Chapter One

Introduction

In this chapter, we explain how our study of the Office of National Drug Control Policy (ONDCP) came about. In so doing, we provide a few examples of inappropriate uses of statistics by ONDCP. We also introduce the most significant literature important to our study of ONDCP's drug war claims, that which deals with ideology, claims-making and moral panics, and policy analysis.

In preparing for and teaching a class titled "The War on Drugs" at our university, we relied heavily on U.S. government agencies involved in fighting the nation's drug war for data on types of drugs and their effects, the nature and extent of drug use and production in America and abroad, drug use trends, goals of the drug war, drug war spending, and so forth. One primary agency we relied on was ONDCP. As noted on its Web site, ONDCP was established by the Anti-Drug Abuse Act of 1988. Its principal purpose is to

> establish policies, priorities, and objectives for the Nation's drug control program. The goals of the program are to reduce illicit drug use, manufacturing, and trafficking, drug-related crime and violence, and drug-related health consequences. To achieve these goals, the Director of ONDCP is charged with producing the National Drug Control Strategy. The Strategy directs the Nation's anti-drug efforts and establishes a program, a budget, and guidelines for cooperation among Federal, State, and local entities.[1]

The National Drug Control Strategy (the Strategy) is published each year by ONDCP. Along with it, ONDCP also publishes separate statistical

supplements and occasionally creates visual presentations that depict various trends in data. We acquired as much information as we could to better inform the materials for our class.

In our searches, we found an online PowerPoint© presentation prepared by ONDCP called "The Drug War Today: Goals, Means, Concerns, and Strategies."[2] We printed up the slides and used many of them in class when discussing the war on drugs.

When we got to our unit on drug use trends in the United States, we discovered something striking about some of the figures created by ONDCP. For example, the titles of some of the slides did not seem to match the data depicted in the figures. At other times, we found the initial dates of the figures very interesting. For example, one ONDCP slide claimed: "Since 1985, all major drugs show a substantial decline in the level of current use." We've reproduced it here as Figure 1.1.

Given that ONDCP was not created until November 1988, we found it strange that it would begin a figure with 1985 data. If one looked at the data beginning in 1988 when ONDCP was created, there has been virtually no change in drug use in the United States. This would require a new title to the slide—perhaps: "Since 1988, current drug use is virtually unchanged."

Clearly, the two titles send different messages. Read them both and consider:

- "Since 1985, all major drugs show a substantial decline in the level of current use" (ONDCP title).
- "Since 1988, current drug use is virtually unchanged" (alternative title).

Interestingly, both titles are equally true. Since 1985, current drug use is down (although "a substantial decline" may not be accurate, depending on what this means), but since 1988, current drug use is stagnant, steady, unchanged. Why would ONDCP choose to characterize this trend as a substantial decline rather than an unchanging trend? The answer may be obvious to the reader: Since ONDCP is in the business of the drug war—in fact, it is the agency responsible for leading the fight in the drug war[3]—of course it would accentuate the positive. This justifies continuing the drug war even though during the period from its establishment to 1999 (the end date in the ONDCP figure), current drug use was not being reduced in line with ONDCP goals.

Yet, is it right that ONDCP used statistics this way, to create a false impression in consumers of its data? Don't American citizens deserve more from their own government? Couldn't ONDCP just tell it like it is by letting the actual data speak for itself?

Here is the title we would have chosen for the ONDCP figure: "Between 1985 and 1988, the level of current drug use declined, but since 1988, the level of current drug use is unchanged." This alternate title captures both

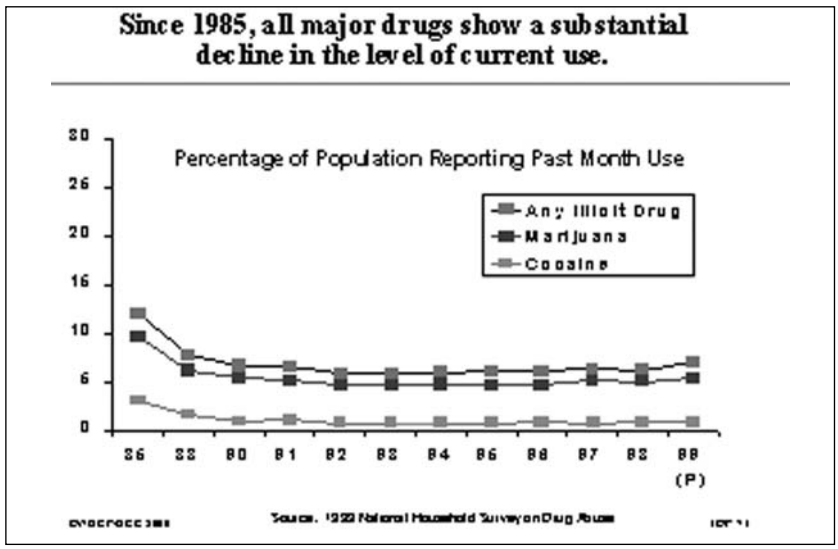

Figure 1.1 ONDCP Claims Success in Reducing Current Drug Use (NHSDA) with 1985 as Starting Point, 2000 Strategy

of the above claims (that drug use is down and that it is unchanged). And this title is the most accurate because it tells the full story. Perhaps ONDCP did not choose such a title because then it might be required to explain why drug use rates declined from 1985 to 1988 but remained unchanged since ONDCP was created.

Another ONDCP figure from the same slide show claimed: "Since 1979, current drug use is down substantially." We've reproduced it here as Figure 1.2.

We found it odd that ONDCP would begin the figure with 1979 data, for 1979 was the peak of drug use for most forms of illicit drugs. For example, in the 2001 National Household Survey on Drug Abuse (NHSDA), the U.S. Department Health and Human Services explains:

> Prior to the increase in youth illicit drug use in the early to mid-1990s, there had been a period of significant decline in drug use among both youths and adults. This occurred from *1979, the peak year for illicit drug use prevalence among adults and youths*, until 1992. During that period, the number of past month illicit drug users dropped from 25 million to 12 million. The rate of use dropped from 14.1 to 5.8 percent of the population aged 12 or older. Among youths aged 12 to 17, the rate fell from 16.3 to 5.3 percent. Thus, although the rate of illicit drug use among youths in 2001 is approximately twice the rate in 1992, it is still

> significantly below *the peak rate that occurred in 1979*. Similarly, the overall number and rate of use in the population are roughly half of what they were in 1979. . . . Prior to *1979, the peak year for illicit drug use*, there had been a steady increase in use occurring throughout the 1970s. . . . Although the first national survey to estimate the prevalence of illicit drug use was conducted in 1971, estimates of illicit drug initiation, based on retrospective reports of first-time use, suggest that the increase had begun in the early or mid-1960s. . . . These incidence estimates suggest that illicit drug use prevalence had been very low during the early 1960s, but began to increase during the mid-1960s as substantial numbers of young people initiated the use of marijuana.[4]

Not only has the U.S. Department of Health and Human Services shown that 1979 was the peak in drug use, they have provided some better understanding of long-term drug use trends in the United States. Knowing that illicit drug use rose from the mid-1960s until 1979, declined until 1988, and then remained relatively constant since, suggests either that something about the drug war has changed or something about other factors that affect drug use has changed. That is, no longer are we seeing large increases or declines in most forms of drug use; instead, statistics show that relatively little seems to be happening with illicit drug use trends. This seems like an important topic for

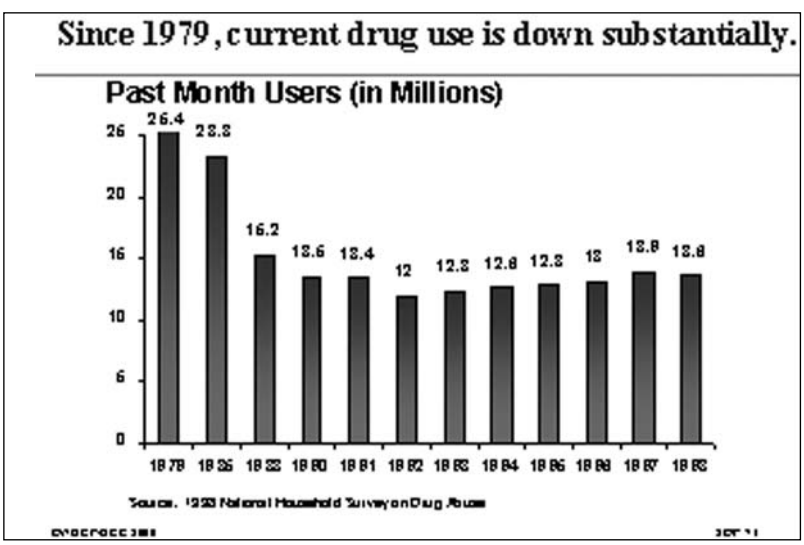

Figure 1.2 ONDCP Claims Success in Reducing Current Drug Use (NHSDA) with 1979 as Starting Point, 2000 Strategy

ONDCP to consider. Yet, the authors of the slide show fail to explore this issue (as do the authors of the annual versions of the Strategy). ONDCP is, instead, attempting to focus mostly on its successes.

If ONDCP began its examination from 1988, a different title to the slide would have to be created—perhaps: "Since 1988, current drug use is virtually unchanged."

The two titles clearly send different messages. Read them both and consider:

- "Since 1979, current drug use is down substantially" (ONDCP title).
- "Since 1988, current drug use is virtually unchanged" (alternative title).

Again, both claims—the original and the alternative—are equally true. Since 1979, current drug use is down (and even "substantially"), but since 1988, current drug use has almost not changed.

Here is the title we would have chosen for the ONDCP figure: "Between 1979 and 1988, the level of current drug use declined, but since 1988, the level of current drug use is virtually unchanged." This alternate title also captures both of the above claims (that drug use is down and that it is unchanged), and it also is the most accurate because it tells the full story.

Why did ONDCP begin the figure with data from 1979, the peak of drug use in the United States? One possible reason is so that ONDCP could show a successful drug war. This is problematic. The stated purpose of the Strategy is *not* to showcase ONDCP. Rather, it is to direct policy. A well-designed policy requires a clear understanding of the problem it is meant to address.

Another ONDCP slide stated: "While drug use is still unacceptably high, 2000 is the fourth year without significant changes in current use of 'Any Illicit Drug'." We've reproduced it here as Figure 1.3.

Although the claim by ONDCP is a true statement, the same figure also shows clear increases in drug use by eighth, tenth, and twelfth graders since 1991. Perhaps a more fitting title would be: "Since 1991, drug use by young people has increased."

A more accurate title for this slide that would still capture what ONDCP said is "Current drug use by eighth, tenth, and twelfth graders increased from 1992 until 1997, but then remained steady through 2000." Such a title was not chosen by ONDCP, we presume, because it runs counter to its goal of reducing drug use among young people.

According to notable drug policy experts: "Accurate description of trends and cross-sectional patterns in drug use, prices, and other relevant variables [are] essential to informed development of drug control policy."[5] Our own analysis of drug use trends during the course of the semester led us to believe that ONDCP was not accurately describing patterns in drug use. Thus, we arrived at different conclusions from those of ONDCP. Of course, we are not in

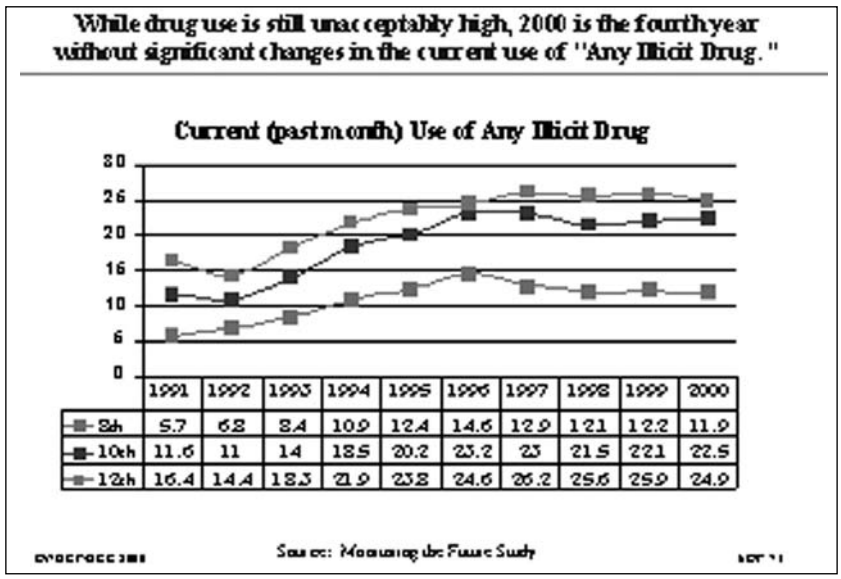

Figure 1.3 ONDCP Fails to Acknowledge Increasing Drug Use Among Students (MTF), 2000 Strategy

the business of defending the government's war on drugs policy—instead, the goal of our course was to arrive at some truths about the drug war. We wondered, is such misrepresentation and inappropriate use of statistics common by ONDCP? And if ONDCP regularly misuses statistics for its own benefit, is this for the purpose of maintaining its own ideology?

Ideology

Ideology is generally understood to mean the beliefs, values, and attitudes of a people, and often includes a prescription for the proper role of government in our lives. More specifically, it can be understood to mean a coherent set of beliefs about the political world—about desirable political goals and the best way to achieve them.[6] In modern American society, dominant ideologies emerge in part because powerful groups and individuals own and control the dominant means of communication—most notably, the mass media.[7]

Dominant ideologies arise from government activities, as well, both domestic and international.[8] The war on drugs—which is being fought within our borders and beyond—both depends on and maintains a dominant ideology. There are four key components to this drug war ideology. Government

agencies, most notably ONDCP, use various claims-making activities to assure the public that (illegal) drugs are: (1) always bad; (2) never acceptable; (3) supply-driven; and (4) must be fought through an ongoing war.

This can be understood as the prevailing ideology of the federal government, including ONDCP, when it comes to illicit drugs. Words similar to ideology include outlook, philosophy, and view.[9] Even a superficial review of its rhetoric makes it clear that the dominant outlook, philosophy, and view of ONDCP is that illicit drug use is bad, never acceptable, supply-driven, and must be fought through an ongoing war. The value of the drug war ideology is that it "lulls us into assuming a number of properties about drugs. We refer to certain drugs . . . as if they were little demons committing crimes." Further, waging war on drugs, "as if the drugs themselves constitute our 'drug problem'," assures that we will not examine the underlying reasons why people use the drugs: "The language of ideology fools us into thinking that we're waging war against drugs themselves, not real people."[10]

The term *war* is obviously an important part of the drug war. Declaring war is a dramatic event that calls on "society to rally behind a single policy, against a common foe." Once a declaration of war is made, mass media attention increases, and the "enemy . . . has no one speaking on its behalf. There is the sense that society is united behind the war effort. Declaring war seizes the moral high ground."[11] War is also inherently punitive, with casualties and high costs that must be accepted in order to triumph.

Given that ONDCP is the official mouthpiece of the federal government when it comes to the war on drugs, it is the agency that logically plays the most important role in creating and maintaining the dominant ideology of America's drug war. In this book, we typify the dominant drug war ideology and demonstrate ways in which it is—simply stated—false. As it turns out, ONDCP uses statistics in several inappropriate ways to present a misleading picture of the nation's drug war. This misuse of statistics helps to justify the dominant ideology. This process is most clear in the claims-making aspects of the Strategy, which serve to uphold moral panics that sustain the drug war and hinder rational policy analysis. We examine claims-making, moral panics, and policy analysis next.

Claims-Making and Moral Panics

Several models of claims-making activities have been put forth in the literature. Scholars in disciplines such as political science and sociology have explained how social movements begin, how policies are created, and how government agencies engage in claims-making. Some assert that social movements and changes to public policy grow out of the objective condition

of social problems. This is the "objectivist model." One example is when groups operating at the grassroots level are born in response to perceptions of social problems. According to this model, social movements occur in five stages: incipiency; coalescence; institutionalization; fragmentation; and demise.[12]

Incipiency represents the beginning of a social movement. At this stage, there is no strong leadership and no organized membership.[13] Coalescence refers to when "formal and informal organizations develop out of segments of the sympathetic public that have become the most aroused by perceived threats to the preservation or realization of their interests."[14] Institutionalization occurs "when the government and other traditional institutions take official notice of a problem or movement and work out a series of standard coping mechanisms to manage it."[15] Fragmentation occurs when the coalition that forced the emergence of the movement breaks apart or weakens due to the co-opting of the issue by the government. Finally, demise occurs when claims-makers lose interest in the issue.[16]

Such stages may be relevant for understanding how drug wars begin, and possibly for how they might end. Yet, the modern drug war has already been institutionalized. That is, there is already strong leadership and an organized membership involved in the war on drugs—represented best by ONDCP.

Others suggest that social movements and changes to public policies occur after powerful elites construct or create social problems from objective social conditions.[17] This is the "constructionist model."

When an objective social problem is blown out of proportion, the result can be a "moral panic." Moral panics occur when:

> A condition, episode, person or group of persons emerges to become defined as a threat to societal values and interests; its nature is presented in a stylized and stereotypical fashion by the mass media; the moral barricades are manned by editors, bishops, politicians, and other right-thinking people; socially accredited experts pronounce their diagnoses and solutions.[18]

Because moral panics "typically involve an exaggeration of a social phenomenon, the public response also is often exaggerated and can create its own long lasting repercussions for society in terms of drastic changes in laws and social policy."[19]

The United States has witnessed several moral panics when it comes to drugs—for example, dealing with crack cocaine and "crack babies" in the 1980s.[20] This does not mean that illegal drug use (and especially drug abuse) is not problematic. Moral panics over drugs can emerge from the general public if the objective threats posed by drug use and abuse are viewed as significant enough to warrant legitimate concerns.

The danger of moral panics is that they often lead to unnecessary changes in existing public policies or entirely new policies that are based on exaggerated threats. Misguided drug policies result from at least three factors: political opportunism; media profit maximization; and desire among criminal justice professionals to increase their spheres of influence.[21] Following this logic, politicians create concern about drug use in order to gain personally from such claims in the form of election and reelection; they achieve this largely by using the media as their own mouthpiece. After media coverage of drugs increases, so does public concern. Indeed, research shows that public concern about drugs increases after drug threats have been hyped in the mass media.[22] Finally, criminal justice professionals and government institutions (e.g., ONDCP) agree to fight the war, not only because they see drug-related behaviors (such as use, possession, manufacturing, sales) as crimes, but also because it assures them continued resources, clients, and thus bureaucratic survival.

Concern over drugs typically occurs in a cycle whereby some government entity claims the existence of an undesirable condition and then legitimizes the concern, garnering public support through the media by using "constructors" who provide evidence of the problem. Claims-makers then "typify" the drug problem by characterizing its nature.[23] For example, illicit drugs are typified as "harmful" even when used responsibly or recreationally. They are characterized as "bad" regardless of the context in which they are being used. Any illicit drug use is wrong even if it is not abuse.[24] Finally, illicit drugs are connected to other social problems to make them seem even worse. Recently, illicit drugs have been tied to acts of terrorism in television commercials and print ads created by ONDCP, paid for by taxpayers.[25]

Several myths about drugs exemplify this typification. For example, the "dope fiend mythology" promulgated by the U.S. government in the early 1900s that pertained to users of heroin, cocaine, and other then legally available drugs contained these elements: "the drug addict is a violent criminal, the addict is a moral degenerate (e.g., a liar, thief, etc.), drug peddlers and addicts want to convert others into addicts, and the addict takes drugs because of an abnormal personality."[26]

Another example is the typification of the use of marijuana, as indicated in a pamphlet circulated by the Bureau of Narcotics in the 1930s:

> Prolonged use of Marihuana frequently develops a delirious rage which sometimes leads to high crimes, such as assault and murder. Hence Marihuana has been called the "killer drug." The habitual use of this narcotic poison always causes a marked deterioration and sometimes produces insanity. . . . While the Marihuana habit leads to physical wreckage and mental decay, its effects upon character and

> morality are even more devastating. The victim frequently undergoes such moral degeneracy that he will lie and steal without scruple.[27]

The propaganda circulated by the Bureau of Narcotics included the story of a "murder of a Florida family and their pet dog by a wayward son who had taken one toke of marijuana."[28]

Empirical evidence about the relative harmlessness of marijuana was ignored. Dozens of other similar stories were printed in papers across the country, including the *New York Times*. Such storied both instituted and maintained moral panics.

One possible reason why empirical evidence concerning marijuana was ignored in favor of dramatic (and nonsensical) characterizations and stories such as those above, is that several of the individuals involved in creating concern over marijuana use had ulterior motives for their actions. In 1930, the Bureau of Narcotics was formed within the U.S. Treasury Department. Harry Anslinger was appointed director by the Secretary of the Treasury, Andrew Mellon, who also happened to be Anslinger's uncle (by marriage) and owner of the Mellon Bank. Mellon Bank was one of the DuPont Corporation's banks. DuPont was a major timber and paper company. These players also had close links to William Randolph Hearst, another timber and paper mogul who published several large newspapers. Hearst used his newspapers to crusade against marijuana and this benefited its paper manufacturing division and Hearst's plans for widespread use of polyester, both of which were threatened by hemp. DuPont also had just developed nylon, which also was threatened by hemp.

Hearst and Anslinger also held racist attitudes toward Mexicans, Chinese, and African Americans.[29] For these reasons, they launched a campaign against the "killer weed" and "assassin of youth" (marijuana).[30] One result was the Marijuana Tax Act of 1937, which required a tax stamp to sell marijuana, established laborious procedures to prescribe the drug, and put forth very tough sentences for law violations (such as "life" for selling to a minor). The Bureau of Narcotics also wrote a sample bill banning pot that was eventually adopted by forty states.

It has been alleged that the reason marijuana was criminalized was due not to its harmful nature but instead to efforts by these men to protect their economic interests. According to the constructionist model, economic interest plays a large role in determining the dominant ideology.

Many scholars claim that wars on drugs as inanimate objects "tend to be concerned less with the drugs they purportedly target than with those who are perceived to be the primary users of the drugs."[31] For example:

- The war on opium in the late 1800s and early 1900s was focused on Chinese laborers who represented unwanted labor competition. Thus,

laws passed in the late nineteenth century, which forbade importation and manufacture of opium by Chinese, excluded the Chinese in America from participating fully in the labor market.[32]

- The war on marijuana in the 1930s was grounded in racism against Mexican immigrants, who were characterized as "drug-crazed criminals" taking jobs away from Americans during the Great Depression.[33]
- Crack cocaine use by the urban poor was demonized by political leaders in the 1980s to divert attention from serious social and economic problems.[34]

Each of these drug scares blamed all sorts of societal evils on "outsiders"[35]—poor minority groups—and crime and drug problems were typified as "'underclass' problems resulting from insufficient social control."[36]

In the 1980s, all sorts of societal problems were blamed on crack cocaine, largely because media portrayals of crack cocaine were highly inaccurate.[37] This doubtlessly served to create a moral panic. The scare began in late 1985, when the *New York Times* ran a cover story announcing the arrival of crack to the city. In 1986, *Time* and *Newsweek* ran five cover stories each on crack cocaine. *Newsweek* and *Time* called crack the largest issue of the year.[38] In the second half of 1986, NBC News featured 400 stories on the drug. In July 1986 alone, the three major networks ran 74 drug stories on their nightly newscasts.[39] Drug-related stories in the *New York Times* increased from 43 in the second half of 1985 to 92 and 220 in the first and second halves of 1986, respectively,[40] and thousands of stories about crack appeared in magazines and newspapers.[41]

After the *New York Times* coverage, CBS produced a two-hour show called *48 Hours on Crack Street,* and NBC followed with *Cocaine Country*. In April 1986, the National Institute on Drug Abuse (NIDA) released a report called "Cocaine: The Big Lie," and 13 public service announcements that aired between 1,500 and 2,500 times on 75 local networks. In November 1986, approximately 1,000 stories appeared about crack in national magazines, where crack was called "the biggest story since Vietnam," a "plague," and a "national epidemic."[42]

As media coverage of drugs increased, people began paying attention. Not surprisingly, citizens were more likely to recognize drugs as the "most important problem" in response to the notable attention in the national news. Drug coverage in the media was more extensive in the 1980s than at other times. For example, the CBS program *48 Hours on Crack Street* obtained the highest rating of any news show of this type in the 1980s.[43] Public concern over drug use peaked in the 1980s, evolving into a full-fledged moral panic.

Once the media and public were all stirred up, laws were passed that aimed at toughening sentences for crack cocaine. For example, the Anti-Drug Abuse Act of 1986 created a 100:1 disparity for crack and powder cocaine (5 grams of

crack would mandate a five-year prison sentence, versus 500 grams of powder cocaine). The U.S. Sentencing Commission recommended to Congress that this disparity be eliminated, yet Congress rejected the recommendation (which was the first time Congress ever rejected the Commission). Additionally, the Anti-Drug Abuse Act of 1988 lengthened sentences for drug offenses and created the Office of National Drug Control Policy (ONDCP).

The intense media coverage of crack cocaine is problematic because it was inaccurate and dishonest. News coverage did not reflect reality, as crack cocaine use was actually quite rare during this period;[44] in fact, cocaine use was declining at this time. According to NIDA, most drug use peaks occurred between 1979 and 1982, except for cocaine which peaked between 1982 and 1985.[45] Media coverage of cocaine use increased in the late 1980s even after drug use had already begun to decline. For example, new users of cocaine numbered 1.2 million in 1980, grew to 1.5 million by 1983, and fell to 994,000 by 1986. Although in 1987, the number grew to 1 million, each subsequent year saw declines in the numbers of new users of cocaine so that by 1990, there were 587,000 new users.[46]

New users of crack cocaine did rise for seven consecutive years between 1980 and 1986, from 65,000 to 271,000. The number then fell in 1987 to 262,000 and rose again until 1989, when the number was 377,000 new users.[47]

This coverage of drugs in the media typified social problems as stemming from the *psychopharmacological* properties of drugs such as crack cocaine (e.g., when a user becomes violent because of the effects of the drug on the brain), when in reality most of the associated violence stemmed from volatile crack cocaine markets.[48] Most of the violence associated with the illicit drug trade was *systemic* (e.g., drug dealers killed rival drug dealers) and *economic compulsive* (e.g., people robbed others to get money to buy drugs). News stories were also generally inaccurate or misleading in the way they characterized addiction to crack cocaine as "instantaneous," as if everyone who tried crack would become addicted immediately.[49]

The crack war was thus based on fallacies and the media reported those fallacies. The crack crisis also served to construct an atmosphere conducive to getting tough on crime and maintaining status quo (drug war) approaches to fighting drugs. As the data show, the public was not concerned about drugs until after the media coverage captured their attention. President Ronald Reagan's re-declaration of war against drugs in August 1986 created an "orgy" of media coverage of crack cocaine, and public opinion about the seriousness of the "drug problem" changed as a result.[50] In mid-August 1986, drugs became the most important problem facing the nation in public opinion polls.[51] Compare this to June 2004, when only 1% of Americans said that drugs are the most important problem facing the country.[52]

Not surprisingly, this chronology bolsters opinions about the constructed nature of the drug problem. Scholars suggest that drug control policies growing

out of problems like the crack wars of the 1980s (including the toughening of sentences for crack cocaine versus powder cocaine in 1986 and even the creation of ONDCP in 1988) generally do not arise out of the objective nature of drug use per se, but instead tend to develop out of moral panics created and promoted by actors in the political realm. With crack cocaine, concerns did not arise out of the public health domain, but instead were prompted by politicians who decided to seize on an easy issue to promote drugs as the cause of so many social problems.[53]

If drug war efforts grow not out of objective conditions of drug use but rather moral panics, then claims-making by government agencies fighting the war will tend to reinforce symbols related to drugs and drug use[54] and expand state power by increasing resources of agencies responsible for arresting and punishing drug criminals rather than accurately describe the situation.[55] In the case of ONDCP—which specifically was created in the wake of the moral panic about crack cocaine in the 1980s—its claims probably thus serve as a primary source of justifications for the drug war regardless of its degree of efficacy.

When policies are developed to eradicate problems that are relatively minor, based on hyped accounts of the dangers they cause, one possible outcome is policies that do more harm than good. A growing number of scholars characterize drug war policies on these grounds.[56] So, too, do many drug reform groups.[57]

Groups that seek to end or modify the nation's drug war have the ability through claims-making and the promotion of their own ideologies to influence public opinion to some degree.[58] One means of achieving their goals is countering or refuting claims-making activities of the agencies involved in the war on drugs, including ONDCP. In the 2003 Strategy, ONDCP characterizes the efforts of some of these "well-funded legalization groups" as dishonest "misinformation":

> [These groups] have even insinuated to young people that drug use is an adolescent rite of passage and that adults who tell them otherwise are seeking to limit opportunities for personal growth that are rightfully theirs. . . . Operating with the benefit of slick ad campaigns, with virtually no opposition, and making outlandish claims that deceive well-meaning citizens, campaign proponents have tallied up an impressive string of victories.[59]

This characterization is not accurate. ONDCP has far more power and reach than any (and probably all) anti-drug war groups combined. First, ONDCP has enormous government resources to lead the war on drugs, whereas the anti-drug war groups rely on nongovernment donations. Second, ONDCP has launched massive public advertising campaigns on television,

radio, in print, and on the Internet, whereas drug reform groups above do most of their publicizing through their respective Web sites. Third, ONDCP claims are likely seen as more legitimate since they represent the official word of not just the federal government but specifically the president of the United States, whereas at least some anti-drug war groups are likely seen as being left-wing or fringe groups with radical ideas.[60]

Given the power of ONDCP to promote its drug war ideology and its far-reaching influence on the people of the United States, it is critical to determine if ONDCP claims-making is accurate, honest, transparent, and justifiable. That is, does ONDCP justify the continuation of the war on drugs based on its established successes or does ONDCP attempt to defend the drug war even when the relevant statistics do not warrant it?

Citizens would likely hope that all government agencies (including ONDCP) would evaluate their policies (including the drug war) using the basic tenets of policy analysis, a technique employed by social scientists and policy-makers to determine if a policy is effective.

Policy Analysis

Traditionally, the policy process has been divided into different stages.[61] These are agenda setting, policy formation and legitimation, policy implementation, and policy evaluation. *Agenda setting* refers to the rise (either deliberate or not) of a topic as a policy issue. *Policy formation and legitimation* is that phase when the state deliberates and constructs the preferred response to the issue. *Policy implementation*, as the name suggests, is that stage when the state administers the policy. Finally, the process turns to *policy evaluation*. This is the stage of assessment when data collected during the existence of the policy are considered.

Each period raises its own questions for an analyst. For instance, an exploration of agenda setting usually encompasses questions of how problems are structured, publics are mobilized, and methods by which issues are placed on (or kept off) the agenda.

It is the latter part of the process—evaluation—that most heavily depends on government claims-making. During evaluation, one must determine the lens through which one will examine a policy such as the war on drugs. For example, will one examine its empirical or its moral effectiveness? A group of experts on data and research for drug war policy conclude that "adequate data and research are essential to judge the effectiveness of the nation's efforts to cope with its illegal drug problem . . . there is a pressing need for the nation to assess the existing portfolio of data and research."[62] That is, to determine if any policy is effective, we must have quality data on which to base our judgments.

We concur that the best approach to evaluate any policy, including the war on drugs, is to use empirical evidence—data—to determine if the policy is effective. Yet, when it comes to policies such as the war on drugs, significant moral issues may become important to decision-making. Issues such as whether it is moral for people to use drugs, to alter their consciousness, and to break the law, as well as whether it is moral for the government to interfere with the privacy and civil liberties of citizens, may become relevant for which drug control policies we should pursue, if any. Here, "data and research cannot resolve disagreements about the morality of drug use, but they may be able to narrow the divergence of views on the effectiveness of drug control policy today and contribute to the formation of more effective policy tomorrow."[63]

Assuming that one evaluates a policy based on empirical evidence, one can use a variety of standards to assess a policy, which is the core of policy evaluation. One common method of assessment is goal-oriented. Two drug policy experts assert that: "Any assessment of U.S. drug policy must consider its stated objectives."[64] If statistics indicate that a policy is achieving desired goals, then this would lead to a positive evaluation. In contrast, under a goals-oriented perspective, if statistics from the policy implementation phase indicate failure to achieve policy objectives, then one might expect a negative evaluation of the policy. Both outcomes, of course, assume the presence of an honest evaluation process using accurate information.

Drug policy experts note that: "Drug use policy cannot . . . be evaluated solely on the basis of whether it has achieved its stated aims. It has had side effects, both good and bad."[65] With this in mind, another method of assessment is cost-benefit analysis. Increasingly practiced in a variety of public policy arenas, cost-benefit analysis involves a deliberate comparison of the costs of a policy as compared to the benefits derived from the policy. Methodologically, costs and benefits should have comparable measures, thus ensuring the validity of the comparison. In practice, this can entail placing a monetary value on such benefits as saving lives or reducing drug use. Thus, this approach is not without its problems.[66] However, mechanisms can be adopted that allow for qualitative as well as quantitative assessments of costs and benefits.[67] Policies in which benefits outweigh costs typically have a positive evaluation. Conversely, when costs outweigh benefits, a negative evaluation would be forthcoming. Again, this assumes honesty in evaluating the policies using truthful data.

Claims by the government about policy outcomes are key ingredients in cost-benefit analysis. While an accurate cost-benefit analysis requires accurate data, truthful government claims with regard to the data are also essential for accurate policy evaluation. Unless government agencies are honest about their claims, and unless their claims are based on appropriate statistics, policy evaluations will not be reliable or useful.

Ideally, the policy process is cyclical. Policy evaluation should influence agenda setting. One would expect that a positive evaluation would result in an agenda for continuation of the policy; similarly, a negative evaluation would lead to an agenda for policy change. Thus, the claims of the government are central to evaluation and (by extension) to policy support or termination. Therefore, the veracity of government claims about the impact of our drug war policy is critical. An accurate picture of the impact of the war on drugs is crucial if the government and the public are to make informed decisions about whether or not to continue the policy.