An Anatomy of a Successful Strategy for Objective Fulfillment: The Case of the U.S. War on Drugs

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Abstract

This study evaluates the effectiveness of the United States' "War on Drugs" from the 1970s to the early 21st century. It focuses on reducing drug use, limiting availability, and lowering drug-related harms. Using a qualitative review of historical policies, government reports, national surveys, and academic research, the study compares policy goals with real-world outcomes. The analysis finds that enforcement strategies, such as arrests and seizures, produced only short-term reductions in drug use, while prevention, treatment, and harm-reduction measures were more cost-effective in the long term, especially for heavy users and public health outcomes. This research highlights the limitations of enforcement-focused policies, emphasizes the importance of clear objectives and broader evaluation measures, and argues for a balanced approach combining enforcement with evidence-based health interventions.

Keywords: U.S. war on drugs, enforcement-based strategies, drug-related issues.

التحليل البنيوي لاستراتيجية تحقيق الأهداف: دراسة حالة الحرب الأمريكية على المخدرات

ملخص

تُقَيِّم هذه الدراسةُ فاعليةَ «الحرب على المخدرات» في الولايات المتحدة الأمريكية منذ سبعينيات القرن العشرين حتى مطلع القرن الحادي والعشرين، مع التركيز على خفض تعاطي المخدرات، والحدّ من توافرها، وتقليل الأضرار المرتبطة بها. وتعتمد الدراسةُ على مراجعةٍ نوعيةٍ للسياسات التاريخية، والتقارير الحكومية، والمسوح الوطنية، والأبحاث الأكاديمية، حيث تُقارن بين الأهداف المعلنة للسياسات والنتائج الفعلية على أرض الواقع. وتُظهِر نتائجُ التحليل أن استراتيجياتِ الإنفاذ، كحملات الاعتقال والمصادرة، لم تُسفر إلا عن انخفاضاتٍ قصيرةِ الأمد في تعاطي المخدرات، في حين كانت تدابيرُ الوقاية والعلاج والحدّ من الأضرار أكثَر جدوى من حيث الكلفة على المدى الطويل، ولا سيما فيما يتعلق بالمتعاطين بكثافة وبنتائج الصحة العامة. وتُبرز هذه الدراسةُ حدودَ السياسات التي تركز على الإنفاذ وحده، وتؤكد أهميةَ تحديد أهدافٍ واضحة واعتماد معاييرَ أوسع للتقييم، كما تدعو إلى نهجٍ متوازن يجمع بين الإنفاذ والتدخلات الصحية القائمة على الأدلة.

الكلمات المفاتيح: حرب أمريكا على المخدرات، استراتيجيات قائمة على الإنفاذ، مشاكل متعلقة بالمخدرات.

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Introduction:

The “War on Drugs” in the United States has been a central policy initiative aimed at reducing drug use, limiting availability, and minimizing drug-related harms. However, its effectiveness remains highly debated. While some studies suggest that enforcement strategies have curtailed drug trafficking networks and lowered certain types of use temporarily, others argue that these policies have failed to address the root causes of drug consumption (MacCoun & Reuter, 2001; Kleiman, 1992). Baum (2016) critiques the overreliance on punitive measures, emphasizing that they often fail to reduce lifetime drug use or prevent initiation.

The problem lies in the variable outcomes of the U.S. drug policy: overall reductions in cocaine and heroin use have been modest, but teenage and recreational use continues to rise. Moreover, enforcement-focused strategies may contribute to social and racial inequalities without producing lasting public health benefits (Alexander, 2010/2012). MacDonald & Zagaris (1992) similarly note that heavy reliance on law enforcement often overlooks broader societal and health consequences.

This study is important because it moves beyond simple descriptive accounts of policy measures, evaluating both enforcement and health-based strategies (treatment, prevention, and harm reduction) across decades, from the 1970s to the early 21st century. The study focuses specifically on U.S. domestic policy while considering international influences, such as drug supply chains and the impact of state-level initiatives like medical marijuana legalization. Mares (2006) emphasizes the role of state-level experimentation in shaping national drug policy outcomes, highlighting the dynamic nature of drug regulation in the U.S.

Also, by combining historical policy analysis, government reports, national drug-use surveys, and academic research, this study addresses key questions: How effective has the War been on Drugs? What strategies have succeeded or failed? What lessons can inform a more balanced, evidence-based approach to drug policy? Kleiman (1992) and MacCoun (2011) argue that integrating enforcement with health interventions is essential for sustainable results. The current study attempts to explicitly test the perspective.

LITERATURE REVIEW

Over the past decades, thousands of studies have examined the U.S. War on Drugs, often producing conflicting conclusions. Early works by Cantor (1961) and Nixon (1970) emphasized the moral and criminal justice rationale for strict enforcement. Later studies, such as MacDonald & Zagaris (1992), critiqued the narrow focus on arrests and seizures, arguing that these strategies often fail to reduce total drug consumption or address public health concerns. Benson & Rasmussen (1998) highlight the economic inefficiencies of purely enforcement-based approaches, showing that high expenditures on policing and incarceration yield limited reductions in demand.

Research on treatment and prevention suggests a more detailed picture. Studies by Behrens et al. (2000) and Simons-Morton et al. (2010) show that treatment programs and school-based prevention initiatives, although slow to demonstrate results, can produce significant long-term reductions in drug use and associated harms. MacCoun (2011) points out that even modest decrease in lifetime use among heavy users can have disproportionate benefits for public health.

Besides, several studies have also examined social and racial implications of the War on Drugs. Alexander (2010/2012) and Rothenberg (1998) demonstrate that enforcement policies disproportionately affect minority communities, resulting in long-term social, economic, and political consequences. Wise (2008) reinforces this, noting that the punitive focus on certain groups undermines the equity and fairness of drug policy outcomes.

Finally, literature on state-level and international contexts shows that flexible, adaptive approaches may be more effective. Yacoubian (2007) and MacCoun & Reuter (2001) argue that legal variations across states and international jurisdictions significantly affect drug availability, use patterns, and the success of enforcement measures. These findings highlight

the need to integrate domestic and international perspectives when evaluating the War on Drugs.

The primary objective of this study is to examine how public policy strategies succeed or fail in fulfilling their stated objectives, using the United States' "War on Drugs" as a case study. Rather than assessing drug policy only in terms of moral, legal, or political debates, this research focuses on the relationship between strategic design**,** implementation mechanisms**,** and objective fulfillment**.**

In public policy, the success of an initiative depends not only on the authenticity of its goals but also on the suitability of the strategies employed to achieve them. Clear objectives, coherent strategy selection, and suitable evaluation criteria are essential for meaningful policy results. The U.S. War on Drugs offers a particularly relevant case, as it presents clearly articulated objectives, reducing drug use, limiting availability, and minimizing drug-related harms, together with decades of sustained strategic intervention.

By examining enforcement-based, prevention-oriented, treatment-centered, and harm-reduction strategies across different historical phases, this study seeks to determine which approaches contributed most effectively to objective fulfillment and which produced limited or counterproductive results. In doing so, the article emphasizes the central role of strategy choice in determining policy success and highlights the consequences of misalignment between objectives, instruments, and evaluation measures.

1- Review of Existing Literature:

Scholarly research on policy efficiency consistently emphasizes that the fulfillment of objectives depends on the alignment between goals, strategies, and evaluation mechanisms. In strategic studies, success is rarely defined by activity or expenditure alone but by the extent to which chosen strategies translate stated objectives into measurable outcomes.

Kleiman (1992) argues that public policy success requires results-oriented strategies rather than symbolic or punitive actions. In the context of drug policy, he highlights the significance of matching intervention tools to specific objectives, noting that enforcement may disrupt markets temporarily but often fails to produce sustained reductions in consumption. Similarly, MacCoun and Reuter (2001) emphasize that successful strategies must account for adaptive behavior within illicit markets, warning that poorly aligned strategies can undermine long-term objective fulfillment despite short-term indicators of success.

Furthermore, from a broader policy-evaluation perspective, Caulkins et al. (2005) stress that strategic success should be assessed using outcome-based measures rather than operational outputs such as arrests or seizures. They argue that policies often appear successful when evaluated through narrow indicators, even when core objectives, such as harm reduction or public health improvement remain unmet. This misalignment between strategy and evaluation can misrepresent perceptions of effectiveness.

In addition, Baum (2016) critiques enforcement-dominated strategies by demonstrating that their persistence is often driven by political motivations rather than empirical effectiveness. He contends that strategies rooted in punishment frequently fail to address underlying causes of policy problems, limiting their ability to fulfill long-term objectives.

Finally, while these studies provide valuable insights into strategy selection and policy evaluation, most focus either on theoretical critiques or specific policy instruments**.** The role of the present study lies in its integrated, historical evaluation of how multiple strategies, enforcement, prevention, treatment, and harm reduction have performed over time in relation to explicitly stated objectives. By systematically comparing strategic intentions with observed outcomes across decades, this article advances the discussion from whether the War on Drugs "worked" *to* how and why certain strategies succeeded or failed in fulfilling policy objectives.

2- Methodology of the Study:

This study employs a qualitative, historical-analytical methodology to assess the successful outcomes of the United States' "War on Drugs" from the 1970s through the early twenty-first century. The analysis is based on a comprehensive review of historical drug control

legislation, governmental policy documents, national drug-use surveys, and peer-reviewed academic literature drawn from criminology, public health, economics, and political science. Policy developments are examined across successive presidential administrations, with particular emphasis on comparing officially stated objectives such as reducing drug consumption, restricting supply, and minimizing drug-related harms with observed outcomes over time.

The study also relies on widely used evaluative indicators, including prevalence rates, drug prices and availability, incarceration trends, public health consequences, and broader social impacts. Rather than attempting to establish direct causal relationships, the methodology of this study adopts a comparative and interpretive approach, acknowledging the adaptive nature of illicit drug markets and the limitations of enforcement-based performance measures.

In addition, the analysis incorporates international and subnational perspectives, including U.S. supply-control efforts in Latin America and state-level policy experimentation with medical marijuana, to illustrate displacement effects and policy variation. The study also critically addresses data limitations, particularly the challenges of measuring high-risk and heavy drug use, overdose mortality, and long-term societal costs. This methodological framework enables a balanced evaluation of both short-term policy effects and long-term structural consequences, highlighting persistent gaps between policy intentions, evaluation tools, and empirical outcomes.

Finally, the contribution of this study is to bring together a comprehensive evaluation of U.S. drug policy that connects domestic enforcement, treatment, prevention, and international interventions. Unlike some authors who focus mainly on enforcement like Kleimanor international supply like Mares, the present work emphasizes both short and long-term impacts, social consequences, and policy effectiveness, highlighting the complexity and adaptive nature of drug markets. Synthesizing previous analyses into a more holistic analysis is an evidence-based perspective.

3- The United States' Ongoing Fight against Drugs:

Back in 1970, more people in USA were using strong drugs. This was partially because some American soldiers were coming back from the Vietnam War. The President at that time, Richard Nixon, said that drugs were the major problem in America. So, he signed a big new law called the Controlled Substances Act. This law had two main goals. First, it wanted to control the companies that made legal medicines. Second, it wanted to stop illegal drugs from coming into the country and being sold. This new law put all the old drug laws together into one. It also made a list of drugs and said which ones were more dangerous. In order to help with this, the government also created two new groups: the Drug Enforcement Administration (DEA) to catch people breaking the drug laws, and the National Institute on Drug Abuse (NIDA) to study drug related problems. MacDonald & Zagaris (1992) argue that creating these institutions marked a shift toward institutionalized drug enforcement, which prioritized law enforcement over public health.

Hence, when President Nixon signed this law, he talked about a survey that showed drugs were a big reason for crime on the streets. He also said that more and more young people were using drugs, which he thought was very worrying. Nixon said this was a problem for the whole country, a big crisis. He said, "We can fix this. We have the laws now. We are going to go out and make sure people follow these laws. But for these laws to work, the public needs to support them." So, what did this "war on drugs" mean? Even though the government started fighting drugs, the number of people using drugs in America did not go down. Instead, more laws were made. Kleiman (1992) notes that despite increased enforcement, drug markets are highly adaptable, which explains why user rates did not decline significantly.

Therefore, the same law that started the "war on drugs" also created a group called the National Commission of Marijuana and Drug Abuse in 1970. This latter was supposed to look at how people were using marijuana. Two years later, they said that maybe making marijuana less illegal could work better than making it a crime. But President Nixon did not agree with

this idea. The fight against drugs was already moving too fast in the other direction. Instead of changing how they dealt with drugs, President Nixon made three bigger drug laws while he was in office. One law, the Drug Abuse Office and Treatment Act of 1972, created a special office to lead all the government programs that tried to stop people from wanting drugs. This law also made the National Institute on Drug Abuse. Two more laws in 1973, the Methadone Control Act and the Heroin Trafficking Act, made rules for using methadone to help people addicted to strong drugs and made the punishments for selling heroin even worse. MacCoun & Reuter (2001) highlight that these policies focused on criminalization rather than exploring harm-reduction or treatment strategies.

The government tried many different ways to fight drugs. Sometimes, they even asked famous people to help. Elvis Presley is one example, and it is kind of a sad story. He wanted to help fight drugs and even met with President Nixon in 1970. But less than seven years later, Elvis died suddenly at age 42. When they looked at his body, they found 14 different drugs in him. It is now known that he had his own problems with drugs. It is thought that the idea of "hard drugs" being different from marijuana became clearer when Gerald Ford was no longer president, and Jimmy Carter was in office. Carter's government thought that each state should decide if marijuana should be less illegal, and it shouldn't be the federal government's job. But even though they thought this, the federal government still stayed involved in the "war on drugs." During Ford's and Carter's time as presidents, they only made two small changes to the Controlled Substances Act,mostly just adding to it. Alexander (2010/2012) criticizes this period for entrenching punitive approaches while ignoring racial and social inequalities in enforcement.

Moreover, in the early 1980s, a new big problem came up: AIDS. This disease that couldn't be cured showed how little Americans knew about it. A movie called Dallas Buyers Club, which won an award in 2014, showed this. In the 1980s, about a hundred thousand people died from AIDS, and this made more people aware of the disease. Famous people like the actor Rock Hudson also died from it, which made people pay even more attention. Simons-Morton et al. (2010) emphasize that drug use and public health crises like AIDS intersected, demonstrating the need for health-oriented interventions alongside enforcement.

People could get HIV, the virus that causes AIDS, in different ways, and using drugs carelessly was one of them. In the middle of the 1980s, a group created by the president said that selling drugs was the biggest problem caused by organized crime. Because of how much they cost and how easy they were to get, heroin, cocaine, and crack were the most commonly used drugs. Drug addiction became a problem not just in big cities, but everywhere. More and more babies were born addicted to drugs because their mothers used drugs while pregnant. Mares (2006) argues that rising drug-related harms across demographics highlighted the limitations of enforcement-only strategies.

When Ronald Reagan,and then, George H.W. Bush were presidents, they used the saying "zero tolerance for drugs." The fight against drugs became a big focus again under President Reagan (from 1981 to 1989), and the government spent a lot more money on it, more than it had since Nixon's time. Reagan's government tried to catch illegal drugs, including the ones coming into the United States from other countries. They also tried to arrest more people for drug crimes and give them longer sentences. Even though new drug laws had been made in the past, and the drug problem didn't go away, more laws were passed. The Drug Offenders Act of 1984 made special rules for people who committed drug crimes, and the Analogue (Designer Drug) Act from the same year tried to control new kinds of drugs that were similar to illegal drugs. Also in 1984, President Reagan signed the Comprehensive Crime Control Act, which aimed to make the punishments for drug-related crimes tougher. The Anti-Drug Abuse Act of 1986 made the American "war on drugs" even stronger in many ways. This law created different levels of mandatory prison time for people caught selling drugs for the first time and for people who had been caught before. It also made a difference between different forms of cocaine, calling the problem of crack cocaine use a "national epidemic." The news at

that time reported on the drug-related deaths of famous athletes, Len Bias and Don Rogers, which made the government act faster. The First Lady, Nancy Reagan, also actively promoted the well-known anti-drug campaign "Just Say No." Behrens et al. (2000) point out that the massive expansion of enforcement under Reagan did little to reduce actual drug consumption but greatly increased incarceration rates.

After the end of the Cold War, fighting drugs became a permanent priority for American leaders, and they put more and more money into it. When George H.W. Bush became president after Reagan (from 1989 to 1993), he created the Office of National Drug Policy with the Omnibus Drug Abuse Act of 1988. This office was made to give advice to the White House about drugs, to help different groups work together to control drugs, and to try to make America a country without drugs. In 1992, when Bill Clinton showed great interest in becoming president, people attacked him not just for other things, but also for using drugs in the past. His statement about smoking marijuana became famous, even in popular culture, when Clinton said he had smoked it but didn't inhale. Even with this, he won the election twice and signed several laws about drugs. Along with laws about guns, the death penalty, and gang crimes, the very big Violent Crime Control and Law Enforcement Act of 1994 also focused on special courts for drug cases, drug selling in prisons, treatment for drug problems in federal prisons, drug-free rest stops for truck drivers, and drug testing for people on probation after being convicted of a federal crime. This law made the job of the Office of National Drug Control Policy even bigger. Other drug laws passed during Clinton's time included the Comprehensive Methamphetamine Control Act of 1996, which increased punishments for making and selling methamphetamine; the Drug-Free Communities Act of 1997, which tried to get regular people involved in reducing drug abuse; the Media Campaign Act of 1998, which was aimed at young people to stop them from using drugs; and the Office of National Drug Control Policy Reauthorization Act of 1998, which gave the ONDCP more power and responsibilities. George W. Bush, the next president, did not just focus on the "war on terror." He said that making drugs legal would completely ruin the message that drugs are bad. He had the chance to show this by signing several federal drug laws, which started the next century of America's "war on drugs." The Ecstasy Anti-Proliferation Act of 2000 was made to fight the selling and use of "club drugs." The Illicit Drug Anti-Proliferation Act of 2003 tried to stop people from providing places for making or using drugs and from making money from it. This law caused many questions about whether it limited people's economic freedom, for example, for people who organize concerts. Two years later, the Combat Methamphetamine Epidemic Act of 2005 made rules to control the illegal sale of products used to make methamphetamine. This law became part of the Patriot Act in 2006. Barack Obama, who was president after that, signed the Combat Methamphetamine Enhancement Act of 2010, which added to the 2005 law. This new law put even more limits and controls on stores that legally sell products used to make methamphetamine. MacCoun (2011) emphasizes that these successive laws often compounded enforcement intensity without addressing demand-side factors or long-term drug-related harms.

3-1- The U.S and the Long Battle against Drugs Around the World:

The United States' efforts to stop illegal drugs in recent history are often tied to its broader goals in foreign countries. It's not always a straight forward fight against drugs themselves; it is often mixed with other political and international aims. One clear example of this is the relationship between the U.S. and General Manuel Noriega, who became the leader of Panama in 1981. For a while, Noriega and the U.S. had a good working relationship. He provided the U.S. with important information about what was happening in Central America, a region that the Americans were very interested in keeping an eye on. It seemed that as long as Noriega was helpful with these broader U.S. foreign policy goals, his involvement in the illegal drug trade was something the American authorities didn't pay much attention to. This lasted until 1987. In 1987, a major scandal called Iran-Contra became public. This scandal revealed some secret and controversial actions by the U.S. government. After this, in 1988,

things changed for Noriega. He was officially accused and then found guilty of working together with the powerful drug cartels from Colombia. These cartels were responsible for smuggling large amounts of illegal drugs into the United States. This shows how the U.S.'s view on drug trafficking could shift depending on its other political relationships and priorities. Mares (2006) notes that U.S. international drug policy is often influenced by both strategic alliances and political interests; rather than purely anti-drug objectives.

The administration of President Bill Clinton in the 1990s also took an active role in the fight against drugs, not just within the U.S. but also in other countries. One of their strategies was to increase the amount of aid given to farmers in countries like Peru and Bolivia. The idea behind this was to encourage these farmers to stop growing coca, the plant used to make cocaine, and instead grow other crops. This effort did see some success, with the production of coca declining in these two countries. However, there was an unintended consequence. As drug production decreased in Peru and Bolivia, it actually increased in Colombia. This meant that even though the U.S. had some success in one area, the overall supply of cocaine coming into the United States didn't decrease; in fact, it might have even increased. This illustrates the complex and often unpredictable nature of trying to control the global drug trade. MacCoun & Reuter (2001) emphasize that supply-side interventions can displace production geographically without reducing overall availability.

These examples are just a few ways the United States has been involved in international drug control efforts. The U.S. actively works with many other countries to try and stop the trafficking of illegal drugs. This happens through both large international organizations and through direct partnerships with individual countries, such as those in the Caribbean region. Initiatives like "Plan Colombia" and "Plan Merida" are further examples of the support and resources the United States has put into combating drug trade around the world, particularly in Latin America. These plans often involve providing financial aid, military assistance, and training to help these countries fight drug cartels and reduce drug production and trafficking. However, these large-scale assistance programs, which involve sending billions of dollars to fight drug cartels in Latin America, have faced a lot of criticism. Many commentators and public figures argue that these efforts are ineffective and like "tilting at windmills," meaning they are fighting an unwinnable battle. They question whether the huge investment of money and resources is actually making a significant difference in the flow of drugs. Despite this criticism, there's also the question of whether the U.S. can simply stop taking action altogether. The United States' policy on drugs has a significant influence on the international stage. It's seen as a major issue, and the U.S.'s involvement often creates paradoxical situations even outside its own borders. Many people argue that the American fight against drugs is selective, meaning it focuses on certain areas or groups for political reasons, rather than being a consistent and purely anti-drug effort. Furthermore, having been so heavily involved in the "war on drugs" for so long, and often in collaboration with other nations, the United States feels pressure to continue this fight, at least partly as a matter of national prestige and maintaining its image as a global leader in this area. Ending or significantly reducing these efforts might be seen as a sign of weakness or failure. In conclusion, the United States' approach to international drug control is a complex issue with deep roots in its foreign policy objectives. While there have been efforts to reduce drug production in certain areas, the global nature of the drug trade and shifting dynamics in different regions often lead to unintended consequences. The effectiveness and motivations behind these efforts are frequently debated, but the U.S.'s long-standing involvement creates a strong impetus to continue its fight against drugs on the world stage. Benson & Rasmussen (1998) argue that these international interventions are often shaped more by political and economic interests than by actual effectiveness in reducing drug supply.

3-2- Progression of Strategic Objectives in National Drug Control:

The national drug control strategy has kept its most important goals mostly the same since it first came out. In the beginning, the strategy aimed to decrease how many people used

drugs. It tried to cut down both the number of new users and those who continued using drugs, whether they were just experimenting or had a severe addiction. Other goals included reducing drug-related hospital visits, decreasing the import and home-grown production of illegal drugs, and making drug use less tolerable to teenagers. Hawkins et al. (1992) argue that early strategic objectives were primarily focused on prevalence reduction rather than considering broader social harms or public health outcomes.

In the 1990s, these aims became easier to understand. The focus shifted to lowering the number of people using drugs and cutting down on the negative effects related to drug use. Hence, the current strategy is now more about achieving specific, considerable results. It has set clear goals: to reduce drug use among teenagers by 10% and among adults by a similar percentage within two years. Over five years, the plan is to achieve a considerable reduction in both groups. Caulkins et al. (2005) noted that such measurable goals allow for more systematic evaluation, although they may oversimplify the complex dynamics of drug use.

"Current use" is defined as the percentage of people who report using an illegal drug in the past months, as found in surveys like the Monitoring the Future survey for teens and the National Survey on Drug Use and Health for adults. Interestingly, the current two-year goals of reducing drug use by 10% are the same as in the 1989 plan. However, the five-year goal of a 25% reduction is more ambitious than before. Additionally, the strategy also focuses on key areas like education, treatment programs, and disrupting illegal drug markets as high priorities to tackle the drug problem effectively. In contrast, Reuter (2009) argues that focusing on numbers of users alone neglects the intensity and harms of drug consumption, particularly among heavy users.

The national plan to control drugs is mainly aimed at cutting down the bad effects of drug use. However, it does not set clear goals to reduce serious issues like overdose deaths and loss of work productivity. This might be because these goals are difficult to measure accurately. There are not many consistent ways to track drug-related progress. For instance, no reliable approximation exists for how much marijuana is grown in the U.S. Also, the number of people addicted to heroin or cocaine is updated every two to three years. MacCoun & Reuter (2001) highlight the lack of reliable data on high-risk users undermines the ability to evaluate the true effectiveness of the strategy.

Because of this, the number of people who have recently used illegal drugs is one of the few reliable measures that exist. The plan expects that fewer people using drugs will lead to fewer negative effects, which is a very logical thing. However, most people who admit to using drugs are usually light users. The biggest problems with drugs mostly come from regular and heavy users, so just reducing the overall number of consumers will not automatically solve drug-related problems. For example, cutting back on casual marijuana use won't reduce drug problems as much as cutting down heavy cocaine use would. Focusing on reducing the bad outcomes of drug use may mean putting more effort into tackling drugs like cocaine, which causes more serious harm, instead of marijuana, even though more people use marijuana. This focus would be different from a policy that only tries to lower the total number of drug users. Behrens et al. (2000) emphasize that policy effectiveness should be judged not only by prevalence reduction but also by reducing harms among high-risk users.

4- Evaluating the Accomplishment of Strategic Objectives in the "War on Drugs":

The "War on Drugs" in the United States of America has had various results over the years. In the beginning, fewer Americans reported using illegal drugs each month, with a drop of about 50%. But after that, drug use rose again by around a third, although fewer people used cocaine in the mid-1990s. Since 1990, there's been a minor decrease in regular cocaine and heroin users. This could mean that some people stopped using drugs, or that new people were discouraged from starting. Kleiman (1992) argues that early reductions were often temporary, as drug markets adapted quickly to enforcement efforts.

In the 1990s, more adolescents began using drugs like marijuana, cocaine, and hallucinogens, and these numbers have remained high. By the late 1990s, marijuana use

among teens increased, with 21% of high school seniors in 2003 saying they used it in the past month. It is also very important to know that the total amount of drugs used does not always match the number of users. For example, in the 1980s, even though there were smaller number cocaine users, the total amount used stayed the same because heavier users were consuming most of it. During this era, issues like drug-related emergency room visits did not decrease; they either stayed the same or increased. MacDonald & Zagaris (1992) highlight that these metrics show enforcement alone may fail to reduce overall drug harms.

Hence, evaluating drug policies is very delicate. The amount of drugs seized by law enforcement can increase, but this does not always mean smaller amount of drugs are available, it could simply mean more drugs are being brought in. The price and availability of drugs can offer better insights. Preferably, drug policies should make drugs more expensive and more difficult to reach. On the other hand, even when cocaine prices went up due to efforts to catch drug smugglers, the increase was provisional. Smugglers found alternate routes, and prices dropped again. Over the last two decades, the street prices of cocaine and heroin have generally decreased when considering drug effectiveness, indicating increased availability. This likely makes drug use cheaper and more attractive, making it harder for current users to give up and easier for new users, especially young ones. Despite these tendencies, it is difficult to measure exactly how much cocaine is being used overall. Reuter (2009) emphasizes that market adaptability limits the effectiveness of enforcement-focused interventions.

4-1- Re-evaluating the Success of the "War on Drugs":

The "War on Drugs" has been viewed in two opposing ways. Some simple procedures suggest it might be effective, while others indicate it has not made much improvement. These basic evaluations do not take into account the complex factors involved, making them unreliable. Many people are unhappy with the results of U.S. drug policies. A lot of money has been spent over many years, but the outcomes seem small. For example, more teenagers are starting to use drugs, even though heroin and cocaine use has only slightly decreased over the last decade. Past analysis suggests current policies may not be efficient due to the complicated nature of drug use, which involves starting to use, intensity, and duration. More research is needed to find out why these policies are not working well, especially in balancing enforcement, treatment, and prevention. MacCoun & Reuter (2001) note that the mixed effectiveness reflects the complexity of drug use behavior, which enforcement alone cannot address.

It might seem surprising that treatment could be as cost-effective as enforcement in reducing drug sales. Enforcement directly stops drugs from being sold, while many in treatment relapse. If the only goal is to make everyone give up on using drugs, treatment might seem less effective. However, if the aim is to reduce the total amount of drugs used, treatment becomes more convincing. Reducing use among all users is as valuable as getting some to quit entirely. Reductions can occur during treatment, with some staying drug-free afterwards. Studies show a small number of people remain abstinent, and even they can relapse. Treatment is cheaper than enforcement, as helping a heavy user cost less than imprisoning a seller or user. Many heavy users use multiple drugs, so reducing demand for one drug through treatment could also reduce demand for others. Wodak & Cooney (2006) emphasize that treatment and harm-reduction strategies often provide higher cost-effectiveness and public health benefits compared to enforcement.

Focusing more on treatment and prevention could significantly reduce drug use, but these approaches take time to show results. Treatment relies on small improvements in abstinence and reducing lifetime use for those who do not quit completely. School prevention programs show small drops in drug use compared to those not participating. For example, prevention might reduce lifetime marijuana use by a small percentage. This small impact is expected due to the short duration of many prevention programs, but prevention remains low-cost and valuable despite its modest effects. Both treatment and prevention require time to show full

benefits. Treating a heavy user provides benefits over many years, with only a small part (about one-sixth) seen in the first year. But all costs occur in the first year. In general, looking at the big picture and in the short term, treatment and prevention need time to achieve their full impact. Caulkins et al (2010) put a strong stress on the long-term evaluations since they are essential to capture the cumulative benefits of treatment and prevention strategies.

4-2- Rethinking the "War on Drugs": Effectiveness and Alternatives

This article examines whether the U.S. "War on Drugs" has effectively reduced drug use and its associated harms, while also considering how policy effectiveness might be improved. To fully understand the impact of drug control policies, it is essential to evaluate not only their intended outcomes but also the broader social and economic side effects they produce. One commonly cited secondary benefit of these policies has been a reduction in crime associated with drug use and drug-related sales. Some research suggests that increased law enforcement spending during the 1990s may have contributed to lower drug use, which in turn could have helped reduce drug-related criminal activity. Higher incarceration rates for drug offenses may also have prevented potential offenders, who might otherwise commit crimes due to financial pressures related to drug use, from engaging in illegal behavior. Indeed, violent crime rates decreased significantly during this period, falling from 758 per 100,000 people in 1991 to 504 per 100,000 in 2001. However, attributing this decline solely to the "War on Drugs" is problematic, as social, economic, and demographic factors likely played substantial roles in reducing crime during this period (Tonry, 1995).

Despite these potential benefits, the "War on Drugs" has been widely criticized for producing serious negative consequences. Civil liberties have often been compromised, as aggressive law enforcement tactics designed to curb drug use can encroach on personal freedoms and raise concerns about the integrity of police behavior. Additionally, a strict focus on reducing drug consumption rather than mitigating harm has sometimes exacerbated public health issues. For instance, policies that restrict funding for needle exchange programs have contributed to higher rates of disease transmission among intravenous drug users, despite the proven effectiveness of such programs in reducing the spread of HIV and Hepatitis C (Des Jarlais et al., 1996). Beyond health concerns, the social and legal consequences of drug enforcement policies have disproportionately impacted minority communities. High rates of drug convictions have disrupted families, contributed to cycles of poverty, and limited opportunities for affected individuals to reintegrate into society. Children of incarcerated parents are approximately nine times more likely to experience parental imprisonment, and drug convictions can result in restricted access to public assistance programs such as food stamps or Temporary Aid for Needy Families. Housing security is also affected, as public housing authorities may evict or deny housing based on the drug-related legal history of residents or their family members. Educational opportunities are curtailed as well, with drug convictions potentially rendering individuals ineligible for federal student aid for at least one year. Furthermore, drug offenses contribute significantly to the deportation of immigrants and limit employment opportunities, particularly in government or military positions. Many states also restrict voting rights for felons on parole, and these restrictions often persist beyond the completion of their sentences, further marginalizing individuals and hindering community reintegration (Alexander, 2010).

The societal and financial burden of drug policies is unequally distributed. While families with above-average incomes often bear the direct financial costs of enforcement efforts, poorer and minority communities disproportionately shoulder the social and legal consequences, fostering racial tensions and perceptions of unfair targeting. The divide between urban and suburban experiences with drug issues further complicates policy implementation. Urban communities, often more directly affected by drug-related crime and enforcement, may view policy efforts with skepticism, while suburban communities may perceive the problem as distant or less relevant, creating conflicting public attitudes and political pressures (Beckett & Sasson, 2000).

Evidence increasingly indicates that the "War on Drugs" has failed to achieve its primary objectives, while simultaneously generating significant social harm. Public dissatisfaction with the policy has grown over time. Surveys in the mid-to-late 1990s consistently showed that most adults believed drug use in their communities had not decreased, and many even perceived it to have increased. By 1999, half of respondents considered the drug war unwinnable regardless of government intervention, and by 2001, approximately 74% of Americans believed the nation was losing the battle against drugs. Despite widespread recognition of its shortcomings, U.S. policymakers have largely maintained strict enforcement strategies. Political inertia, coupled with the framing of drug use as a moral and criminal issue rather than a public health problem, has contributed to the continuation of punitive policies even in the face of clear evidence of their limited effectiveness (Hood & Hoyle, 2008).

Several factors help explain this persistence. Political leaders often prioritize policies that demonstrate visible action over those that achieve incremental or long-term results. Supporting harsher enforcement measures may be seen as politically safer than advocating for treatment or preventive programs, which require sustained investment and whose benefits may not be immediately apparent. Drug use is frequently framed as a moral failing requiring punishment, reinforcing public support for incarceration over healthcare-oriented interventions. Policymakers may also seek absolute solutions, such as completely preventing youth drug use or curing addiction, rather than accepting smaller, incremental reductions, which are more realistic but less politically compelling (Mocan & Rees, 2005). Additionally, strategies emphasizing border control and drug interdiction often shift blame to foreign producers and are perceived as cheaper or more politically palatable options, even though they may have limited effectiveness. Local legislators, who do not directly witness the social consequences of these policies, often find it simpler to adopt tough-on-crime measures, while the broader benefits of treatment, prevention, or legal reforms remain less visible.

The perception of cost also shapes policy choices. While longer prison sentences are expensive, states often use existing prison infrastructure without increasing budgets, creating the impression of low-cost enforcement. This misperception reinforces the political appeal of punitive approaches, even though the long-term societal costs such as reduced employment opportunities, disrupted families, and recidivism—are substantial. The federal government’s continued support of longer sentences further entrenches this approach. The limited availability of rigorous evaluation data and the fragmented structure of U.S. drug policy also hinder the adoption of alternative strategies. No single official or agency possesses comprehensive authority over all aspects of drug policy, with the “drug czar” having only partial control over federal funds and no influence over state or local policies. This decentralized system, involving multiple agencies with varying priorities, makes it extremely difficult to implement coordinated, evidence-based reforms on a national scale (Reuter & Kleiman, 1986).

In summary, the "War on Drugs" has produced some limited positive effects, particularly in reducing certain types of crime, but these successes are overshadowed by the serious social, health, and economic consequences that have come with it. Many of the policies used in this campaign have disproportionately affected minority communities, leading to higher rates of incarceration, broken families, and long-term social disadvantages. At the same time, civil liberties have often been weakened as strict enforcement measures interfere with individual rights, and the overall goal of significantly reducing drug use has largely not been achieved. The continuation of harsh enforcement is driven by a combination of political priorities, structural problems in policy coordination, and cultural attitudes that see drug use mainly as a moral or criminal issue rather than a public health problem. These factors have made it hard for other approaches, such as treatment programs, prevention initiatives, and harm-reduction strategies, to get the attention and resources they need. To deal with the ongoing challenges of drug use, policymakers must rethink both the goals and methods of current drug policies. This means creating a clear national plan that focuses on measurable results, balances enforcement

with evidence-based public health interventions, and makes sure the social and economic effects of these policies are fair across all communities. Without such a complete and coordinated approach, the cycle of limited successes and serious social costs is likely to continue, and the potential benefits of health-focused strategies may remain unused.

4-3- Scenario Planning for the Future of Drug Issues and Policy Interventions in the U.S:

The trajectory of drug issues and the United States' response to them lacks clear definition, as long-term forecasting in this area remains limited. Current observations indicate a period of relative stability in the use of major illicit substances such as cocaine, heroin, and marijuana, joined with consistent law enforcement practices. However, this noticeable balance should not be mistaken for permanence, given the significant historical fluctuations in drug use patterns and the precedent of rapid shifts in drug policies both domestically as seen roughly a century ago in the U.S. and internationally. Caulkins & Reuter (2006) argue that drug markets and user behavior are highly adaptive, making long-term prediction inherently uncertain.

The absence of strong predictions for future drug policies stems from several interconnected issues. Political attention tends to be directed toward immediate concerns due to electoral cycles, and research often prioritizes questions answerable with existing data rather than exploring long-term implications. Moreover, the illicit nature of the drug market inhibits the kind of dedicated, financially supported future-oriented research that is common in legal industries like defense or energy. Consequently, the potential for substantial and swift transformations in both drug-related problems and the policies designed to address them within the next 5 to 20 years is considerable.

Several key factors are identified as potential catalysts for these changes. Firstly, the evolution of societal moral values plays a crucial role. The ongoing shift from a foundation of shared, often religiously informed morals towards a more individualized, secular ethical framework has already impacted various social domains, including sexual behavior, abortion, and gambling. This transition could similarly influence drug policies. A prevailing emphasis on individual autonomy might encourage support for the liberalization of current drug laws. On the other hand, a revival of community-centric values could lead to demands for stricter prohibitions. Babor et al. (2010) emphasize the impact of social norms on drug policy, showing that public attitudes strongly shape regulatory choices.

Secondly, trends in the consumption of legal substances, such as tobacco, could indirectly affect the use of illegal drugs. For instance, if cigarette smoking is indeed an access to marijuana use, a decline in tobacco consumption might correlate with a decrease in marijuana use. Understanding these interconnections is vital for anticipating future drug use patterns. Thirdly, the increasing dominance of state-level policy experiments, particularly in the sphere of medical marijuana legalization, introduces significant complexities and potential for broader change. These state initiatives often clash with federal laws, creating legal ambiguities and challenges to the established legal hierarchy. The resolution of these conflicts between state and federal authority could fundamentally reshape the legal landscape surrounding drug use. Kilmer et al. (2013) note that state-level policy innovation provides opportunities to study the effects of liberalized drug laws on use, crime, and public health.

Finally, the way the public and policymakers view drug issues is strongly shaped by how they think drug use relates to violent crime. When violent crime dropped noticeably in the early 1990s, it created an environment where people were more open to considering alternatives to strict law enforcement approaches for addressing drug problems. This decline made it easier for policymakers to explore strategies focused on prevention, treatment, or harm reduction instead of relying only on punishment. However, this openness is fragile and depends on violent crime continuing to stay low. If crime rates begin to rise at the same time that drug policies are becoming more lenient, public opinion could quickly turn against these approaches, creating pressure for a return to harsher, enforcement-based policies. In other words, even small changes in crime rates can strongly influence how much support there is

for more flexible or health-focused drug strategies. Miron (2001) emphasizes that the way people perceive the risk of crime is a major factor that limits the adoption of less strict policies. Even when studies show that less punitive approaches like treatment programs or prevention efforts are more effective in reducing drug harms, public fear of crime can prevent these strategies from being widely implemented. This shows that public attitudes and perceptions are just as important as evidence when it comes to shaping drug policy decisions.

Conclusion:

This study set out to examine how policy strategies succeed or fail in fulfilling stated objectives, using the U.S. War on Drugs as a long-term case study. By evaluating enforcement, prevention, treatment, and harm-reduction strategies against the policy's declared goals, reducing drug use, limiting availability, and minimizing drug-related harms, the analysis demonstrates that strategy selection is a decisive factor in objective fulfillment**.**

The findings show that enforcement-centered strategies achieved only limited and temporary success. While arrests, seizures, and supply-disruption efforts occasionally reduced availability or use in the short term, adaptive drug markets and narrow evaluation metrics constrained their long-term effectiveness. In contrast, prevention, treatment, and harm-reduction strategies, though slower to produce visible results, proved more consistent with sustained objective fulfillment, particularly in reducing heavy use and public health harms.

Therefore, the U.S. War on Drugs illustrates the risks of pursuing objectives through strategies that prioritize visibility and punishment over evidence-based effectiveness. When objectives are vague, evaluation measures are narrow, and strategies are misaligned with behavioral realities, policy results remain limited in spite of the extensive investment. On the other hand, strategies that integrate enforcement with health-oriented interventions demonstrate greater potential for long-term success.

Eventually, this study emphasizes that successful objective fulfillment in public policy requires more than strong political commitment; it requires strategic coherence, appropriate evaluation tools, and adaptability to complex social dynamics. Future drug policy and public policy more broadly would benefit from adopting a balanced, evidence-based strategic framework that aligns objectives, instruments, and outcomes rather than relying on symbolic or punitive approaches only.

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