to be in [need of treatment](#). In 2005, an estimated 7,550,000 Americans were considered to be in need of treatment for illicit drug problems, based on estimates from the federal Substance Abuse and Mental Health Services Administration (SAMHSA). Federal treatment spending under the Bush administration that year totaled \$6.762 billion, or about \$900 per person in need of treatment. In 2010, more people than in 2005 were considered in need of treatment (an estimated 7,890,000). But in 2010, federal treatment spending was also higher (\$8.937 billion), amounting to \$1,130 per person in need of treatment, 25 percent more than in 2005.

The Obama administration also points out that in 2014, when (or perhaps “if” is the word) the Affordable Care Act is fully implemented, the requirement that health insurers cover treatment for substance abuse should improve treatment access. Cost certainly remains a major barrier to treatment access. According to SAMHSA, based on 2007-2010 data, more than a [quarter of a million](#) Americans each year feel they need drug treatment but do not receive it because they lack health insurance or because their insurance does not cover the cost of treatment.

To be sure, in as fractured and inefficient a field as U.S. health care, the sheer fact of more spending does not necessarily mean more and better treatment services. But the Obama administration’s commitment to increasing support for treatment has not been merely rhetorical.

Naming the Problem

Credit is also due to the Obama administration for highlighting the country’s over-reliance on incarceration. The new strategy explicitly recognizes that “the U.S. prison and jail population has reached unacceptable levels.” Since the first step in solving a problem is acknowledging that the problem exists, the Administration’s recognition that the United States is over-incarcerating its citizens is no small matter.

The United States leads the world in incarceration with [nearly 2.3 million people confined](#) in federal and state prisons and local jails. More than any other single factor, the “war on drugs” has fueled the nation’s unprecedented incarceration boom. Even as the overall U.S. population grew by 55 percent from 1940 to 1970, the number of prisoners nationwide remained around 200,000. But by the 1980s the prison population began to climb, driven by a 12-fold increase in the number of people behind bars for drug offenses. About half a million people are incarcerated for a drug offense today, compared to an estimated 41,000 in 1980.

Table 2: Drug Offenders and U.S. State Prisons

Year	Number of new court commitments	Average (mean) sentence length imposed (months)
1995	90,665	61
2000	90,605	56
2005	95,119	60
2009	88,187	57

Year	State drug offense prisoners	Percentage change per 5-year period
1980	19,000	
1985	38,900	104.7%
1990	148,600	282.0%
1995	212,800	43.2%
2000	251,100	18.0%
2005	253,300	0.9%
2009	242,900	-4.1%

Source: Bureau of Justice Statistics

Table 3: Drug Offenders and U.S. Federal Prisons

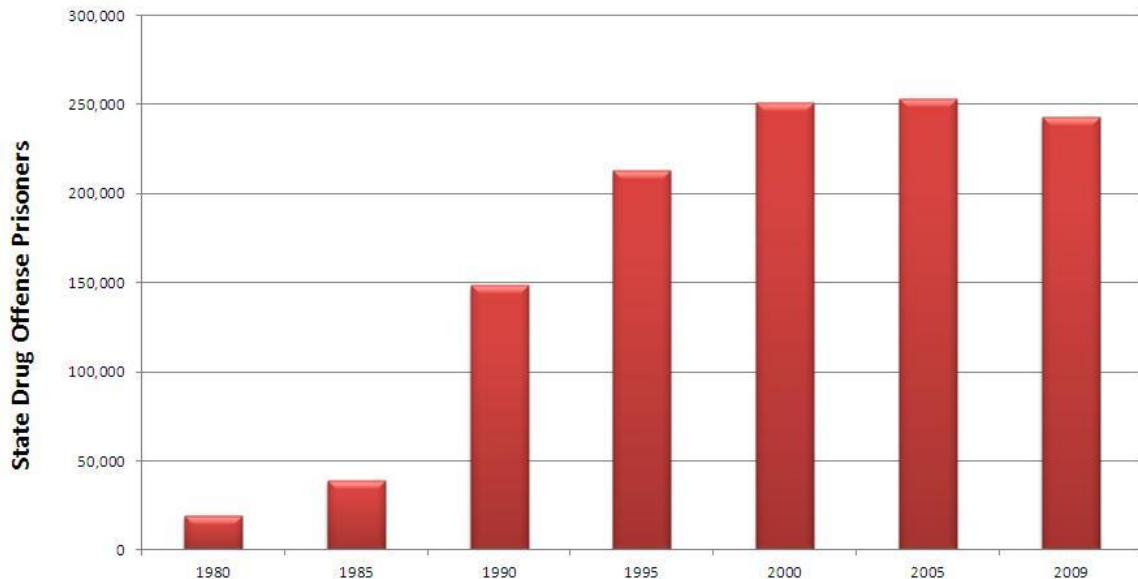
Year	Number of people sentenced to prison	Average (mean) sentence length imposed (months)
1982	5,138	54.6
1990	14,092	80.6
1995	13,502	85.4
2000	22,352	75.6
2005	25,425	87.2
2009	23,378	83.7

Year	Federal drug offense prisoners	Percentage change per 5-year period
1980	4,900	
1985	9,482	93.5%
1990	30,470	221.3%
1995	52,782	73.2%
2000	74,276	40.7%
2005	93,751	26.2%
2009	97,742	4.3%

Source: Bureau of Justice Statistics

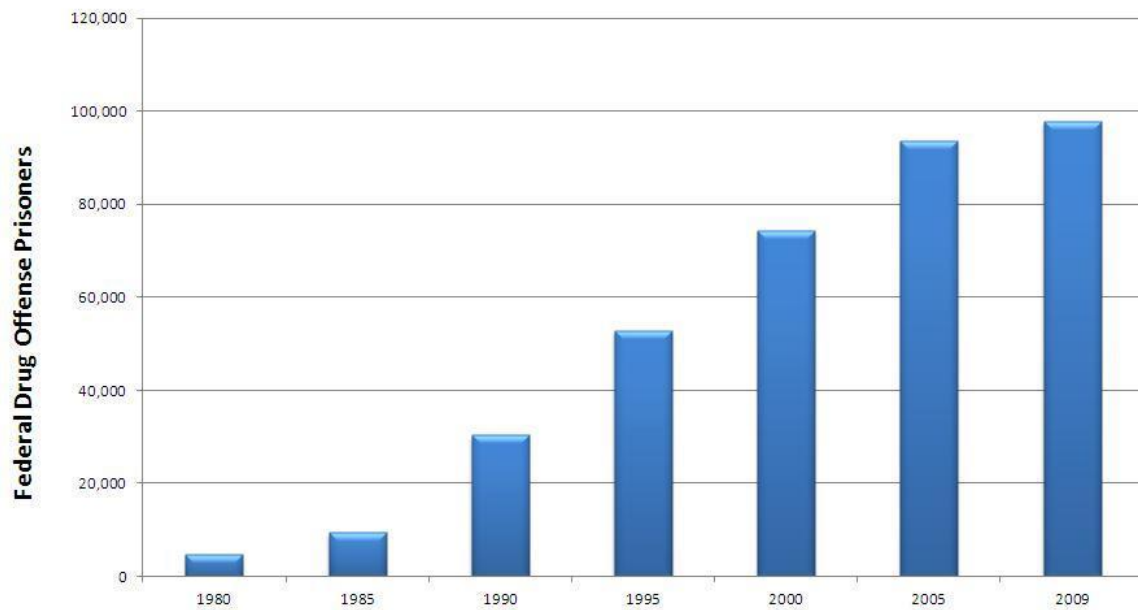
At the state level, the dramatic increase in the rate of incarceration for drug offenses (distribution and possession) finally began to slow in the past decade. According to BJS, the number of new court commitments to state prison fell by 7 percent between 2005 and 2009, and the total number of drug offenders behind bars in state prisons declined by 4 percent over the same period. But despite this modest decline, by historical standards the current rate of drug offender incarceration remains extreme: in 1985, in the midst of the Reagan years, there were a total of 38,900 drug offenders in state prisons. In 2009 alone, there more than 88,000 new court commitments of drug offenders to state prisons. (Please see Table 2 and Figure 1.)

Figure 1: Trends in State Drug Offense Imprisonment



At the federal level, the growth rate in the number of imprisoned drug offenders has plateaued, but has yet to decline. For example, according to BJS, the number of drug offenders in federal prisons increased by “only” 32 percent from 2000-2010, small only by comparison to the galloping 144 percent growth rate from 1990-2000. Again, even by recent historical standards, the federal drug incarceration boom is unprecedented in its scale. In 2009 alone, more than 23,000 people were sentenced to federal prison for drug offenses—more than the entire federal prison population in 1980 (19,500 people). (Please see Table 3 and Figure 2.)

Figure 2: Trends in Federal Drug Offense Imprisonment



The skyrocketing U.S. incarceration rate since the early 1980s has been driven by a raft of “tough-on-drugs” laws that systematically intensified enforcement and escalated sanctions. Simply put, many more people were arrested and convicted for drug crimes, and those convicted were sentenced to longer prison terms. Today’s huge prison population is the legacy of those laws and practices. In their 2010 analysis of drug enforcement, scholars [Jonathan Caulkins and Peter Reuter](#) concluded with a challenge to policy makers:

[W]e are left with an enforcement system that runs on automatic, locking up increasing numbers on a faded rationale despite the high economic and social costs of incarceration and its apparently quite modest effects on drug use. Truly “solving” the nation’s drug problem, with its multiple causes, is beyond the reach of any existing intervention or strategy. But that should not prevent decision makers from realizing that money can be saved and justice improved by simply cutting in half the number of people locked up for drug offenses.

In 2010, President Obama and the Congress took the substantively modest but symbolically important step of passing the [Fair Sentencing Act](#), which narrowed the

glaring sentencing disparity between crack and powder cocaine and represented the first roll-back of mandatory minimum sentences at the federal level in 40 years. The Administration has also voiced its support for innovative enforcement and community corrections strategies such as the [Drug Market Intervention \(DMI\)](#) model and [Hawaii's HOPE probation program](#), which offer options for reducing drug-related crime and violence without resorting to massive arrests and incarceration. Positive local experiences and [strong research results](#) show that these innovations hold great promise for improving community well-being and safety while easing U.S. reliance on incarceration.

For now, the Obama administration's reformist rhetoric remains ahead of the policy reality, but [surveys](#) indicate ample public support for reforms that would reduce prison time for non-violent offenders and improve probation and parole supervision, and an opportunity for political leadership to restore proportionality and fairness to U.S. drug sentencing laws and practice.

Some Steps in the Right Direction, but No Revolution

For decades, the unfortunate hallmarks of U.S. drug policy have been an extreme commitment to arrests and incarceration, inadequate access to treatment, and unrealistic expectations about what interdiction and overseas supply-control efforts can achieve, combined with blindness to the damage they can cause. The Obama administration deserves credit for at least acknowledging the wasteful excesses of domestic drug enforcement and for taking steps to bolster treatment. But talk of a revolution in U.S. drug policy is still premature.