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# Clinton's Drug Policy Is a Bust

**B**EFORE CRIME BECAME BILL CLINTON'S RESPONSIBILITY, the President's critique of George Bush's performance was scathing and dismissive. "Bush confuses being tough with being smart," Clinton told me during the 1992 campaign, "especially on drugs. You can't get serious about crime without getting serious about drugs. Bush thinks locking up addicts instead of treating them before they commit crimes—or failing to treat them once they're in prison, which is basically the case now—is clever politics. That may be, but it certainly isn't sound policy, and the consequences of his cravenness could ruin us."

From that attack, Clinton wound into a passionate plea for drug treatment on demand. "Without it," he said, "the criminals will revert when they're released, and the problem will just get worse. Emphasizing treatment may not satisfy people fed up with being preyed upon, but a President should speak straight even if what he advocates isn't popular. If he sticks to his guns, the results will prove the wisdom of his policy."

That was then. Since taking office, Clinton's passion for the issue has flared only once—last week, when he stomped on U.S. Surgeon General Joycelyn Elders for suggesting a study of the possibility of legalizing illicit drugs. Clinton's knee-jerk, anti-intellectual response, which can be fairly summarized as "No way, nohow; not now, not ever," is bad enough. Worse is his silent acceptance of policies that shortchange drug treatment, an abandonment of his pledge to invert the ratio of funds spent on drug interdiction vs. treatment, a split that continues to allocate \$13.1 billion of U.S. government antidrug money in favor of law enforcement by more than 2 to 1. It's true that "druggies don't vote," as a senior Administration official says, and also that the President is fearful of appearing soft on crime, but he had it right during the campaign: drug treatment does the job.

A few facts: despite the spending in the U.S. of more than \$100 billion on the drug war since 1981, drugs remain readily available. Interdiction efforts are a farce. In fact, worldwide gluts and America's porous borders have caused cocaine and heroin prices to decline dramatically—and heroin use, which seemed to be dying out, is rising precipitously. Casual drug use is down, but at least 2 million Americans remain hardcore consumers. At least 60% of violent crime is associated with drug use. Addicts commit 15 times as many robberies and 20 times as many burglaries as criminals not on drugs. Approximately 70% of America's 1.4 million prisoners have drug problems, but only 1% of federal inmates and about 15% of state prisoners receive adequate treatment. Yet well-structured, prison-based antidrug programs have produced remarkable results. The rearrest rate for those who endure

yearlong therapeutic programs is about one-third the rate for those who don't participate. And in-prison treatment is a bargain: it costs \$28,000 a year to house one inmate, but adding comprehensive drug treatment costs only about \$3,000 annually per prisoner.

Thanks primarily to Representative Charles Schumer and Senator John Kerry, prison treatment may finally expand. If the treatment funds authorized in the pending crime bill survive, by 1998 almost all federal prisoners and approximately half of state inmates could receive intensive treatment during their incarceration. "But then when they're out, there's nothing planned in the way of significant funds to continue their treatment," says Mitchell Rosenthal of New York's Phoenix House, "and without ample follow-through outside, much of the work inside will be wasted."

Outside, the situation is deplorable. At present there are only about 12,000 long-term, residential drug-treatment

beds available in the U.S. The irony is obvious: without an increase in drug treatment outside the criminal-justice system, most addicts will have to commit a crime before being helped. The cost of community-based residential treatment (\$18,000 annually a participant) is still less than the cost of housing a prisoner, but "it's going to take clear presidential leadership for people to realize how cost-effective that can be," says Schumer. The signs are not encouraging. Widespread drug treatment will have to wait for health-care reform, says the White House, but the desire to keep the package's overall cost down has already caused a cut-



Having dismissed the U.S. Surgeon General's suggestion, Clinton should redeem his pledge to expand drug treatment

back in the planned coverage. As currently contemplated, says Rosenthal, "the treatment the Administration is proposing will be almost useless in helping the hard-core user kick his habit."

If Clinton "won't seriously fund treatment because of budget constraints," says Kerry, "he should invoke the national emergency provision that would allow us to fund what's needed off-budget. It's simply unacceptable—and counterproductive—to plead poverty on this. Doing it only halfway won't get the job done, and it will erode support for what we actually do."

What's needed is a strong and coherent drug strategy for the U.S. that focuses on treatment more than punishment, and Clinton knows it. "If I've fallen short this year," the President recently told *Rolling Stone*, it's in [the creation of] prevention programs." Clinton needs to recall and act on his earlier words. If he doesn't, the latest war on crime will probably be no more successful than its predecessors, and some future U.S. presidential candidate will echo Clinton on Bush. What the President said as a candidate is true: you can't get serious about crime without getting serious about drugs. ■