

**POWER, IDEOLOGY,  
AND THE WAR ON DRUGS**  
**Nothing Succeeds Like Failure**

*Christina Jacqueline Johns*

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**Steven A. Egger, Series Editor**

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# POWER, IDEOLOGY, AND THE WAR ON DRUGS

## PRAEGER SERIES IN CRIMINOLOGY AND CRIME CONTROL POLICY

Steven A. Egger, Series Editor

Power, Ideology, and the War on Drugs: Nothing Succeeds Like  
Failure

*Christina Jacqueline Johns*

The Sociology of Shoplifting: Boosters and Snitches Today

*Lloyd W. Klemke*

This book is dedicated to my parents, W. L. and Pat Johnson, who taught me to fight and loved me through forty years, and my dear sweet William, who died, as we all should, living a life he loved.

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## SERIES FOREWORD

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The Praeger Series in Criminology and Crime Control Policy is meant to provide a variety of perspectives and ideologies regarding theory and policies of crime control. The intended audience is the academic community and governmental officials involved in developing and implementing crime control policy. Authors represented in this series will come from a variety of social science and behavioral disciplines. The series is open to all qualitative and quantitative methodologies and to contemporary and historical studies that address in some manner the focus of this series.

*Power, Ideology, and the War on Drugs: Nothing Succeeds Like Failure* by Christina Jacqueline Johns is the first monograph in this series. Johns presents a critical analysis of the federal government's crime control policy on dangerous and illegal drugs.

Wars on drugs have been waged in this country for quite some time. However, the problems of dangerous drug use had not been highlighted for the public nearly to the extent that it has been throughout the Reagan and Bush administrations. During this last decade the War on Drugs has indeed become a "war," with a national agenda and a political rhetoric encompassing politicians of both political parties in Washington, D.C., in large urban areas, and in small communities throughout the United States.

Johns focuses her discussion on the drug criminalization and enforcement policies of our federal government over the last decade, the seeming narrow-mindedness of continuing such a policy in light of evidence contrary to many assumptions, and (most important) the amount of

social control such a policy invests in those in power. She convincingly argues throughout this work that the singular and seemingly overriding characteristic of the War on Drugs is that both the perception of success and the perception of failure can be used to justify the continuation of such a war. With success, governmental control mechanisms must be continued and enhanced to reach objectives. With failure, efforts require more resources and different levels of coordination to reach objectives. As the drug war continues unabated, it becomes increasingly evident that social control is indeed the real issue. As government at the federal, state, and local levels increases its repressive measures against drugs, societal members (particularly the middle and upper classes) seem more and more willing to accept these measures as necessary to combat the evils of dangerous drugs.

Politization of the drug problem through media campaigns results in a distorted image of the problem. Reported successes of law enforcement do not necessarily mean there has been a reduction in the use or availability of dangerous drugs on the street. Figures frequently cited as evidence of winning the drug war relate primarily to the middle class. There is an overemphasis on enforcement at the expense of treatment programs and education. Further, while education programs appear to be affecting only portions of middle-class youth, approximately 70 percent of the drug war effort continues to be allocated to enforcement strategies of interdiction and arrest of pushers in the streets.

As Johns aptly points out, crimes of the powerful are increasingly ignored while the War on Drugs expands. Money laundering, the savings and loan scandal, and corporate pollution receive only sporadic attention from government officials. Corruption of law enforcement officers, corrections officers, and others at all levels of government become almost commonplace as part of the drug war. Meanwhile, our prison population has increased by 45 percent since the early 1980s, and much of this increase can be attributed to increases in arrests for drug use.

Johns details our government's efforts to stop the flow of drugs into the United States, and she suggests that this effort has been as ineffective as the War on Drugs within our borders. Further, she identifies many of the drug war's social costs to Latin American countries, including human rights violations by military and police efforts funded by the United States, the corruption of local officials, secondary criminal activity, and the many health problems caused by the aerial spraying of toxic chemicals used in eradication efforts.

In Chapters 3 and 4 Johns focuses on her major theme of domestic social control. Four major arguments are presented as to why the U.S. government (the Reagan and Bush administrations) continue to pursue a policy of criminalization and enforcement: (1) to divert attention from the dangers of legal drugs, which are well integrated into our society



and controlled by powerful interests; (2) to divert attention from fundamental social problems of our society, such as homelessness, the need for national health care, and the gross inequities among the population; (3) to legitimate our abandonment of the lower class and minorities by focusing the drug war on those segments of our society and making them appear as an enemy class; and (4) to legitimate a massive expansion of domestic state power and control.

In Chapters 5 and 6 Johns expands her discussion to our government's crime control policy on drugs in Latin America. She argues that the international War on Drugs is being pursued for two primary reasons. First, such a policy diverts attention away from structural inequalities and injustices in Latin America. Second, this policy allows our government to justify an ever-expanding control over and intervention into the governments of Latin America.

Johns concludes that the policy of criminalization and enforcement will continue, for the expansion of state power, both here and abroad, is clearly in the government's interest. Finally, the author warns proponents of drug legalization that their arguments must not be presented as a panacea to fundamental societal problems here and in the Third World, that their arguments must be expanded beyond their middle-class orientation, and that they must carefully consider the possibility of a greater erosion of civil and constitutional guarantees that could result from legalization.

In this work Dr. Johns offers a great deal of contemporary information, critical analysis, and argument for the reader to consider. *Power, Ideology, and the War on Drugs: Nothing Succeeds Like Failure* deserves careful reading and thoughtful consideration by criminologists and government policy makers alike.

Steven A. Egger

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## CONTENTS

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	Series Foreword by Steven A. Egger	ix
	Acknowledgments	xiii
1	The Domestic Costs of the War on Drugs	1
2	The International Costs of the War on Drugs	33
3	Why the Administration Continues to Pursue a Policy of Criminalization and Enforcement	57
4	Expansion of Domestic State Power	89
5	Latin American "Democracies in Jeopardy"	131
6	Expansion of U.S. State Power in Latin America	157
7	The Road Forward	173
	References	181
	Index	201

# 1

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## THE DOMESTIC COSTS OF THE WAR ON DRUGS

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The use of any dangerous drug within society carries with it social costs. But it is evident that people in most societies have used and do use one form or another of dangerous drugs. The real question is not how to prevent drug use but how to minimize the social costs of dangerous drug use, legal and illegal. The Reagan and Bush administrations, however, have pursued a strategy that, far from minimizing the social costs of the use of certain dangerous drugs, has instead escalated those costs. By pursuing a strategy of criminalization on the one hand and eradication on the other (both of drugs and of the people associated with them), the Bush and Reagan administrations have guaranteed that society will pay a higher price for the use of certain dangerous drugs than would have been paid had a policy focused on decriminalization, treatment, and education been pursued.

And it is not as if the ineffectiveness and negative consequences of enforcement strategies to deal with "victimless"—or what are more accurately known as "complaintless"—crimes are unknown. In the 1920s, attempts to enforce the Eighteenth Amendment prohibiting the sale and use of alcohol not only failed to stop the sale and use of alcoholic beverages but brought about problems similar to those that characterize the present "War on Drugs" (see, for example, Woodiwiss, 1988).

One would think that if the government were sincerely concerned with reducing, if not stopping, the use of dangerous drugs, it would have learned from past mistakes and pursued a different strategy. The criminalization and enforcement strategies that characterized the prohibition era and now characterize the War on Drugs era have never been

effective in stopping the manufacture, use, and trafficking of illegal substances. In addition, criminalization and enforcement strategies have brought about additional social costs (corruption, deflection of police resources, increased illegal profits, criminal justice system overloads, secondary crime, etc.). In this chapter the ineffectiveness of the criminalization-enforcement strategy will be examined along with the social costs brought about by that strategy.

### THE INEFFECTIVENESS OF THE CRIMINALIZATION-ENFORCEMENT STRATEGY

A 1988 report by the American Bar Association noted:

Police, prosecutors and judges told the committee that they have been unsuccessful in making a significant impact on the importation, sale and use of illegal drugs, despite devoting much of their resources to the arrest, prosecution and trial of drug offenders. (1988:6, 44)

The authors of the report concluded that the drug problem was "severe, growing worse, and . . . law enforcement has been unable to control it."

City officials have also noted that the problems associated with criminalized drug use and drug trafficking are severe and growing worse. In a survey of elected officials conducted by the National League of Cities in January 1990, 58 percent of the chief officials of cities surveyed maintained that problems associated with drugs had grown worse during the previous year. An additional 31 percent reported that drug problems had remained the same (*New York Times*, 1/9/90b).

Almost every indicator points to the ineffectiveness of enforcement strategies to do more than temporarily decrease drug use and the problems associated with illegal drug use and trafficking. Temporary decreases, however, are widely hailed by the administration as evidence of the success of enforcement strategies.

#### Users

In May 1990, Senator Joseph Biden, chairman of the Senate Judiciary Committee, released a report that infuriated Drug Czar William Bennett and the administration by setting the figure for cocaine users in the United States at 2.2 million. The National Institute of Drug Abuse (NIDA) had been operating with a figure of only 862,000. Biden publicly stated that the new figures indicated that the administration's strategy for combatting drug abuse was faulty (*New York Times*, 5/15/90). Surveys in mid-1990 also showed that there were at least 8 million casual cocaine users in addition to the 2.2 million frequent or heavy users referred to by

Biden (Treaster, 7/1/90). The number of heroin addicts in 1989 was estimated to be half a million (Purvis, 12/11/89).

The High School Seniors Survey at the end of 1989 noted an increase in PCP use among high school seniors, and there has been an explosion of drug use in prisons (Malcolm, 12/30/89). The Atlanta-based Parents' Resource Institute for Drug Education (PRIDE), which conducts an annual survey of teenage drug use, released a report in September 1989 indicating that one in four teenagers smoked marijuana and six in ten drank beer. Figures for the teenage use of alcohol, tobacco, marijuana, and cocaine increased from figures in 1987–1988 (Earle and White, 9/27/89).

In early 1990, a report by the U.S. Conference of Mayors noted sharp increases in the abuse of drugs, including alcohol, among the homeless population (*New York Times*, 12/21/89). In 1989, almost one-third of the psychiatric patients in New York City hospitals were estimated to be using crack, and 60 percent were estimated to be drug abusers (Specter and Kurtz, 2/19–2/25/90). While drug use appeared to be declining among certain segments of the population, it was and continues to be increasing among minority populations (Hamm, 1988).

In September 1990, however, both Bush and Bennett were claiming that the enforcement tactics of the administration had been successful, that casual cocaine and other drug use was declining, and that hard-core addiction was declining (*Christian Science Monitor*, 9/7/90).

### Prices

In July 1990, the press started to report that federal drug agents would tell Congress of increases in the price and decreases in the purity of cocaine. The Drug Enforcement Administration (DEA) released figures of an average increase in cocaine prices of 50 percent in five major cities. This increase in price represented a short-term reverse of an almost decade-old national trend toward greater availability, lower price, and higher purity of cocaine (Kelley, 7/17/90). The increases, however, were not consistent across the country and had been noted only for three to six months prior to the June press accounts (Treaster, 6/14/90).

The largest price jump reported was in Los Angeles, where the price of a kilo of cocaine was said to have increased 88 percent from \$20,000 in December 1989 to \$32,000 in mid-1990. The purity of cocaine was also said to have dropped from 87 percent per kilo in December 1989, to 74 percent per kilo, according to DEA analyses. Street dealers were said to be buying cocaine in ounces, rather than kilos because they could not afford the price (Kelley, 7/17/90).

Price increases from December 1989 to June 1990 reported in thousands for the five cities were as follows: Los Angeles, \$20 to \$32 per kilo;

Houston, \$21 to \$30; Chicago, \$25 to \$32; New York, \$25 to \$35; Miami, \$22 to \$23 (Kelley, 7/17/90). Others were reporting even higher prices. One researcher at the University of Illinois quoted a figure of \$40,000 per kilo in Chicago (Treaster, 7/1/90). But these price increases may well have been merely a market adjustment. It is interesting to note that prices increased most in cities that had the lowest price before the increase, for example in Los Angeles. In Miami, the increase was negligible.

The reasons offered for the price increase noted by federal drug agents were (1) cocaine seizures in Colombia, Peru, and Bolivia that were decreasing supplies, (2) increased law enforcement in major U.S. cities, and (3) cocaine stockpiling and price gouging by dealers. Joseph Treaster, writing in the *New York Times* (7/1/90), noted that many researchers he interviewed at a NIDA conference in July 1990 felt that price increases were most likely due not to a decrease of supply, or disruption of the market due to interdiction, but to attempts of traffickers to drive up the price by holding back on the product. Bush and Bennett, however, used the price increases for cocaine as evidence of the success of the War on Drugs (*Christian Science Monitor*, 9/7/90).

Both the Reagan and Bush administrations have played a shell game with the figures about drugs, widely publicizing figures when they appeared to favor administration policies and conveniently ignoring them when they did not. In 1982, for example, Reagan's adviser on drug policy, Dr. Carlton Turner, argued that decreasing prices for cocaine, marijuana, and heroin did not indicate greater availability but less demand for the drugs (Freemantle, 1986:52). There have been other instances of manipulating the figures for drug use for political reasons. Edward Jay Epstein (1977), for example, has documented how the Nixon administration vastly exaggerated the heroin epidemic of the early 1970s in order to assist Nixon's reelection.

### Drug Emergencies

The administration is also very selective in terms of quoting figures for "drug-related" deaths and emergencies. When the desire is to heighten public fear about drugs, figures indicating increasing deaths and hospital emergencies are publicized. When the goal is to convince the public that the War on Drugs is successful, other figures are used. There is no shortage of data to support either argument. For example, NIDA released a report indicating that between June 1988 and June 1989 cocaine emergencies increased greatly in most large U.S. cities. St. Louis had an increase of 153 percent, Atlanta 120 percent, and San Francisco 85 percent (Raber, 3/12/90). Eleven cities reported increases in heroin emergencies. San Francisco, for example, had an increase of 97 percent



(Meddis, 3/12/90). By July 1990, however, the Drug Abuse Warning Network (DAWN) was reporting a decline in cocaine-related emergencies nationwide. As usual, the figures were difficult to interpret. For example, in several large cities—Washington, Philadelphia, and Minneapolis—cocaine-attributed deaths rose while emergency room cocaine-related cases declined. The declines, however, were used as evidence of the success of the War on Drugs strategy. By September 1990, Bush and Bennett were claiming decreases in hospital-related emergencies due to drugs (*Christian Science Monitor*, 9/7/90). But Charles Rangel (N.Y.) remarked on the release of the study that the figures did not indicate success: "We have simply not succeeded in reducing hard-core addiction and drug abuse in our inner cities" (Treaster, 7/1/90).

Even if the reductions were real and proved to be more than temporary, what was ignored was that the problem was still severe. Philadelphia was a case in point. From a peak in mid-1989, cocaine-related emergency cases declined by 12 percent by the end of the year. The number of cases, however, was still several times greater than in the late 1970s and early 1980s. The coordinator for drug abuse programs in Philadelphia remarked: "You wouldn't know there was a decline by talking to the emergency room people. They're so overwhelmed they're at the point that they don't know where to turn." In addition, some decline in cocaine-related emergency cases in hospitals was the effect of street retail dealers choosing to dilute the product rather than raise prices (Treaster, 7/1/90).

Heroin emergency statistics present an equally mixed picture. In New York, heroin deaths declined 22 percent in 1989, while emergency-room episodes stayed virtually the same as in 1988. Nationally, heroin and morphine deaths fell 31 percent between 1988 and 1989, as the purity of the heroin on the street was rising. Purity levels for heroin of 3 to 5 percent were once common. The DEA has recently reported purity levels at 50 percent in two major East Coast cities and 35 to 40 percent in two other cities (Belsie, 8/1/90). Reports of health emergencies related to crack smoking, not mentioned by the administration, increased tenfold from 1985 to 1987 (*New York Times*, 5/28/89).

### "Drug Babies"

Whatever the successes the administration was able to claim by selectively using emergency room figures for particular drugs, or temporary price increases, the statistics on drug-affected infants indicated not success, but failure. The number of babies born to drug-addicted mothers in New York City increased from less than a thousand in 1978 to 4,800 in 1989 (*New York Times*, 12/24/89). According to one survey in 1988, approximately 11 percent of U.S. infants tested positive for cocaine or



alcohol. One New York City Health Department official estimated that births to drug-abusing mothers had increased in New York City by about 3,000 percent over the past decade (Dorris, 6/25/90). In one study in Rhode Island, 7.5 percent of 465 women whose urine was tested had used cocaine, marijuana, speed, or opiates two days before giving birth (Byrd, 4/13/90).

### Crime

Both Republican administrations have also played a shell game with crime statistics, at times making it sound as if almost all the increases in crime were drug-related. But the entire issue of drug-related crime is problematic. There is little agreement about what drug-related crime is. The exact relationship between drugs and crime is not specified in major national data bases, and as the moral panic about drugs being engendered by the administration has increased, the willingness to cite drugs as the cause of all forms of crime has increased.

The conventional conception of drug-related crime is crime engaged in due to the influence of drug ingestion. A more useful breakdown of the ways in which drugs and crime can be related, however, has been formulated by Paul Goldstein et al. (1989), who have posited that drugs and crime can be related in three different ways: psychopharmacologically, economic compulsively, and systemically. These models are described as follows:

The *psychopharmacological* model suggests that some persons, as a result of ingesting specific substances, may become excitable and/or irrational, and may act out in a violent fashion. Psychopharmacological violence may also result from the irritability associated with withdrawal syndromes from addictive substances. Psychopharmacological violence may involve substance use by either victims or perpetrators of violent events. In this regard, substance use may contribute to a person behaving violently, or it may alter a person's behavior in such a manner as to bring about that person's violent victimization. Finally, some persons may ingest substances purposively in order to reduce nervousness or boost courage and thereby facilitate the commission of previously intended violent crime.

The *economic compulsive* model suggests that some persons feel compelled to engage in economic crimes in order to finance costly drug use. Sometimes these economic crimes are inherently violent, as in the case of robbery, and sometimes the violence results from an unintended or extraneous factor in the social context in which the economic crime is perpetrated. Such factors include the perpetrator's nervousness, the victim's reaction, the presence or absence of weapons carried by either victim or perpetrator, the intercession of bystanders, and so on.

The *systemic* model refers to the normally aggressive patterns of interaction within the systems of drug use and distribution. Most systemic violence is posited to arise from the exigencies of working or doing business in a black