

12-10-1999

# Trends. Drug Addictions: National Policy on Illicit Drugs

Editor

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## Recommended Citation

Editor (1999) "Trends. Drug Addictions: National Policy on Illicit Drugs," *International Bulletin of Political Psychology*: Vol. 7 : Iss. 21 , Article 6.

Available at: <https://commons.erau.edu/ibpp/vol7/iss21/6>

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International Bulletin of Political Psychology

Title: Trends. Drug Addictions: National Policy on Illicit Drugs

Author: Editor

Volume: 7

Issue: 21

Date: 1999-12-10

Keywords: Addiction, Drugs, Illicit Drugs, Office of National Drug Control Policy, ONDCP

The Director of the United States Government's Office of National Drug Control Policy (ONDCP) has proposed integrating drug testing and treatment into the various phases of the criminal justice process--e.g., arrest, incarceration, after prison release. The main premise is that the cost of testing and treatment programs will be more than made up by savings from decreases in drug-related recidivism. However, there are further premises that render the proposal highly suspect.

First is the premise that treatment is needed. Treatment connotes a response to a disease and implies that illicit drug use is a disease. If illicit drug use is not a disease or combination of diseases then treatment is not warranted. And are there not many examples of illicit drug use that are as disease-related as any social behavior that may elicit disapproval from the powers that be.

Second is the premise that treatment works. If the criterion of "works" is illicit drug abstinence in an individual's common social environment, one would be hard pressed to make such a case--especially in that abstinence succeeding treatment may not be a causally-related consequence of that treatment.

Third is the premise that the incidence and prevalence of illicit drug use can be significantly reduced without unacceptable strategic, moral/ethical, and domestic political consequences for a national-state attempting such a feat. The wording of the three main ONDCP goals for 1999 suggests that the response to questioning this premise is--"just say yes."

The first main goal is to educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco. This assumes that education will significantly affect drug use and that "enabling" will supercede the motives for drug use. The second main goal is to increase the safety of America's citizens by substantially reducing drug-related crime and violence. The objectives for these goals suggest that "reducing drug-related crime and violence" must be linked with reduced drug use as opposed to other alternatives based on the management of drug use. The third main goal is to reduce health and social costs to the public of illegal drug use. Again, alternatives to reducing drug use are not entertained. All three goals clearly are based only on a particular position of the value (moral/ethical) of drug use.

Critiques of the ONDCP proposal in no way suggest that drug use is physically, morally/ethically, and spiritually benign. However, it is apparent that there may be two significant drug addictions confronting the ONDCP--the dysfunctional and perseverative drug use of individuals and the equally dysfunctional and perseverative drug policy approaches of policymakers. (See Allott, R., Paxton, R., & Leonard, R. (1999). Drug education: A review of British Government policy and evidence on effectiveness. *Health Education Research*, 14, 491-505; Appendix A: Strategic Goals and Objectives of the 1999 Strategy at <http://www.whitehousedrugpolicy.gov/policy/99pme/appa.html>; Gorman, D.M. (1998). The irrelevance of evidence in the development of school-based drug prevention policy, 1986-1996. *Evaluation Review*, 22, 118-146; Keene, J., & Woolgrove, M. (1997). Obstacles and opportunities for multi-disciplinary working in drug misuse: A case study. *Drugs: Education, Prevention and Policy*, 4, 285-295; Korf, D.J., Riper, H., & Bullington, B. (1999). Windmills in their minds: Drug policy and drug research in the Netherlands. *Journal of Drug Issues*, 29, 451-472; Wren, C.S. (December 9, 1999). Nation's top drug

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official proposes shift in policy. The New York Times, p. A20.) (Keywords: Addiction, Drugs, Illicit Drugs, Office of National Drug Control Policy, ONDCP.)