United States Drug Policy
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Decades of research have shown that a comprehensive approach, focused on reducing both supply and demand, can achieve safe and healthy outcomes for individuals and communities. There are no simple solutions to the drug problem in America. Everyone must work to keep young people healthy and drug-free, intervene before drug use becomes chronic, get help to those who suffer from addiction, support families and individuals on the path to sustained recovery, use law enforcement tools when appropriate, and bolster the efforts of our partners abroad (2011 National Drug Control Strategy).

*Any illicit drug use* includes use of marijuana, cocaine, hallucinogens, inhalants (except in 1982), heroin, or nonmedical use of sedatives, tranquilizers, stimulants, or analgesics. The exclusion of inhalants in 1982 is believed to have resulted in underestimates of any illicit use for that year.

*Data not available for all years*
The Cost of Substance Abuse in the U.S.

• U.S. drug use is a $215 billion per year problem\(^1\), a per capita cost of approximately $700 annually.
• Drug-induced deaths now outnumber gunshot deaths in America, and in 17 states and Washington, D.C., they now exceed motor vehicle crashes as the leading cause of injury death.
• Young adults between the ages of 18 and 25 have the highest rates of current drug use at nearly 20 percent, and an estimated 4,000 young people between the ages of 12 and 17 use drugs for the first time each day.
• Illicit drug use is associated with accidents, crime, domestic violence, illness, lost opportunity, and reduced productivity. Drug and alcohol use by children often is associated with other forms of unhealthy, unproductive behavior, including delinquency and high-risk sexual activity.

The Value of a Comprehensive Approach

• Since the 1970s we have been able to chronicle the spending trends and the impact those trends have on use. For every dollar we spend on prevention, we can save $13 dollars in incarceration and $10 dollars in treatment costs.
• Trends in U.S. drug use have decreased overall since 1979, although recent increases are cause for renewed strategies and focus.

U.S. Spending on Drug Control

In FY 2010, the U.S. Government spent $25.9 billion\(^2\) in federal funds to reduce drug use and its consequences:

• **Over $1.5 billion on prevention:**
  o Education and outreach programs aimed at preventing the initiation of drug use
  o Assistance to state and local educational agencies to develop and implement a comprehensive set of programs and services designed to prevent youth drug use and violence, support early childhood development activities, and provide needed student mental health services
  o Development of a national community-based prevention system to protect adolescents
  o Development and support of community drug-free coalitions throughout the U.S.

• **Over $8.8 billion on treatment:**
  o Early intervention and treatment services for substance abusers
  o The Departments of Health and Human Services, Veterans Affairs, and Justice work to train and engage primary healthcare professionals to intervene in emerging cases of drug abuse, expand and improve specialty addiction care for addiction, and develop safe and efficient paradigms to manage drug-related offenders in community corrections
  o Federal government’s estimated contribution to substance abuse treatment through Medicaid and Medicare
  o Effective, evidence-based, recovery-oriented care for veterans with substance use disorders and mental illness

• **Over $9.1 billion on domestic law enforcement:**

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\(^1\) Adjusted for inflation, based on estimate of $193 billion per year in 2007, the most recent data available.

\(^2\) US spending figures are FY 2010 enacted sums, drawn from the *National Drug Control Budget – FY 2012 Funding Highlights*. These numbers differ from those published by ONDCP in past years because a number of agencies/programs that were found to have a drug-control nexus had Federal funds not listed as part of previous National Drug Control Budgets. The restructuring of the 2012 budget is a more transparent and accurate description of federal funding.
The Departments of Justice, Homeland Security, and Treasury, along with the High-Intensity Drug Trafficking Area Task Forces, and assistance from the Department of Defense’s National Guard program, provide key domestic law enforcement support, including partnerships of Federal, state, and local law enforcement agencies and prosecutors, to identify, dismantle, and disrupt sophisticated national and international drug-trafficking and money-laundering organizations.

- Resources to address the consequences to drug abuse, including the costs of drug-related prosecution to the Office of the U.S. Attorneys and the Federal Judiciary.
- Costs to the Bureau of Prisons and the Office of Federal Detention Trustee to house drug-related offenders.

**Over $3.6 billion on Interdiction:**
- The Departments of Homeland Security and Defense perform activities designed to interrupt the trafficking of illicit drugs into the United States by targeting the transportation link.
- Bringing traffickers and other criminals to trial.
- Attacking money laundering and associated corruption.

**Over $2.5 billion on international support:**
- The Departments of Defense, Justice, and State drug control activities focused on or conducted in areas outside of the U.S., to disrupt or dismantle the most significant international drug organizations, and increase the drug enforcement capabilities of partner nations and strengthen justice sector institutions.

President Obama’s FY 2012 Budget request includes $101 million for drug, mental health, and other problem-solving courts (funds included in treatment and domestic law enforcement budgets). Every $1 spent on drug courts yields more than $2 in savings in the criminal justice system alone. More than 2,500 drug courts provide 120,000 Americans annually the help they need to break the cycle of addiction and recidivism.

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**U.S. Illicit Drug Use Prevalence Data, 2010**

*All data taken from the 2010 National Survey on Drug Use and Health (SAMHSA, 2011).*

**Overall illicit drug use is highest among young adults aged 18-25:**
- Age 12-17: 10.1%
- Age 18-25: 21.5%
- Age 26 or older: 6.6%

**Adult Substance Use**

*Past month use of selected illicit drugs among persons aged 12 or older, 2010:*

**I illicit drugs (total): 8.9%**
- Marijuana: 6.9% (up from 5.8 to 6.9 percent from 2007-2010)
- Psychotherapeutics (non-medical use): 2.7% (relatively stable)
  - Pain relievers: 2%
  - Tranquilizers: .9%
  - Stimulants: .4%
  - Sedatives: .1%
- Cocaine: .6% (down from recent highs of 1.0% in 2003, 2005, 2006)
- Hallucinogens: .5%
- Ecstasy: .3%
- Methamphetamine: .1% (down from highs of .3% in 2002-2006)
Past Month Use of Selected Illicit Drugs among Persons Aged 12 or Older: 2002-2010

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<th>Year</th>
<th>Illicit Drugs</th>
<th>Marijuana</th>
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<th>Hallucinogens</th>
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Youth Substance Use

Past month use of selected illicit drugs among persons aged 12-17, 2010:

Illicit drugs (total): 10.1% age 12-17 (compared to 21.5% age 18-25)
- Marijuana: 7.4% age 12-17 (compared to 18.5% age 18-25)
- Psychotherapeutics (non-medical use): 3% age 12-17 (compared to 5.9% age 18-25)
- Inhalants: 1.1% age 12-17 (data not available for age 18-25 in NHSDA)
- Cocaine: .2% age 12-17 (compared to 1.5% age 18-25)
- Hallucinogens: .9% age 12-17 (compared to 2.0% age 18-25)
- Ecstasy: .5%
- Methamphetamine: .2% for ages 18-25 (data not available for ages 12-17 in NHSDA)
Treatment and Incarceration

**Annualized Per Person Cost of Treatment (2007 dollars):**

- $91,345 detoxification ($250 per day)
- $29,240 residential ($80 per day)
- $4,318 outpatient ($12 per day)
- $4,859 outpatient methadone ($13 per day)

(NDIC, 2011)

As with other chronic diseases, the recurrence of the symptoms (relapse) of drug addiction is prevalent and requires ongoing follow up and treatment (NIDA, 2009).

**Treatment Costs to the Taxpayer:**

Annual public treatment costs for illicit drug use estimated at $3,723,338,000

- $465,213,000 detoxification
- $1,223,800,000 residential
- $1,028,994,000 outpatient
- $650,557,000 outpatient methadone programs
- $347,504,000 United States Department of Veterans Affairs (VA) treatment of illicit drug use
- $7,825,000 treatment expenditures by DoD and ONDCP

(NDIC, 2011)

Every $1 invested in addiction treatment programs saves between $4 and $7 in reduced drug-related crime, criminal justice costs, and theft. When savings related to health care are included, total savings can exceed costs by a ratio of 12 to 1 (NIDA, 2009)
Annualized Per Person Cost of Incarceration (2008 dollars):

- $25,500 per federal prisoner
- $26,000 per state prisoner and per jail inmate
- $2,800 per parolee
- $1,300 per probationer
  (Schmitt, Warner, & Gupta: 2010)
- Costs of incarceration vary widely (e.g., in 2005 state prison spending varied from $45,000 a year in Rhode Island to $13,000 in Louisiana (Pew Center on the States, 2008))

Incarceration for Drug Related Crime:

- 25% of all incarcerated persons are non-violent drug offenders, up from less than 10% in 1980
- Non-violent drug offenses
  - 25% jails (2002)
  - 20% state prisons (2006)
  - 52% federal prisons (2008)
- Drug related arrests and convictions have increased dramatically over the last 30 years largely due to stricter sentencing policies, particularly for drug-related offenses, and decreased use of probation and parole (Schmitt, et al., 2010)

Incarceration Costs to the Taxpayer:

- Overall criminal justice costs (law enforcement, adjudication, and corrections) attributed to illicit drug use is $56,373,254,000. Figure based on estimates of the probability that crime is attributable to illicit drug use and estimates of the proportions of court cases that are criminal rather than civil.
- Cost of incarceration (state jail and prison, federal prison) attributed to illicit drug use: $22,840,301,000
- Cost of all federal and state corrections (incarceration plus parole and probation): $26,092,482,000
  (NDIC, 2011)
Drug Treatment within the Criminal Justice System

- “Drug treatment within the criminal justice system, whether mandated through drug courts or optional through transitional and aftercare programs, has been shown to reduce re-arrest and new arrest rates, as well as drug use” (Mumola et. al, 2006)

“Most studies suggest that outcomes for those who are legally pressured to enter treatment are as good as or better than outcomes for those who entered treatment without legal pressure. Those under legal pressure also tend to have higher attendance rates and to remain in treatment for longer periods, which can also have a positive impact on treatment outcomes” (NIDA, 2009)

- In 1994 (most recent national estimate) recidivism of drug offenders was 67% (BJS, 2002).
- Drug treatment has been shown to reduce recidivism by 5%-17%, depending on the type of treatment program (Justice Policy Institute, 2008).

Treatment-oriented supervision lowers recidivism rates more than all other drug treatment programs

U.S. Drug Consumption in the Global Market

Conflicting reports present sizeable discrepancies in the estimates of the U.S. proportion of global drug consumption. While relatively complete information is available on global consumption of some substances, little or no substance abuse data is available from many regions such as Africa and Asia, making accurate overall estimates impossible.

U.S. ONDCP:

*The international community's maturing understanding of the scope of the global problem is helping to dissolve the myth that the United States' market is the engine that drives the global drug trade. Indeed, the United States comprises just 2 percent of the world's consumers. Even with the relatively high price Americans are willing to pay for illegal drugs, they still account for only 10 to 15 percent of more than four hundred billion dollars spent globally on drugs every year.*


**Note:** The reference given for this paragraph is the World Drug Report (UNODC, 2011), which only addresses the figure of $400 billion. No reference is given for how ONDCP estimates the US representing 2% of the world’s consumers.

Other Sources:

It is possible that the U.S. represents more than 22% of all current (past month) drug users, globally:

- 22.6 million Americans (estimated) aged 12 or older were current illicit drug users in 2010 (SAMHSA, 2010)
- 105 million people (estimated), globally, were current illicit drug users (UNODC, 2011)

UNODC:

UNODC estimates are presented by region, with U.S., Canada, and Mexico combined into the North American region (data presented are not sufficient for disaggregation by country). Considering that the U.S. represents 4.5% of the world population, compared with 1.6% for Mexico and .5% for Canada, the U.S. is likely to be the largest contributor to these findings:

- North America continues to be the world’s largest drug market, even though it is – according to all estimates – now smaller, in economic terms, than a decade or two ago
- The region accounts for about one fifth (20%) of global cannabis users, far above its share of the global population (around 7%).
- U.S. consumes an estimated 36% of world’s cocaine; still the largest cocaine market despite significant declines in recent years and now almost matched by Europe (UNODC, 2011).
- More than 40% of global opioid (includes synthetics and opiates) users are found in North America, high levels are mainly due to non-medical use of prescription opioids
- North American abuse of opiates is, at 0.4%, close to the global average (Europe and Asia remain the key global markets of opiates)
- North America has above global average use of both amphetamines and ecstasy

CIA World Fact Book: US is the world’s largest consumer of cocaine (shipped from Colombia through Mexico and the Caribbean), Colombian heroin, and Mexican heroin and marijuana; major consumer of ecstasy and Mexican methamphetamine; minor consumer of high-quality Southeast Asian heroin; illicit producer of cannabis, marijuana, depressants, stimulants, hallucinogens, and methamphetamine; money-laundering center.

References


About SAI

SAI is an innovative, passionate, and mission-driven consulting group. Through our two organizational arms – Servant Forge and Alcohol Drug Abuse Prevention, Treatment and Enforcement International (ADAPTE International) – we exist to foster great ideas, facilitate cutting edge strategies, and promote bold actions to help clients address and solve problems that threaten the health, safety, and life quality of their communities around the world.

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We pursue great ideas, promote action and effect change with demonstrated results.