EDITORIAL

Why does research have so little impact on American drug policy?

Introduction: research and policy

The United States has the western world's most serious drug problem, whether expressed in (per capita) terms of addiction to illicit drugs, crime or IVDU-related HIV (MacCoun & Reuter, 2001). It is also the nation which, as a result both of its size and wealth, has committed more to analytical research in support of development of social policies than any other. One might expect that policy research would inform efforts to reduce America's drug problems. Instead little research has been funded and its findings largely ignored.

The nation has committed itself to intense enforcement, as reflected in an estimated total spending of about $25 billion on policing, prosecution, corrections, interdiction, etc. out of a total of $35 billion for all levels of government on all forms of drug control. No research has shown that more intense enforcement can substantially reduce drug use or associated harms, such as the spread of AIDS, crime, violence and corruption. It is likely that enforcement has made drug use so expensive and inconvenient that a substantial segment of the population chooses abstinence; surely when a heroin habit costs $15 000–$20 000 per annum, many erstwhile curious will decide not to use (MacCoun & Reuter, 2000, Ch. 5). The critical question, however, is whether it is necessary to house 400 000 in jails and prisons and to give nearly a quarter of young black males in large cities a felony conviction for drug dealing (Mauer, 1999) in order to achieve the deterrent effect. There is hardly any attempt to provide an empirical justification for this extraordinary deprivation of liberties.

Drug policy research findings

What policy-relevant research has been funded focuses principally on treatment and prevention. The National Institute on Drug Abuse, whose press release routinely notes that it provides 85% of the world funding for research on illicit drugs, had a budget of $500 million in 1999. Although much of that goes to basic biomedical investigations, NIDA's funding of social science research certainly far outweighs that by other agencies concerned with drug enforcement and its consequences.

Rydell & Everingham (1994) found that even treatment programs with high relapse rates can be substantially more cost-effective than enforcement for reducing cocaine consumption. They also found, however, that given such high drop-out and relapse rates, large increases in treatment funding might lead to no more than a one-third decline in cocaine consumption over a 15-year period. This study was recently negatively evaluated by the National Research Council (Manski, Pepper & Thomas, 1999), but Drug Policy Research Center and Caulkins (2000) provide a detailed response to that critique. A small body of cost–benefit studies have provided additional bases for expanding treatment programs (e.g. Gerstein, *et al.*, 1994; Bennet, 1999). Although creating ammunition for treatment advocates, these showings of cost-effectiveness have met with strong political resistance. In recent years, Congress has given little support for expanding the treatment system and has been enthusiastic about increasing budgets for interdiction and source country control programs. Overall, the federal drug budget shows little change in its composition, with

about two-thirds of funding going to supply reduction. For technical reasons, the treatment budget, may be substantially overstated (Murphy *et al.*, 2000).

Prevention presents a quite different situation, since there is almost universal support for prevention and a great hunger among funders (including foundations) and program operators for knowing what works. The problem is the inadequate supply of good quality research and demonstration. A number of programs are regularly described as having proven effectiveness [e.g. Life Skills Training (Botvin *et al.*, 1990) and Project ALERT (Elllickson & Bell, 1990)], but a panel of outside experts evaluating programs on behalf of the Department of Education were able to identify only nine as of proven effectiveness; not all of those nine included illegal drugs in the targeted substances (Department of Education, 2001). The state of uncertainty is reflected in a recent cost-effectiveness analysis by Caulkins *et al.* (1999) which found a range of almost an order of magnitude in its chosen outcome measure, the cost of reducing annual consumption of cocaine through implementation of a state-of-the-art prevention program. The research literature has reached only one empirical consensus: DARE (Drug Abuse Resistance Education) is ineffective (Gerstein & Green, 1993; Gottfredson, 1997). That finding has had no impact on schools choices of prevention; DARE remains the most popular and heavily funded program.

Explaining the marginality of research

What is it about drug policy that inhibits both the production and utilization of research? Clearly, some of the factors accounting for the marginality of research are intervention-specific. Interdiction and Source Country Control are popular despite the evidence of ineffectiveness because they put the responsibility for the drug problem on foreigners. Enforcement is popular because law enforcement decisions are traditionally based on justice considerations, not cost–benefit analysis. Treatment is underfunded because the superficial metrics suggest that it fails (high relapse rates), and the immediate beneficiaries are criminals. Prevention is generously funded (relative to the known effectiveness) because who would not want to take care of the kids?

More general factors are also at work. Three aspects of popular belief stand out, two of which have been the staple of writings on cross-national variations in approaches to drug control (e.g. van de Wijngaar, 1991). First, drug use itself is seen by many as evil or dangerous, both to users and to others; toughness does not need an empirical justification, although there is probably a general belief in deterrence. Secondly, the problem is perceived as one of crime and morality, not primarily health and addiction; certainly it is the crime-related consequences that are most visible to non-users. In fact, most of the dollar value of harms in the United States are now crime-related (Harwood *et al.*, 1998), although that situation is probably more a consequence of policy than of the drugs themselves. Drug use generates crime; harsh prohibition can intensify that relationship. Thirdly, the measures of merit proposed by researchers and reformers, namely reductions in crime, drug use and disease, strike many as half measures. Researchers may be convinced that a treatment program which reduces future heroin use by 25% is well worth the $10 000 that it may require. The lay observer, however, notices that most entering clients will still use heroin many times after leaving treatment and that the immediate beneficiary is the client himself, who has caused so much harm to the rest of society through his own behavior. The openly liberal beliefs of most of those in the treatment and treatment research community may also reduce the credibility of the various studies. Efforts to make comparisons with other chronic diseases in terms of relapse rates and effectiveness seem to lack credibility, perhaps for all of the above reasons.

Characteristics of the structure of policy making are also important impediments to research influence. Although the Office of National Drug Control Policy is a highly visible agency, whose director is a member of the cabinet and apparently in control of a $20 billion budget, federal policy making authority is highly fractionated (Carnevale & Murphy, 1999). ONDCP has been primarily a budget coordinating agency, with limited influence on the programs dispersed through major agencies such as the Departments of Justice, Health and Human Services, Defense, State and Treasury. For most of these cabinet departments, drug policy is a minor responsibility and a poorly regarded one. Enforcement agencies, which dominate the budgetary pie, have no tradition of research or analysis, in con-

trast to the Department of Health and Human Services. State and local governments, which probably account for the majority of drug control funding (Office of National Drug Control Policy, 1991), lack central drug policy making bodies to consume research, let alone generate it.

Prohibition itself also reduces the demand for policy relevant research. The levers for controlling illegal drugs are both fewer and blunter than those for licit substances. Safe use messages for illicit drugs are not possible in the United States. Whereas alcohol outlets, particularly for on-premise consumption, can be eliminated from a specific area, through zoning and regulation, police must undertake continuous enforcement to have any prospect of achieving the same result for illicit drugs. Taxation is a moderately precise method for increasing alcohol prices; although prices for illicit drugs are extraordinarily high, efforts to raise them in the last 10 years have been unsuccessful, both in the United States and western Europe (Caulkins & Reuter, 1998). Experiments are less fine-grained and harder to mount and natural experiments harder to observe; data are scarcer. All these factors tend to make research both less interesting and less persuasive.

Conclusions

The tale is not solely one of woes. For example, research showing that arrestees accounted for a large fraction of all cocaine addicts (Wish, 1990) has been important in two ways. First, funding for treatment in correctional settings has increased substantially and now attracts approval from across the spectrum for its contribution to reducing both crime and drug problems. Secondly, it has helped spur the growth of the Drug Court movement, aiming to divert drug-using offenders out of the criminal justice system as soon as possible, with abstinence, however obtained, as the requirement for freedom. Mark Kleiman's theoretical research on coerced abstinence, the use of modest graduated sanctions to punish lapses from abstinence by the large population of drug users under the control of the criminal justice system (Kleiman, 1997) has led some states to begin experimenting with this kind of program (e.g. Harrell, Cavanaugh & Roman, 1998).

However, these are exceptions. What makes the marginality of research so galling to those

interested in drug policy research is the official mantra that policy should be based on science rather than ideology; see e.g. ONDCP (annual). Congress has also demanded "quantifiable and measurable objectives", while ONDCP has created a vast "performance measurement system" (with 32 Objectives and 82 Performance Targets) designed to connect policy to such targets (ONDCP, 1998). Yet none of these declarations leads to a substantial increase in the quantity of research on the central policy questions.

Sometimes research has a major policy impact but only after a long lag. For example, that scenario may characterize policy towards cigarettes in the United States. Research established the health harms of cigarettes by the 1960s. Serious smoking restrictions only began in the 1980s, but there is no question that research both on the nature of the problem and the effects of different interventions has been a major force in shaping those restrictions. The same may eventually hold for drug policy, if only more research were being undertaken.

In no area of public policy does research dictate policy. Other considerations, crudely labeled as "political", always play a role. These may represent: (1) a misinformed public; (2) the raw self-interest of politicians acting for well-organized interest groups (e.g. Olson, 1971); (3) intentional or unintentional biases in the interpretation of research results (e.g. MacCoun, 1998); and/or (4) values that cannot usefully be informed by research. Nor, indeed, should research be the sole determinant; it has implicit values, not necessarily democratic, and it is often incomplete or ambiguous. However, it can certainly make a contribution and does so in some policy areas, even including such morally driven areas as alcohol control.

The ugliness of current US drug policies may turn out in the end to be precisely what generates a demand for, and supply of, policy relevant research. These policies can perhaps only be reversed by a showing that harsh enforcement is ineffective; demonstrating that programs other than law enforcement are cost-effective is simply not enough. Although foundations have generally been unenthusiastic about funding research on law enforcement issues (Wilson, 1997), perhaps some will have the vision to see that one way to make public health more central to drug policy is through such studies. Even modest suc-

cess in altering the direction of $35 billion worth of intervention will be a good return on an expanded policy research budget.

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