

Cocaine

Cocaine is God's way of telling you you have too much money.
 —George Carlin

Cocaine is a powerful, short-acting central nervous system stimulant. By blocking the reabsorption of the neurotransmitter chemical dopamine into the neurons that release it, it causes a temporary acceleration of perception and thought. No one knows how much of the attraction of cocaine as a recreational drug derives from the resulting feeling of increased power, and how much from the drug's direct effects on the brain's pleasure centers.^{EN1} In any case, cocaine is powerfully reinforcing in many animal species and humans; that is, a subject who finds that a given behavior will lead to a dose of cocaine tends to increase the frequency of that behavior.^{EN2} Tolerance builds quickly within a use session, more slowly over repeated use.^{EN3}

Unlike the purely spurious sensation of brilliance that fools some users of other drugs, particularly alcohol—a sensation that derives almost entirely from the suppression of the drugtaker's higher brain functions and thus of his critical faculties—the temporary quickening of thought that cocaine produces is at least partly genuine. (The same is true of the other stimulants, such as amphetamine and caffeine.) So is the increased stamina and lengthened wakefulness that result if the drug is repeatedly taken at short intervals.^{EN4} Thus the early results of cocaine use on the job are likely to be positive; the managing partner

^{EN1} Frank Gawin, "Cocaine Addiction: Psychology and Neurophysiology," *Science* 251 (500 [29 March 1991]): 1580-1586. M. W. Fischman, "The Behavioral Pharmacology of Cocaine in Humans," in *Cocaine: Pharmacology, Effects, and Treatment of Abuse*, John Grabowski, ed. (Rockville, Md.: National Institute on Drug Abuse, 1984), 72-91.

^{EN2} J. H. Jaffe, N. G. Cascella, K. M. Kumor, and M. A. Sherer, "Cocaine-induced Cocaine Craving," *Psychopharmacology* 97 (1989): 59-64; M. W. Fischman, "The Behavioral Pharmacology of Cocaine in Humans."

^{EN3} Frank Gawin, "Cocaine Addiction."

^{EN4} M. W. Fischman, "The Behavioral Pharmacology of Cocaine in Humans," p. 42.

of a large professional services firm told me that he had learned to regard an unexplained burst of increased productivity among a group of his junior professional staff as a warning sign that they had discovered cocaine.

But if the intellectual stimulation of cocaine is not like the gold of faerie, which proves on inspection by morning light to have been nothing but straw all along, it resembles other magical gifts in coming at a price. The artificial speeding up of the nervous system produces by homeostatic reaction an inevitable slowing down, and the stimulation of the pleasure centers seems to generate a reaction syndrome in which pleasure is not experienced at all: anhedonia.^{EN5} Cocaine use can also induce anxiety. This effect can range from a generalized edginess like the effect of too much coffee to a stimulant psychosis like that typical of amphetamine injectors.^{EN6}

The period of depressed cognitive and sensory activity that follows the end of a cocaine-use session—the “crash”—can be extremely unpleasant, particularly by contrast with the preceding period of stimulation.^{EN7} The crash can be postponed by the simple expedient of taking more cocaine, but only at the price of increasing the severity of the crash when it finally comes. This gives rise to the typical “binge” pattern of cocaine abuse: a series of episodes of very heavy use (that can last, thanks to cocaine’s tendency to prolong wakefulness, for dozens of hours) separated by periods of non-use.^{EN8} Compulsive cocaine use is thus unlike the typical pattern of compulsive heroin use, which consists of a more or less consistent daily dosage without which the user begins to experience withdrawal symptoms. One could think of cocaine as producing an acute addiction—localized to the individual use session—as opposed to the chronic addiction of the opiates.

For some of the heaviest users, those in whom cocaine has destroyed the capacity to experience ordinary pleasure, the binges themselves seem to be periodic; craving for the

^{EN5} Frank Gawin, “Cocaine Addiction.”

^{EN6} Ibid.

^{EN7} R. B. Resnick and E. Schuyten-Resnick, “Clinical Aspects of Cocaine: Assessment of Cocaine Abuse in Man,” in *Cocaine: Chemical, Biological, Clinical, Social, and Treatment Aspects*, S. J. Mule, ed. (Cleveland: CRC, 1976), 219–228. This report, consistent with anecdotal accounts, has been hard to replicate. See Fischman, “The Behavioral Pharmacology of Cocaine in Humans,” p. 78.

^{EN8} Frank Gawin, “Cocaine Addiction,” p. 1581.

drug builds with the time since the last binge.^{EN9} These "coke heads" may fairly be said to be hooked in the same sense that heroin addicts are hooked. No one knows what proportion of all heavy cocaine users experience this pattern; reinforcement would also explain why, once her last crash has worn off, a cocaine user might go searching for the drug again. The situation seems to be more complicated than a simple craving for stimulation; physicians who try to help compulsive cocaine users break the cycle of compulsive use prescribe antidepressants rather than stimulants.

DIMENSIONS OF THE COCAINE PROBLEM

The User Population

As always with illicit drug consumption, accurate numbers are elusive and precise ones completely unavailable. Approximately twenty million Americans appear to have at least sampled cocaine in some form since it regained popularity in the 1970s.^{EN10} Several million still use it at least occasionally,^{EN11} and between two and three million do so weekly or more; most of the latter are probably in some degree of trouble with the drug.^{EN12}

^{EN9} Frank Gawin and Everett Ellinwood, "Cocaine and Other Stimulants: Actions, Abuse and Treatment," *New England Journal of Medicine* 318 (18 [5 May 1988]): 1173-1183; Frank Gawin and Herbert Kleber, "Cocaine Abuse in a Treatment Population: Patterns and Diagnostic Distinctions," in *Cocaine Use in America: Epidemiologic and Clinical Perspectives*, Nicholas J. Kozel and Edgar H. Adams, eds., National Institute on Drug Abuse Research Monograph 61 (Washington, D.C.: National Institute of Drug Abuse, 1985), 182-193.

^{EN10} The National Household Survey reports that 22.7 million people have tried cocaine, and 6.2 million have used it within the past year. NIDA, *National Household Survey on Drug Abuse: 1990* (Rockville, Md.: Department of Health and Human Services), 29.

^{EN11} NIDA, *National Household Survey on Drug Abuse: 1990*, p. 29.

^{EN12} For the derivation of this estimate of weekly use, see U.S. Senate, Committee on the Judiciary, "Hard-Core Cocaine Addicts: Measuring—and Fighting—the Epidemic," Staff Report, 10 May 1990; and U.S. Senate, Committee on the Judiciary, "Drug Use in America: Is the Epidemic Really

The total number of cocaine users grew by a factor of twenty or more in the period between 1975 and 1985, and has since fallen significantly.^{EN13} (The actual decrease has almost certainly not been as large as the 74 percent drop reflected in the survey figures, because some users who have not stopped using the drug have surely stopped talking about it to interviewers conducting surveys for the government.) By contrast, the number of heavy users (once a week or more often), and presumably of compulsive users, continued to grow through the 1980s, though it had probably stopped growing by 1990.^{EN14} The evidence suggests that use

Over?" Staff Report, 19 December 1990. This estimate became the center of a political firestorm because it seemed to contradict claims that the war on drugs was at last being won. Both the Director of the Office of National Drug Control Policy (the "Drug Czar") and the Secretary of Health and Human Services denounced the Senate report as politically motivated. That rather comic-opera controversy left its numerical calculations largely undisturbed, and unfortunately passage of time has left them largely unimproved on as well. See William Rhoads and Douglas McDonald, "What America's Users Spend on Illegal Drugs" (Washington, D.C.: Office of National Drug Control Policy, June 1991). The lack of anything resembling a comprehensive data collection and analysis effort to support drug abuse control programs is a low-level scandal. For an illustration and analysis of the problem, see Peter Reuter, "The (Continuing) Vitality of Mythical Numbers," *The Public Interest*, and its predecessor, Max Singer, "Addict Crime: The Vitality of Mythical Numbers," *The Public Interest* 23 (Spring 1971). See also Mark Kleiman, "Data and Analysis Requirements," in *America's Habit: Drug Abuse, Drug Trafficking, and Organized Crime: Report to the President and the Attorney General*, President's Commission on Organized Crime, 1985. Institute of Medicine, *Treating Drug Problems Vol. 1*, Dean Gerstein and Henrick Harwood, eds. (Washington, D.C.: National Academy of Science Press, 1990), 76-88. A fairly comprehensive but practicable set of reforms is recommended in Peter Reuter and John Haaga, eds., "Improving Data for Federal Drug Policy Decisions," A *RAND Note* (Washington, D.C.: Office of National Drug Control Policy, 1991).

^{EN13} NIDA, *National Household Survey on Drug Abuse: 1990*.

^{EN14} Office of National Drug Control Policy, *National Drug Control Strategy, 1991* (Washington, D.C.: The White House, 1991), Introduction, "Drugs and Crime in America." See also

has stabilized, or even begun to decline, in those areas where consumption grew first, and that it is still growing in areas where the phenomenon started later. Use and heavy use are still distributed widely across ethnic gaps and social classes, but use among whites and among the affluent has been shrinking quickly while use among African-Americans and Hispanics and among the poor has been shrinking much more slowly.^{EN15}

In the cities where samples of male arrestees have been tested for recent drug use, the measured rates of cocaine use range from a low of below one-fifth (Indianapolis and Omaha) to a high of almost two-thirds (Manhattan); in the median city, 44 percent tested positive for cocaine. Rates among female arrestees were even higher.^{EN16} Those numbers have leveled off and begun to drop in the cities where the crack epidemic hit earliest but have continued to rise elsewhere.^{EN17}

How much of the crime that led to those arrests is "cocaine-related" is completely unclear; arrestee characteristics may reflect the social customs among the class of young men who dominate the arrestee population as much as they do the determinants of criminal behavior. Police assertions about the drug-relatedness of crime seem to be largely ritual gestures, rarely based on any solid evidence.^{EN18} Unsurprisingly, however, studies of heavy

the reports from the Drug Use Forecasting studies published as "DUF Annual Reports" in the National Institute of Justice *Research in Action* series (Washington, D.C.: Department of Justice).

^{EN15} Michael Isikoff, "'Two-Tier' Drug Culture Seen Emerging: Studies Show Cocaine Use Declining Among Middle Class, Concentrating Among Urban Poor," *Washington Post* (3 January 1989): A.3.

^{EN16} National Institute of Justice, *1989 DUF Annual Report*.

^{EN17} In New York and Washington, male arrestees testing positive for recent cocaine use has dropped noticeably; in New York, from a 1988 average of 74 percent to a second quarter 1990 report of 58 percent, and in Washington, from a 1988 peak near 70 percent to a second quarter 1990 result of 46 percent. Meanwhile, though, cities such as St. Louis (38 percent in 1988 to 48 percent in second quarter 1990) and Houston (49 percent to 62 percent) have been seeing increasing percentages of cocaine-using male arrestees throughout the past two years. (*DUF reports*).

^{EN18} Paul Goldstein, "Drugs and Violent Crime," in *Pathways to Criminal Violence*, Neil A. Weiner and Marvin E.

cocaine users in poor neighborhoods suggest that they commit many income-producing crimes, including cocaine dealing.^{EN19} Until money begins to grow on the trees of the mean streets, this will necessarily be true of any expensive drug habit.

The number of reported deaths caused by cocaine soared through the 1980s, to a total of more than 3000 medical-examiner "mentions" in 1989.^{UN1} The pattern of cocaine injuries as measured by emergency room mentions was similar. The death and injury figures appear to have peaked in late 1988 and early 1989, with deaths leveling off and injuries dropping sharply, though at levels far above those of any other illicit drug and even higher than the ever-present "alcohol-in-combination."^{UN2}

The fact that the problem grew even as the number of users shrank demonstrates the inadequacy of policies directed only at reducing the total user number. The important policy goals have to do with reducing the important kinds of harm: crime, violence, and neighborhood disruption tied to dealing; crime associated with heavy use; diversion of law enforcement resources from preventing and punishing predatory crime to preventing and punishing cocaine dealing; health damage and death to users; and

Wolfgang, eds. (Beverly Hills, Calif.: Sage Publications, 1989), 16-48.

^{EN19} David Hunt, "Drugs and Consensual Crimes: Drug Dealing and Prostitution," and J. M. Chaiken and Marcia Chaiken, "Drugs and Predatory Crime," both in *Drugs and Crime* Vol. 13, Michael Tonry and James Q. Wilson, eds. (Chicago: The University of Chicago Press, 1990).

^{UN1} A medical examiner "mention" means that cocaine was detected while doing an autopsy of someone who died not by violence and not of a disease for which he was under treatment; multiple drugs may be "mentioned" on a single case. While drug poisoning need not be the primary cause of death, these medical examiner mentions are plausibly thought of as fatal overdoses. See National Institute on Drug Abuse, *Annual Data 1988, Data from the Drug Abuse Warning Network, Series 1, No. 8* (Rockville, Md.: Department of Health and Human Services, 1988): iv.

^{UN2} Alcohol alone is not counted, partly because the sheer volume would be overwhelming and partly because the DAWN system that counts drug-related injuries and deaths is maintained by the National Institute on Drug Abuse rather than the National Institute on Alcohol Abuse and Alcoholism.

damage to children exposed to cocaine in the womb or neglected by parents more interested in drug taking than in child-raising. All of these are likely to vary more or less directly with the number of heavy users; they have little to do with the number of casual users, and even less to do with the number of casual users who are employed and respectable, and thus easy targets for workplace drug testing and other "user accountability" measures.

Casual users are important in three ways: as potential problem users, as participants in indiscreet markets and thus contributors to trafficking violence and neighborhood disruption, and as sources of money to support the illicit industry. The first is the strongest reason to worry about the number of casual users. Cutting down on the number of initiations among current non-users and working to increase the rate of quits among current casual users may contribute substantially to reducing the number of heavy users in the future. The second is significant, but involves only a fraction of the casual users, those who buy in street markets or drug houses rather than from dealers who sell in bars or their own living rooms or who make deliveries directly to their customers; it is probably best addressed by user-focused enforcement efforts, preferably ones such as vehicle forfeiture, that do not require arrest and criminal processing. The third is simply an illusion, which can be dispelled by a little arithmetic: if there were four million casual users (more than twice the household survey estimate), and each of them bought \$1000 worth of cocaine per year (a generous definition of "casual"), then their total contribution to the cocaine economy would be \$4 billion, or only about one-fifth of the total: not a small number absolutely, but hardly the mainstay of the black market.^{EN20}

There have been reports of open cocaine dealing in poor rural areas, the dealers being attracted in part by the paucity of law enforcement resources in counties where twenty small towns may be served by three half-time deputy sheriffs. This is potentially a frightening development because neither the populations nor the public agencies of such areas are prepared to deal with it. Unfortunately, except for surveys, all of the existing systems for

^{EN20} NIDA, *National Household Survey on Drug Abuse: Population Estimates 1988* (Rockville, Md.: U.S. Dept. of Health and Human Services, 1989). "What America's Users Spend on Illegal Drugs," Office of National Drug Control Policy (Technical Paper, June 1991).

collecting drug-related data are concentrated in cities, the perennial centers of illicit drug dealing and consumption and still the centers of the cocaine trade, so there is no easy way to track a rural epidemic if one starts.

Health Damage to Users

More than three thousand persons per year die in the United States from pharmacological action of cocaine (frequently in combination with other drugs).^{EN21} This is a large number of overdoses, each representing a premature death and grief for the victim's intimates, but it is not a large share of the accidental-death toll, and still less of the overall mortality figures.^{EN22} By itself, it hardly constitutes a social crisis.

That figure certainly undercounts the total number of deaths attributable to cocaine taking, because it excludes those who die as a result of the chronic effects of cocaine use in the form of heart disease, stroke, and so on.^{UN3} There is no published estimate of non-acute pharmacological cocaine deaths, but it is probably substantial, perhaps larger than the count of direct overdose deaths. Nor has anyone calculated the future deaths attributable to current organic damage. But even if these chronic-disease deaths were added in, the figure would surely not approach the totals for alcohol (approximately 60,000, not counting accidents and homicides) or tobacco (approximately 400,000).^{EN23} Overweight, excessive meat consumption, lack

^{EN21} NIDA, *Data from the Drug Abuse Warning Network*, Series 1, No. 8 (Rockville, Md.: Department of Health and Human Services, 1988), pt. iv.

^{EN22} Total accidental deaths were 114,600 in 1970, 105,700 in 1980, and 93,500 in 1987. Bureau of the Census, *Statistical Abstract of the United States, 1990* (Washington, D.C.: U.S. Department of Commerce, 1990), 79.

^{UN3} A comparable count of nicotine victims would find none at all, since nicotine as used in cigarettes, cigars, pipes, and chewing tobacco simply does not generate fatal overdoses.

^{EN23} For alcohol, see National Institute on Alcohol Abuse and Alcoholism, *Sixth Special Report to the U.S. Congress on Alcohol and Health* (Rockville, Md.: Department of Health and Human Services, 1987), Table Y, p. 6. For tobacco, see Office on Smoking and Health, *Reducing the Health*

of exercise, and the failure to wear seatbelts all contribute more preventable deaths to the American mortality tables than does cocaine taking. If we are looking for good reasons to treat our current cocaine problem as a national crisis, we must look beyond the health of the current population of cocaine users.

Damage in Utero

Not all of those whose health is damaged by cocaine take it by choice. A substantial proportion of heavy cocaine users are women.^{EN24} Cocaine users tend to be in their prime childbearing years, and increasingly they are poor. Women are less likely than men to sell drugs or steal to support drug habits, and are correspondingly more likely to engage in prostitution or exchange sex directly for drugs.^{UN4} As a consequence, a substantial number of babies are being exposed to cocaine in the womb.

Cocaine is not the only drug that poses a threat to fetal health. Big-city hospitals have been dealing for years with children born addicted to heroin. Heavy drinking by pregnant women can give rise to Fetal Alcohol Syndrome, which leads to well-marked physical and developmental abnormalities.^{EN25} Even more moderate drinking is now suspected of taking a heavy toll on the fetus.^{EN26}

Consequences of Smoking: 25 Years of Progress (Rockville, Md.: Department of Health and Human Services, 1989), 161.

^{EN24} NIDA, *Annual Data 1988: Data from the Drug Abuse Warning Network* (DAWN), 30.

^{UN4} There appears to be a syphilis epidemic related to crack-house sex. See Peter Kerr, "Syphilis Cases Surge with Uses of Crack, Raising AIDS Fears," *New York Times*, 29 June 1988; Robert T. Rolfs, et al., "Risk Factors for Syphilis: Cocaine Use and Prostitution," *American Journal of Public Health* 80 (7 [July 1990]): 853.

^{EN25} E. L. Abel, *Fetal Alcohol Syndrome and Fetal Alcohol Effects* (New York: Plenum, 1984).

^{EN26} C. B. Ernhart, A. W. Wolf, P. L. Linn, R. J. Sokol, M. J. Kennard, and H. F. Filipovich, "Alcohol Related Birth Defects: Syndromal Anomalies, Intrauterine Growth Retardation, and Neonatal Behavioral Assessment," *Alcoholism: Clinical and Experimental Research* 9 (1985): 447-453. R. E. Little, et al., "Fetal Growth and Moderate Drinking in Early Pregnancy," *American Journal of Epidemiology* 123 (1986): 270-278; A. P. Streissguth, et al., "Attention, Distraction and Reaction Time at Age 7

Nicotine, too, seems to do significant damage, in part by reducing birth weight.^{EN27}

But cocaine is special in several ways. While some young people are binge drinkers, heavy, chronic drinking of the kind that generates Fetal Alcohol Syndrome tends to take years to develop. By contrast, heavy compulsive cocaine use develops rapidly and is concentrated among the young.^{EN28} In addition, since alcohol is one of the drugs taken by heavy cocaine users to blunt the unpleasantness of the "crash" and allow them to get some sleep, children born to cocaine-using mothers may have been exposed to large amounts of both drugs.

The problems of the cocaine babies do not end at birth. One reported characteristic of the victims of fetal cocaine syndrome is extraordinary crankiness with a nerve-wracking, screechy cry; cocaine babies tend to be less rewarding to care for than others. Add a difficult baby to a mother who has a competing interest in her crack pipe, and the result can be neglect amounting to abandonment. In some instances, a crack-using mother simply walks away from the hospital leaving her newborn behind; these are the "boarder babies."^{EN29}

Expert opinions differ about how significant a role cocaine plays in producing damaged and neglected children. Some studies have found a clear correlation between a mother's cocaine use immediately before delivery and the health status of her child. Other studies, more carefully controlled for other factors, have found no such correlation.^{EN30} Field reports are frightening: some

Years and Prenatal Alcohol Exposure," *Neurobehavioral Toxicology and Teratology* 8 (1986): 717-725.

^{EN27} Committee to Study the Prevention of Low Birthweight, *Preventing Low Birthweight* (Washington, D.C.: National Academy Press, 1985); Office on Smoking and Health, *Health Consequences of Smoking for Women: A Report of the Surgeon General* (Washington, D.C.: Department of Health and Human Services, 1980).

^{EN28} Persons under 30 accounted for more than half of DAWN emergency room mentions of cocaine. NIDA, *Annual Data, 1988: Data from the Drug Abuse Warning Network*, 36.

^{EN29} T. T. Chiu, A. J. Vaughn, and R. P. Carzoli, "Hospital Costs of Cocaine-Exposed Infants," *Journal of the Florida Medical Association* 77 (10): 897-900. James Willwerthy, "Should We Take Away Their Kids?" *Time* (13 May 1991): 62.

^{EN30} See Gideon Koren, Heather Shear, Karen Graham, and Tom Einarson, "Bias Against the Null Hypothesis: The

family-court judges and child-welfare officials say that they are swamped with cocaine-related cases, and school officials now facing the first wave of cocaine babies find them a particular problem.^{EN31} It would take very clever researchers considerable money and time to determine just how bad the problem really is using the careful techniques of medical research. A cruder but still useful estimate could be made much more quickly and cheaply by systematically asking the clinicians and officials who actually see the babies. For now, all that can be said with certainty is that a large but unknown number of children are suffering a substantial but unmeasured amount of damage. They, and the rest of us, will be bearing its consequences for the next several decades.

Violence and Disorder

It is not the health of users or their children that has made cocaine a front-burner issue, but the violence and disorder that surround cocaine dealing. In the 1970s, the fearsome stereotype associated with the drug problem was the junkie: the heroin-using mugger or burglar with needle tracks on his arms and larceny in his heart. In the 1980s, it became the crack dealer with his beeper, his hundred-dollar sneakers, his assault rifle, and his willingness to use it on rivals and random passersby. As city after city set new homicide records in the later 1980s, the drive-by shooting replaced the street mugging as the definitive drug-related horror.

No one actually knows how many cocaine-related shootings there have been. The rise in homicides has been less spectacular than the press has made it out to be, though it is indeed disturbing that the number of homicides has been rising in a period when the number of males in their prime

Reproductive Hazards of Cocaine," *The Lancet*, 2 (8677 [16 December 1989]): 1440-1442. If, as appears to be the case, cocaine use early in pregnancy does most of the damage, studies focused on use immediately before birth (the easiest characteristic to measure and the ones used in most of the current studies) will miss most of what is going on. Barry Zuckerman, et al., "Effects of Maternal Marijuana and Cocaine Use on Fetal Growth," *New England Journal of Medicine* 320 (12 [1989]): 762-769.

^{EN31} Anastasia Toufexis, "Innocent Victims," *Time* (13 May 1991). Peter Kerr, "Babies of Crack Users Fill Hospital Nurseries," *New York Times* (25 August 1986): B.1.

crime-committing years (ages 18 to 30) has been shrinking due to the "baby bust." The "cause" of an unsolved homicide is much easier to assert than it is to determine.^{EN32} While homicides themselves are well counted, incidents of gunfire, which can frighten a neighborhood out of its wits without actually drawing blood, are not. It is almost certain that the frequency of such incidents has increased, but no one knows by how much.

Even the concept of "drug-relatedness" turns out to be slippery on analysis. If one drug dealer shoots another in a turf war or a dispute about money, the case is clear. So too if the victim is a bystander caught in the cross-fire of such a dispute. But what if two cocaine dealers, whose profession has given them money and motive to buy heavy weapons, shoot it out in a dispute over an insult or a woman? Is that shooting "drug-related"? The cocaine trade has greatly contributed to the arms race among young men in tough neighborhoods, and that contribution may be the greatest harm cocaine has done.

Against the background of gunfire, all of the conditions incident to cocaine dealing—the crowded streets, the lookouts, the cars idling while their drivers haggle over cocaine, the fortified drug houses, even the police raids—become sources of terror to the neighbors. The terror probably does more damage than the actual violence. For every one shot, tens of thousands are scared.

Even those who are relatively unafraid may feel themselves unwelcome visitors on the streets where they live. Virtually every story of successful police and community action against neighborhood markets—and those stories are legion—ends with the observation "People started to sit on their own doorsteps for the first time in two years."

The Burden on Law Enforcement

Cocaine puts additional burdens on already overloaded urban law enforcement agencies: police, courts, prosecutors, and corrections. Because cocaine dealing is so financially rewarding and because it demands no special skills, and perhaps because as a transactional crime it doesn't seem as obviously wrong as theft, it appears to have attracted a large number of people into habitual offending. Even at the end of the 1980s, when as much as half of local law enforcement was devoted to suppressing cocaine dealing in

^{EN32} Paul Goldstein, "Drugs and Violent Crime."

some cities, kids were still waiting in line for their shot at the money cocaine dealing offered.^{EN33} In the meantime, the threshold of seriousness required in order to attract police attention to other forms of crime and disorder had steadily risen because of a sheer lack of resources. In New York City, for example, the theft of an automobile radio, involving a property loss of hundreds of dollars and serious annoyance to the victim, does not even rate an investigation.

Given the apparent rapid decline in the number of new users and particularly new heavy users, it is a fair guess that we have seen the worst of the cocaine epidemic, at least in the cities that were the first to experience major cocaine problems. Crack initiations may well have peaked as early as 1988, as a result of a combination of bad publicity about the drug in the media and bad word-of-mouth generated by the growing number of obvious "burn-out" cases. Availability continued to expand, and prices continued to drop or remain stable at low levels, until the beginning of 1990; thus it is hard to claim that the rising level of enforcement activity succeeded in putting a limit on the market. This does not, of course, mean that enforcement had no effect, still less that cocaine prohibition was a failure. Illicit cocaine, at its cheapest, costs about twenty times as much as the legal version of the same drug. Except for the small proportion of the population that dealt cocaine, had close friends or family in the trade, or lived in neighborhoods with active open markets or notorious crack houses, access to the drug remained problematic, inconvenient, and risky: not enough so to defeat a serious, determined attempt to find crack, but enough to discourage some of the merely curious. If crack use had spread as quickly through the population as did diet soft drinks or VCRs, there would have been substantially more compulsive users by the time the drug's bad reputation became well entrenched.

Having seen the worst is not the same as having the end in sight. After all, the worst of the heroin epidemic was over by 1972 or 1973; the peak of heroin initiations probably came a year or two earlier. Yet the heroin problem—largely in the persons of those who acquired heroin habits between 1967 and 1973— is still with us, because the

^{EN33} Peter Reuter, Robert MacCoun, and Patrick Murphy, *Money from Crime: A Study of the Economics of Drug Dealing in Washington, D.C.* (Santa Monica, Calif.: RAND Corporation, June 1990).

habit proved quite persistent and because law enforcement failed to close down the retail markets. Since the cocaine market today appears to involve more than twice as many compulsive users as the heroin market at its peak, cocaine has the potential to be a long-term national headache.

How bad a cocaine consumption problem we will have a decade or two hence depends largely on the extent to which open crack dealing continues to spread to those cities where it is still a minor phenomenon and to rural areas, how quickly the recruitment of new users falls off in established markets, and how persistent heavy cocaine use proves to be among the current population of compulsive users. How bad a cocaine control problem we have—how much violence cocaine dealers generate and how much of our scarce law enforcement capacity we will then be devoting to suppressing the market—depends on consumption levels and on the patterns of retail dealing. Public policies can influence those levels and patterns, and analysis can aid in designing those policies. But before asking where to go from here, we should consider how we got where we are.

THE COCAINE SURPRISE

In 1968, cocaine was a footnote, a formerly popular drug,^{EN34} a minor adjunct to the heroin market. Its stereotypical user was a middle-aged participant in the jazz/blues culture, and it was typically taken by injection. Its legal classification as a narcotic, nonsensical from a pharmacological viewpoint because cocaine stimulates the central nervous system while the true narcotics (opiates and opioids) depress it, reflected cocaine's social status as a "hard" drug. The practice of injection—common among poor users as an efficient and therefore economical way of using cocaine—served as a formidable barrier to the expansion of the market.

In 1978, cocaine was something between a curiosity and a menace, the smallest but fastest growing of the three major illicit drug markets. It was a fad among the wealthy, almost all of whom took it by insufflation (snorting), and few of whom suffered any obvious damage except to their bank accounts.^{EN35} Cocaine snorting could be a ferociously

^{EN34} For an account of cocaine's earlier popularity see David Musto "America's First Cocaine Epidemic," *The Wilson Quarterly* 13 (3 [Summer 1989]).

^{EN35} Lester Grinspoon and James Bakalar, *Cocaine: A Drug and Its Social Evolution* (New York: Basic Books, 1985).

expensive habit, at \$25 for less than half an hour of a rather subtle stimulation (so subtle, in fact, that experienced users proved unable under laboratory conditions to distinguish between cocaine and its equally nose-numbing but nonpsychoactive chemical relative procaine).^{EN36} But the textbooks and the users agreed that cocaine was not addictive, it was almost invisible in reports of deaths and injuries, and it seemed to be unconnected with property or violent crime except among high-level dealers.^{EN37}

By 1988, cocaine had become the drug problem par excellence, with a retail market nearly equal to those for heroin and marijuana combined. When U.S. voters in that year listed "drugs" as the most pressing national problem, cocaine was the drug they had in mind. It was the leading cause of sudden death among the illicit drugs,^{EN38} and the spread of retail dealing from city to city left a trail of violence in its wake. The cocaine-using "crack-head" had replaced the heroin-using "junkie" as the popular image of the menacing drug addict. What happened? How did a minor drug become so major, a seemingly benign drug so horrible?

In a word, crack happened. The rise of crack illustrates how a combination of pharmacological, sociological, and economic changes can transform the usage pattern and social impact of a drug.

While virtually everyone by now has heard of crack, only a minority actually knows what it is. The popular press has defined crack in the public mind as a cocaine derivative, more powerful, more addictive, and cheaper than cocaine itself. That definition is a mixture of fact, fantasy, and confusion. Crack is in fact something much simpler: cocaine sold in smokable form.

Because smoking any drug delivers its molecules to the brain very quickly—within a few seconds—and virtually all at once, its effects are more immediate and more dramatic than if the same quantity of the same drug is snorted.^{EN39}

^{EN36} Craig Van Dyke and Robert Byck, "Cocaine," *Scientific American* (March 1982): 128; Jerome Jaffe, "Drug Addiction and Drug Abuse," in *Pharmacological Basis of Therapeutics*, Alfred Goodman Gilman, Louis Goodman, and Alfred Goodman, eds. (New York: Macmillan, 1980); L. Rivier and J. G. Bruhn, eds., *Coca and Cocaine—1981: A Special Issue*, *Journal of Ethnopharmacology* 3 (2, 3 [March/ May 1981]).

^{EN37} Grinspoon and Bakalar, *Cocaine*.

^{EN38} *DAWN*, *Annual Data*, 1988 Series 1, Number 8, p. 53.

^{EN39} M. W. Fischman, "The Behavioral Pharmacology of Cocaine in Humans," p. 74.

The very rapid increase in drug concentration in the brain can generate the same sort of euphoric "rush" produced by injection (but rarely by snorting or swallowing).^{EN40} A small dose can provide a brief but profound drug experience.

Cocaine smoking combines the dangerous features of snorting and those of injection (except for potential exposure to AIDS through needle sharing) in a particularly insidious way. Smoking provides a rush without either the social stigma or the unpleasantness of using a needle. Smoking is a fairly cheap habit to start, because the initial dose is small. But it is an expensive one to continue; for some users the only way to maintain the high, and stave off the extremely unpleasant "crash" that is much more marked among smokers than among sniffers, is to keep smoking.

Smoking cocaine does not invariably lead to compulsive use. Nor is intranasal use of powder cocaine without risk of habituation. But compulsive use is far more common among cocaine smokers than among cocaine snorters, and some drug users who have succeeded in maintaining controlled use patterns with other drugs, including cocaine in powder form, find crack to be uniquely compelling. As people who start with snorting small amounts of cocaine powder escalate their use, they are likely to shift to a different mode of administration: smoking or, more rarely, injection. In addition, those who begin their cocaine use by smoking are likely to be younger, poorer, and socially more marginal than those who begin by snorting it, and thus to have fewer internal and external props for maintaining controlled use.

The rise of crack was simply the rise of cocaine smoking. It was accompanied by two other changes: the spread of cocaine use from affluent "thirtysomethings" down the age and socioeconomic ladders, and the collapse of cocaine prices. The three changes were interrelated in complicated ways.

Cocaine smoking preceded crack. During the late 1970s, affluent users of powder cocaine (cocaine hydrochloride), which cannot be smoked, discovered that they could convert it into anhydrous cocaine base (freebase), which can be. The process took no special skill, but required a substantial quantity of cocaine. It was also time-consuming and, as Richard Pryor notoriously demonstrated, dangerous.

^{EN40} Ibid.

Sometime in the early 1980s, cocaine dealers invented a different process for making smokable cocaine, one that did not involve the use of the ether that made freebasing so dangerous. (The resulting impurities cause the mixture to crackle when it is heated; folk etymology offers this as the derivation of "crack.") Then some underground marketing wizard had the idea of packaging smokable cocaine in individual dosage units, about one-twentieth of a gram, much smaller than the standard retail quantity for powder cocaine; thus the crack vial was born. The new packaging brought cocaine within the price range of millions of people who did not have \$100 for a gram of powder. It also vastly simplified the handling problems associated with selling something very valuable and very easily spilled. (Once the crack-making process had been discovered, cocaine smoking spread rapidly even in markets, such as Chicago's, where for one reason or another dealers continued to sell primarily cocaine powder.)

At the same time, the market for cocaine was undergoing an upheaval. The explosion of powder cocaine use during the late 1970s, fueled by a growing number of users and by the progression of some of those who had started use in the mid-1970s to heavier and heavier use as they built up cocaine tolerance and lost control of their habits, was an enormous bonanza for established cocaine smugglers and for established dealers at every level. With tried-and-true business relationships and operational practices, their enforcement risks were relatively low, but the market price was determined by the costs of new entrants who faced much higher risks and costs. In a growing market, there were enough customers to go around; prices remained high (about \$55,000 per kilogram at wholesale, about \$100 for a gram of 12.5 percent pure cocaine at retail).^{EN41} Enforcement efforts expanded, but much more slowly than the volume of sales; consequently, enforcement risk per transaction fell as the market grew. Cocaine dealers were quite literally making out like bandits.

Since the Controlled Substances Act did not repeal the laws of supply and demand, this bonanza could not last forever. Big profits continued to attract new entrants

^{EN41} National Narcotics Intelligence Consumers Committee, *Narcotics Intelligence Estimate: The Supply of Drugs to the U.S. Illicit Market from Foreign and Domestic Sources in 1980* (Washington, D.C.: Drug Enforcement Administration, 1981), 49. (This series later changed its title to *The NNICC Report*.)

faster than old ones left because of imprisonment, death, or (infrequently) the satiation of greed. Existing dealing organizations and less formal "connections" expanded their transaction volumes. Eventually the quantity that cocaine dealers were willing to offer at the existing price outstripped the quantity consumers wanted at that price, and the price began to fall sharply, to about \$30,000 per kilogram by 1983.^{UN5}

Falling prices brought crack within the reach of more and more people and allowed existing crack users to smoke much larger quantities before running out of money. The resulting increase in physical volume put more downward pressure on price by even further swamping still-limited enforcement resources. Quantities are even harder to estimate than prices, but it would be difficult to find an expert who believes that U.S. residents used as much as ten tons of cocaine in 1978 or as little as two hundred tons in 1988. Growing volumes and shrinking enforcement risks drove prices even lower, until, by the late 1980s, large shipments of cocaine in Miami sold for as little as \$10,000 per kilogram. In the retail market for powder cocaine, these wholesale price decreases were passed through primarily as purity increases. Eventually, some retail dealers stopped the practice of dilution altogether and sold virtually pure cocaine at retail, still for about \$100 per gram. Crack sold for about the same price per milligram of actual cocaine: in the most active markets, \$5 became the standard price for a 50 milligram (one-twentieth of a gram) rock.^{EN42} Crack was never cheaper than cocaine, since crack is cocaine. But as crack spread, the price of cocaine in both forms fell.

During the 1970s, retail dealing in powder cocaine tended to be discreet. The drug was traded hand-to-hand in living rooms and bars rather than on street corners or from holes in the walls of abandoned buildings. No one (except

^{UN5} Such price collapses are not restricted to illicit markets. A similar phenomenon hit the hand-held calculator market in the early 1970s; the price of a four-function calculator fell from about \$100 to less than \$20 within a year, as all the new factories built to take advantage of the opportunity to sell \$4 worth of components for \$100 came on line at once.

^{EN42} Terry M. Williams, *The Cocaine Kids: Inside Story of a Teenage Drug Ring* (Reading, Mass.: Addison-Wesley Publications, 1989), 56.

an occasional wholesaler) got shot, and the neighbors rarely complained.

The crack market stands to this carriage-trade drug dealing as McDonald's stands to Lutèce. The volumes were enormously larger; the buyers, more anonymous to the sellers, poorer, and younger. There developed street-corner markets similar to, but larger than, those in which heroin had long been bought and sold. In addition, there were "crack houses," either institutions modeled on opium dens, where crack was both sold and consumed, or simply fixed-locations, sometimes fortified against thieves and the police, where the drug was sold for consumption elsewhere.

The amounts of money available to those willing to get involved in retail dealing, though smaller than street mythology made them out to be, ^{EN43} were substantial enough, particularly for those with little legitimate opportunity, but also for others. ^{EN44} The RAND Corporation's study of the cocaine market in Washington, D.C., estimated average hourly earnings of about \$30 in cash, not counting the value of drugs consumed by the dealers from their own inventories. ^{EN45}

No other form of low-skill illicit enterprise could match retail cocaine dealing as a source of steady earnings, and the enforcement risk per dollar earned remained substantially below that for such alternative ventures as burglary. The RAND study found that, at current arrest rates, one-third of all the young African-American men in Washington would be arrested for cocaine dealing by the time they reached the age of thirty, suggesting that the proportion of those actually involved in the trade was even larger. It also found that most of the dealers were not in fact unemployed—not even marginally employed at minimum-wage jobs—but rather were using cocaine dealing to supplement legitimate earnings of about eight dollars per hour. ^{EN46} It appeared that most would have been willing to

^{EN43} Gina Kolata, "Selling Crack: The Myth of Wealth," *New York Times* (26 November 1989).

^{EN44} See T. Williams, *The Cocaine Kids*, pp. 124-125; one of the dealers described, in the Washington Heights section of Manhattan, quits the cocaine trade to go back to college.

^{EN45} Peter Reuter, et al., *Money from Crime: A Study of the Economics of Drug Dealing in Washington, D.C.* (Santa Monica, Calif.: RAND Corporation, 1990).

^{EN46} Peter Reuter, et al., *Money from Crime*, pp. 62-66.

deal more (and possibly work less at their straight jobs) but for lack of customers.^{EN47}

Neither the RAND study nor other research into street-level cocaine dealing confirms the stereotype of the retail dealer as a user who begins to deal as a way of paying for his own habit. Rather, the relationship between dealing and use appears to run in the opposite direction: adolescents attracted to cocaine dealing by money sometimes begin to use cocaine because it is easily available to them and because they can now afford it.

This progression from dealing to use, though common enough to count among the gravest risks of becoming a retail crack dealer, is far from universal. Cocaine dealers have two powerful incentives for abstaining from their own product. They see in their customers good arguments for saying no to cocaine, and they are also aware of the risks to their drug-dealing careers and their physical safety posed by using the drugs they are supposed to be selling, if using makes them unable to pay what they owe their suppliers. At least one street cocaine-dealing group, the Chambers Brothers organization (believed at its height to have been the largest in Detroit), was reportedly running a drug-free workplace. Low-level dealers were not allowed to be users; the organization had learned from experience that even a crack dealer's earnings were insufficient to support a crack habit.^{EN48}

Unlike the discreet powder dealers, crack sellers in open street markets or fixed-location crack houses were vulnerable, and thus attractive, targets for violence from thieves, dissatisfied customers, unpaid suppliers, and competitors. That made it advisable for them to arm themselves, which further increased the chances that any dispute within the trade would be settled by gunplay. There followed, in city after city, a kind of arms race as street crack dealers strove to keep up with one another's level of weaponry, and as young men inclined to violence anyway—in some cases members of preexisting street youth gangs—found that their work as crack dealers could finance their gun hobbies as well as their drug habits. Once the weapons were present, they were likely to be used not only in connection

^{EN47} Peter Reuter, et al., *Money from Crime*, pp. 76-77.

^{EN48} Isabel Wilkerson, "Detroit Crack Empire Showed All Earmarks of Big Business," *New York Times* (18 December 1988). Williams, *The Cocaine Kids*, pp. 47-48, describes a selling group that allowed its members to snort cocaine but not to smoke it.

with the drug trade but also to resolve the kinds of disputes for which earlier generations of street toughs had armed themselves with knives, zip guns, and "Saturday night specials." As the firepower of the weapons rose, so did the lethality of the disputes. City after city established new records for homicide.

Now the neighbors did complain, loudly, bitterly, and insistently. Sometimes they did not stop with complaining. A group of Detroiters burned a crack house in their neighborhood to the ground (and were acquitted of arson by a sympathetic jury).^{EN49} Eventually, and in most cases reluctantly and against their better professional judgment, police executives responded to public demand and mounted more and more vigorous retail-level enforcement efforts. By that time, the markets were so huge and blatant that they yielded bumper crops of prosecutable arrests.^{EN50} In city after city, cocaine sales cases went from fewer than 10 percent of felony prosecutions in the early 1980s to half or more by 1988.

One result of increasing enforcement pressure was to concentrate crack retailing, which had been quite widespread, into those areas where enforcement risks were lowest: high-crime, largely minority population, inner-city neighborhoods. The stream of automobiles with white drivers and suburban registrations that flowed through those neighborhoods, each pausing only long enough for their occupants to make a purchase, demonstrates that crack dealing is far more concentrated geographically than crack consumption. In economic terms, cocaine is almost certainly a net export for inner-city neighborhoods; that is, sales to suburbanites probably exceed the total cost of the drugs at wholesale. But for Harlem and East Los Angeles, as for Colombia, the social costs far outweigh the economic benefits.^{EN51}

^{EN49} Isabel Wilkerson, "'Crack House' Fire: Justice or Vigilantism?" *New York Times* (22 October 1988): A1.

^{EN50} In 1980 there were 22,655 arrests for heroin and cocaine combined, in 1989, 260,085. In that period heroin arrests grew only slightly. Federal Bureau of Investigation, *Crime in the United States, 1980, 1989* (Washington, D.C.: Dept. of Justice, GPO, 1980), 189-191 and 1990, 171-172. (These are the Uniform Crime Reports.)

^{EN51} For a description of the social impact of cocaine dealing in one poor neighborhood, see William Finnegan, "A Reporter at Large: Out There," *The New Yorker* (10 September 1990).

In the meantime, casualties among the users soared, growing even faster than consumption itself. The low rates of observed damage among powder cocaine users in the 1970s reflected several temporary conditions. A drug with a growing market has mostly new users, who have not had time to get themselves into real trouble; the early affluent users tended to have networks of social support (and alternative means of recreation) to help them control their own drug habits or to keep the consequences of uncontrolled habits private. In addition, snorting is less likely to get out of control than smoking.^{EN52}

Even as total cocaine consumption soared during the late 1980s, the composition of the market was changing. The total number of cocaine users almost certainly declined, with the number of poor users increasing and the number of nonpoor users falling sharply.^{EN53} The quantity consumed per user also rose, as compulsive binge users came to constitute a larger and larger proportion of the total user population.^{EN54} The shrinkage in the number of users reflected a general trend toward health-conscious behavior among the well-to-do, particularly those in their thirties; negative publicity about the drug in the mass media, which enjoy far more credibility among the well-off than among the very poor; and a backlash from bad personal experiences or the bad experiences of friends among the groups that had been using cocaine the longest time. At the same time, the increasing concentration of dealing, and thus of easy opportunities for purchase, in poor neighborhoods, tended to increase the proportion of users who were poor. The process of lowering the social status of cocaine use, once started, had its own momentum. As cocaine became associated with unwed teenage mothers rather than with rock stars and yuppie greed-heads, it grew less fashionable. (There's no accounting for taste.)

^{EN52} See Ronald K. Siegel, "Cocaine Smoking," *Journal of Psychoactive Drugs* 14 (4 [1982]): 277-359. Patricia G. Erickson and Bruce K. Alexander, "Cocaine and Addictive Liability," *Social Pharmacology* 3 (3 [1989]): 249-270.

^{EN53} Michael Isikoff, "'Two-Tier' Drug Culture Seen Emerging," *The Washington Post* (3 January 1989): A3. The drop in middle-class use is reflected in NIDA, *1990 National Household Survey*, p. 29.

^{EN54} U.S. Senate, Committee on the Judiciary, "Hard-Core Cocaine Addicts: Measuring—and Fighting—the Epidemic," Staff Report, 10 May 1990.

It is very unlikely that cocaine would have maintained the benign reputation it enjoyed in the mid-1970s even if smoking had never been invented. The longer a person has been using cocaine, the more likely she is to have lost control of her use of it and the greater the chance that the ill effects of long-term heavy use will have begun to show. Thus the mere fact that the average cocaine user in 1975 had a use history measured in months while the average cocaine user in 1990 had a use history measured in years would have given the drug a less savory reputation in 1990 than it had in 1975. As David Musto has pointed out, the past 15 years have largely recapitulated the cocaine experience of the late nineteenth century, with early favorable experiences being overwhelmed by later unfavorable ones.^{EN55}

But the invention first of freebase and then of crack both expanded the market and greatly magnified the associated problems. It is easy now to see that more vigorous programs aimed at controlling cocaine abuse in the 1970s might have prevented much misery later, but it was not easy to see that at the time. Insofar as crack changed the situation, its invention was as close to a genuinely unpredictable event as a major social development is likely to be. As Prometheus no doubt remarked to his brother, hindsight is always 20/20.

That, in a nutshell, is the cocaine problem we now have and how we came to have it. The problem will not go away; we cannot uninvent crack or undo the fact that millions of Americans have tried it and liked it. Can we find our way to a less bad problem?

CHANGING THE LAWS

One way to trade our current cocaine problem in for a new one would be to change the laws. The recent flare-up of discussion about drug legalization has been fueled largely by discontent with the cocaine situation and, in particular, with the violence related to cocaine dealing and the burden that cocaine-dealing cases now put on police, courts, and corrections systems.

Cocaine is a Schedule II drug under the Controlled Substances Act.^{EN56} It is prohibited in all except specific

^{EN55} David Musto, "Lessons of the First Cocaine Epidemic," *Wall Street Journal* (11 June 1986).

^{EN56} 21 U.S.C. Section 812(c). According to the Controlled Substances Act, a Schedule II drug is one that "has a high

medical uses—as local anesthetic in oral and ophthalmic surgery—in which its psychoactive properties play no part.

Changing the cocaine laws would mean making cocaine licitly available to some (nonmedical) users, under some restrictions, at some price. The challenge facing advocates of such change is to find a combination of taxes and regulations that, with appropriately designed programs, would produce a less noxious set of problems than the one we now suffer.

Before considering a general legalization, let us consider smaller steps. One group for whom cocaine might be legalized comprises those who are currently buying it illegally. Insofar as prohibition aims to prevent initiation, this is a group for whom prohibition has failed. Assuming that they will continue to use the drug, it would probably be better for them and for everyone else if they had a legal supply, most of all because their money would cease to support black-market operations. It would then be possible to concentrate enforcement efforts on the task of preventing sales to new users.

An obvious objection to such a plan is that it would decrease the quit rate among current users, not all of whom will maintain their habits if they are forced to get all of their supplies from the black market. Even if illegality failed to prevent initiation, it can still be an aid to desistance. Against the benefits of improving the welfare and social functioning of those who would have remained users anyway, one would have to set the costs of inducing some to remain trapped in cocaine use who would otherwise have escaped from it.

The apparent tendency of the quantity of cocaine consumed to grow over time, particularly if the supply is convenient and consistent, would also pose a problem for a licit supply system. A system of licit distribution of alcohol (or marijuana) can treat excessive and compulsive use as an aberration, though even for alcohol the question of whether to allow someone to drink himself to death ought to be a troubling one. In the case of cocaine, and especially crack, that question is apt to arise frequently. Since licit availability would remove one barrier to chronic intensive use—the risk and inconvenience of obtaining supplies—the risk of escalation might well be

potential for abuse," has a "currently accepted medical use in treatment or with severe restrictions," and whose "abuse may lead to severe psychological or physical dependence."
21 U.S.C. Section 812 (b).

greater within a licit-distribution system than in the current illicit market.

A policy of legal distribution to established users would also have the disadvantage of making the status "cocaine user" a legally privileged one. Doing so would pose moral (and political) problems. It would also create a perverse incentive for current non-users: one's first few, illegally obtained doses would include as a bonus a ticket to further licit use and the prospect of being able to make money by reselling legally obtained cocaine to newer users on the remaining black market. The legal distribution system would need to specify an operational definition of "current user," which might be of the form "five binges in the past month" or "weekly use for the past year." (Should we accept the user's own say-so or demand physical evidence?) There would also need to be sanctions for resale and perhaps limits on the quantity any one user could purchase.

One way to limit entry to the licit, registered-user market would be to force users to go through a humiliating ritual of identifying themselves as drug addicts, filling out forms, answering intimate questions, taking drugs on schedule and under supervision, and submitting to attempts to change their life-style. Perhaps we could find another stimulant less pleasurable than cocaine but similar enough to cocaine to serve as a partial substitute, and hand that out instead of cocaine itself, requiring oral administration or snorting rather than allowing injection or smoking. That is, we could make licit cocaine distribution resemble licit opioid distribution in methadone clinics. But there is no reason to think that any substantial proportion of today's problem cocaine users would enter such a system unless coerced either directly by a judge's order or indirectly by a drying-up of the illicit market.

If cocaine were to be legalized for current users on a commercial rather than a therapeutic model, it would be necessary to decide about price, about whether to limit the quantity available for purchase by each registered user, and about whether to sell crack as well as cocaine powder.

At first glance, the decision about crack seems the most fundamental: smoking cocaine in the form of crack appears to be far more likely to lead to heavy, chronic, compulsive use than snorting it in the form of cocaine hydrochloride powder. Thus the prospects for maintaining reasonable levels of health and social functioning among the customers of a registered-user system would appear to be far better

if they were supplied only with cocaine powder. Against that advantage, one would have to set the prospect that many potential registered users who were crack users would be unwilling to switch to the less exciting practice of snorting and therefore remain outside the system. Worse, some might seek crack-like "rushes" by injecting the powder. Others would register themselves and then trade powder for crack on the black market.

In fact, however, the entire question—and any program of making powder, but not crack, licitly available—falls to earth with the simple observation that cocaine powder can be converted into crack with minimal labor, using only reagents and utensils available in the typical kitchen. Since the invention of smokable cocaine cannot be unmade, we must make policy based on the assumption that crack will be as available as powder is.

How to set prices and quantity limits—the former determined by taxation, the latter by regulation—are interrelated questions, with a tangle of mostly unpalatable answers. The goals of diverting trade from the black market, reducing income-producing criminal activity by cocaine buyers, preventing damage to licit-market customers, and avoiding resale to new users are not all served by the same choices and therefore cannot all be served at once.

Consider first the combination of high price and high, or no, quantity limits. A reasonable upper bound on price might be the black-market price, currently about \$100 per pure gram, or \$5 per rock. At higher prices, there would presumably be some demand from users who valued the convenience, legality, and quality assurance provided by the licit and regulated market, but the bulk of the existing black-market problem would remain. If quantities were unlimited at that price, consumption by current users, and thus the money they spend for cocaine, would probably increase as a result of the decrease in search time. Those who currently sell sexual services or steal to pay for their cocaine would tend to commit more of those income-producing crimes. In addition, those who now support their cocaine habits by selling cocaine would, to the extent that the program succeeded in shrinking the market, find their source of illicit income reduced. Some would cut back their consumption, some would turn to other forms of crime, and some would do a little of each. Thus a high-price, high-quantity legalization strategy would likely increase the frequency of income-producing predatory crime and of prostitution, even as it reduced the violence linked with

cocaine dealing. In effect, the tax collector would replace the crack dealer as the ultimate recipient of the proceeds of theft and commercial sex, and those proceeds would probably rise.

One means of escape from this problem would be to impose a fairly restrictive quantity limit. A quarter-gram per week would not support chronic binge use; the maximum legal habit would be not much more expensive than heavy cigarette smoking. Such a limit would probably cover the current cocaine consumption of three-quarters or more of America's cocaine users.^{EN57}

Such a high-price, low-quantity registered-user program could serve the demands of occasional, truly recreational cocaine users with relative safety in terms of overdose risk and without providing any substantial supply for resale or impetus to criminal activity. Although nothing in the regulatory system would prevent some of those users from supplementing their licit supply on the illicit market and thus markedly elevating their risks, nothing but the current enforcement system prevents those same persons from buying large quantities on today's black market.

What a high-price, low-quantity regime would not do is eliminate the black market. Even if every current adult black-market user relied on the licit system for all consumption up to the legal limit, licit sales would replace less than one-fifth of the total current volume of black-market sales, simply because very heavy users account for the vast bulk of the total quantity consumed. Most of the costs of the black market—nuisance, disruption, adulteration, and violence—would remain.

Low-price regimes would create a different set of problems. Pharmaceutical-grade cocaine used as an anesthetic now sells on the tiny licit market for about five dollars per gram, equivalent to twenty-five cents for a standard rock of crack. This figure presumably represents the lower bound of plausible prices, since there is no apparent reason for the government to subsidize cocaine distribution.

At that price and without quantity limits, the proportion of the cocaine-using population that went on to

^{EN57} This assumes about two million heavy users out of about eight million total users, both considerably higher than the estimates from the National Household Survey. (See *1991 National Drug Control Strategy*, p. 11, and the Judiciary Committee report on "Hard-Core Cocaine Addicts.")

frequent binge use would probably be much higher than it is now, since low price and easy availability would eliminate two of the major barriers to binge use: running out of money and running out of cocaine. The effects on users' health and on the incidence of psychotic reactions from very heavy use would presumably be substantial. In addition, registration as a user would be a virtual license to print money, since registered users could take unlimited advantage of the gap between the licit price and the black-market price by becoming suppliers to new users, who would then swell the ranks of registered users, and so on. Thus the goal of satisfying the demand of current users without creating many new ones would not be achieved.

A combination of a low price and a strict quantity limit would fail to eliminate the black-market for the same reasons that a high price and a low quantity limit would; too much of the demand by heavy users would be left for the criminals to fill. In addition, it would make the status of registered user economically valuable, since the gap between the licit price and the black-market price would amount to some hundreds of dollars per year.

Thus high prices would generate user crime, while low ones would generate consumption increases. Loose quantity limits or none would open the floodgates of resale into the new-user market by allowing any registered user to supply a large number of new users, while strict quantity limits would create demand among registered users for black-market supplemental supplies, either resold or illicitly produced.

If the whole idea of supplying cocaine to persons with established cocaine habits seems unworkable—and by now it should—note that it differs from other plans of legalization only in its attempt to preserve some barrier between the entire population and cocaine use. All of the problems of pricing, quantity limitation, and form limitation would remain if cocaine purchases were legalized for all adults rather than only for current users.

Only the problem of resale to new users would tend to evaporate, since the licit system would sell to new users directly (except for minors, who would be supplied with cocaine illicitly but undetectably by adults, as is now the case with alcohol). Against that advantage would loom the disadvantage of opening the supply of the drug to everyone, not only those with the determination to make enough illicit purchases to establish a habit. The tendency to progress to problem use would probably be lower among these additional users, given their less urgent desire to try the drug in the first place, than among those who are prepared

to break the law to get it. But there is no reason to think that the rate of progression to compulsive use would be zero, and no assurance that it would be lower than the rate of experimentation-to-abuse progression now experienced in the black market; the lower search times created by licit supply would tend to increase that rate. If the licit supply had a strict quantity limit, the effect would be to prepare new customers for the remaining illicit market, which would serve both minors and those adults who wanted to buy more than the licit amount.

It is possible to assume the whole problem away with loose talk about the "total failure" of cocaine prohibition and the current availability of the drug to "anyone who wants it." If it were really true that no one who does not now use cocaine would use it if it were legal and that no one who now uses it sparingly would then use it lavishly, then legalization would transparently be a bargain, sacrificing a merely nominal prohibition in return for the abolition of a large and violent black market, the conversion of tens of billions of dollars of criminal earnings into tax revenues, and the freeing of large amounts of law enforcement capacity for use against predatory crime.

But if we abandon that utterly implausible assumption, legalization looks like a bad deal. Even the various attempts to qualify legalization or otherwise fancy it up—issuing personal use licenses, restricting licit distribution to places where the black market now flourishes,^{EN58} and so on—cannot escape the fundamental problem that, particularly in the presence of crack, freely available cocaine is likely to give rise to self-destructive habits for an unacceptably large proportion of users.

Even assuming a preference for legalization in principle, it is difficult to design a regulatory regime for cocaine that would leave a smaller cocaine problem than exists under prohibition. The tendency of the desire for cocaine to "grow by what it feeds on" makes it perhaps the least attractive candidate for legalization among all the currently illicit drugs.

CHANGING PROGRAMS

^{EN58} Ethan Nadelmann made the suggestion of legalizing cocaine sales only where they are already rampant in a forum at the Harvard School of Public Health in March 1989.

Though participants on both sides of the legalization debate sometimes speak and write as if the future of the cocaine problem would be determined almost entirely by the laws, enormous changes are also possible in programs: programs to persuade actual and potential users to change their behavior, programs offering help to and imposing control on problem users, and programs to enforce the laws we now have. This is fortunate, since the laws are in fact unlikely to be changed and the current combination of laws and programs leaves us with substantial drug abuse costs and very large control costs.

Persuasion

Of the three varieties of programs, persuasion offers the least prospect of great improvement, if only because so much of the job of persuasion is already done. Over the past decade, public attitudes have shifted massively against cocaine and cocaine users.^{EN59} The shift partly reflects personal and vicarious experience with the drug, but media and classroom campaigns can claim part of the credit. Changing attitudes have led to changed behavior: the number of current cocaine users was almost certainly lower in 1990 than it had been a decade before. (Only "almost" because the surveys on which user estimates are based tend to underrepresent the groups whose cocaine use has been growing while everyone else's has been shrinking and because increasingly negative attitudes are apt to cause a decline in self-reported use on an official survey whether or not actual use is decreasing.)

The remaining user population, especially for crack, and the groups most at risk for starting cocaine use now, are likely to be those most difficult to reach by persuasion. They are the same group of socially displaced late adolescents and young adults whose alcohol and tobacco use has fallen least. Anyone who pays attention to the national media or to in-school messages and is willing to sacrifice immediate pleasure to preserve her own health and social functioning is surely aware by now that cocaine use, and cocaine smoking most of all, is a high-risk activity. However, by one calculation, almost three in four of the weekly or more-than-weekly cocaine users are arrested in

^{EN59} Lloyd D. Johnston, Patrick M. O'Malley and Jerald G. Bachman, *Monitoring the Future, 1990* (Ann Arbor, Mich.: Institute for Social Research, 1991), Tables 12 and 13 (preliminary data).

the course of a year for something other than possessing cocaine.^{EN60} That population is not likely to respond very much to additional warnings.

Help and Control for Problem Users

There may be much more to gain from programs aimed at current heavy users, who account for the vast bulk of the cocaine consumed and who constitute a substantial proportion of the dealers. The decline in the number of new heavy users increases the value of raising the rate at which current heavy users quit, because any given increase in quitting has a greater effect on the size of the population of heavy users.

Call for the development of some drug that will act for cocaine as methadone acts for heroin—reducing the compulsion by substitution—seem to reflect a misunderstanding of the nature of the compulsion involved. Some treatment programs in England are giving controlled doses of cocaine, and even smokable cocaine, to some users in an attempt to normalize their lives. The operators of those programs report having had some success, though, as is true for many treatment programs, these claims have not been subjected to outside evaluation. The claims themselves generate considerable puzzlement among orthodox pharmacologists, since successful stimulant maintenance would be a genuinely new phenomenon, and a hard one to understand in light of the tendency of the desire for stimulants to be kindled rather than satiated by taking them.

Be that as it may, there is no reason to believe that developing new drugs is an important piece of the solution. The world is already well supplied with both short-acting stimulants, including cocaine itself, and long-acting ones such as the amphetamines. Inventing new stimulants is less important than determining whether stimulant maintenance can be made a workable treatment strategy.

It might be possible to develop a cocaine antagonist: a drug that, if taken, blocks the effects of cocaine by binding inactively to the cocaine receptor sites on nerve cells. The problem, as with the antagonist developed long ago for the opiates, would be how to get cocaine users to take it and keep taking it.

^{EN60} U.S. Senate, Committee on the Judiciary, "Hard-Core Cocaine Addicts."

The only kind of new cocaine substitute worth developing would be a powerful stimulant of which each successive dose gives less pleasure and more unpleasant side effects (as tends to be true, for example, of caffeine). The methoxylated amphetamines, such as MDMA (better known by its street name, "Ecstasy"), are reported to have this tendency,^{EN61} and there is even a tiny amount of evidence that some crack users ease off their crack use after an MDMA experience,^{EN62} but the same build-up of unpleasant side effects that prevents their long-term abuse makes them unsuitable as long-term substitutes. If these drugs have promise in the treatment of cocaine use, it is probably as adjuncts to psychotherapy rather than as maintenance vehicles.^{EN63}

But while maintenance on a substitute seems an unlikely modality of cocaine treatment, there may still be a role for drugs in cocaine detoxification. Some heavy crack users report an inability to experience normal pleasure when they are not using the drug; damage to the dopamine system is a plausible explanation for this phenomenon. Insofar as the problem is transient, and insofar as anhedonia keeps users trapped in a binge cycle, finding drugs or other aids to getting through post-cessation depression is an important goal for treatment. There are reports that some drugs have proven valuable in this regard.^{EN64} (It is worth noting,

^{EN61} See Jerome Beck, Marsha Rosenbaum, Deborah Harlow, Douglas McDonnell, Pat Morgan, and Lynn Watson, "Exploring Ecstasy: A Description of MDMA Users" (Rockville, MD: National Institute on Drug Abuse, 1989); Jerome Beck, *MDMA Controversy: Contexts of Use and Social Control* (Ph.D. dissertation, university of California, Berkeley, 1990).

^{EN62} Jerome Beck, *MDMA Controversy: Contexts of Use and Social Control*.

^{EN63} Deborah Harlow's still unpublished reports on interviews with therapists who have employed MDMA in this way are intriguing. Concerns about the reported neurotoxic effects of MDMA on laboratory animals have, to date, prevented clinical research.

^{EN64} Institute of Medicine, *Treating Drug Problems: Vol. 1* (Washington, D.C.: National Academy of Sciences Press, 1990), 175; Frank Gawin, et al., "Desipramine Facilitation Decanoate: A Preliminary Report," *Archives of General Psychiatry* 46 (1989): 322-325; F. S. Tennant and A. A. Sagherian, "Double-blind Comparison of Amantadine and Bromocriptine for Ambulatory Withdrawal from Cocaine Dependence," *Archives of Internal Medicine* 147 (1987): 109-

however, that one of these, buprenorphine, is itself a potential drug of abuse: indeed, it is the primary injected nonmedical drug in Scotland.)^{EN65}

But it remains unclear how many current heavy cocaine users want help in quitting, how many of them need to break an addictive cycle as a preliminary to longer-term treatment, or what proportion of them are likely to succeed in staying away from cocaine if they are successfully detoxified. In this respect, cocaine may be like heroin: detoxification is the easy part of quitting.^{UN6} Nor can anyone estimate convincingly how much the availability of treatment matters to the overall rate of successful cocaine quitting among various parts of the heavy-user population. Given the methodological and ethical difficulties in conducting treatment experiments, the state of knowledge is unlikely to improve much over the next few years except in the very unlikely event that someone makes a breakthrough discovery whose results are obvious on inspection.

This lack of knowledge greatly complicates the problem of deciding what to do. No one even knows how much money is now spent on publicly funded cocaine treatment, but the total is certainly less than \$2 billion per year, probably less than \$1 billion. The least that can be said, therefore, is that even if those funds are not well spent, there is little to be saved by cutting back. Given the magnitude of the problem posed by heavy cocaine users, particularly those who are poor and therefore potential clients of publicly funded programs, the potential payoffs

112; C. Dackis, et al., "Single Dose Bromocriptine Reverses Cocaine Craving," *Psychiatry Research* 20 (1987): 261-264.

^{EN65} Gerry V. Stimson, "The Social and Historical Context of Drug Policy in the United Kingdom," presented at "American and European Drug Policies: Comparative Perspectives," RAND Conference, 6-7 May 1991, Washington, D.C.

^{UN6} Some of the laboratory animal studies are mildly encouraging on this point. While animals that have been addicted to heroin and are then cut off from their supply will continue for many months to repeat, albeit less and less frequently, the behavior that used to win them heroin, cocaine-using animals display no such lasting craving. T. Thompson and R. Pickens, "Stimulant Self-Administration by Animals: Some Comparisons with Opiate Self-Administration," *Federation Proceedings* 29: 6-12. Lewis S. Seiden and Linda A. Dykstra, *Psychopharmacology* (New York: Van Nostrand Reinhold, 1977), 372.

to even moderately successful treatment are great enough to create a strong argument for increasing funding by a substantial percentage. The losses we are now suffering from uncontrolled cocaine use dwarf the potential losses from spending more money on treatment programs that may not work. But this argument provides little guidance about how to spend whatever additional money becomes available. There is no reason to think that leaving the choice either to the market of treatment providers and potential clients or the bureaucracy of state substance abuse agencies will produce an optimal result. In the meantime, in the absence of any disciplined, rational way to answer questions about how much of what kind of cocaine treatment to offer and how to divide new resources between increasing the number of treatment slots and increasing the resource commitment per slot, it is hard to say whether the political process is doing well or badly in that regard.

It is easier to say which potential clients ought to have priority for treatment attention. Cocaine-using offenders, pregnant women, and mothers of small children are particularly expensive groups to leave untreated. They all have or can be given particularly strong motivation to quit: offenders in the form of post-conviction abstinence orders with sanctions for backsliding, pregnant women and mothers in the shape of maternal concern for their babies and the threat of fitness hearings. Given how expensive and difficult it is for the state to replace even low-quality parental care, threats directed at mothers will necessarily contain a large measure of bluff. But it is worth remembering that, despite the rhetoric of the child custody system, the welfare of the child immediately in question is not in fact the only social value at stake. There is also value in deterring women who intend to have more children from continuing to binge on cocaine and women who intend to continue to binge on cocaine from having more children.

ENFORCEMENT

The bulk of the current governmental effort to control cocaine abuse takes the form of law enforcement. Cocaine dealing now absorbs a substantial share of the attention of big-city police enforcement agencies and of court time and prison and jail space.

The cost of continuing our current cocaine enforcement effort, or still more of expanding it, is the crime of other kinds that could have been prevented with the same resources. That is a very heavy cost, and it has prompted

some debate about less costly ways to control the problem: legalization and regulation, increased prevention efforts, increased treatment efforts. There has been less debate about alternative law enforcement strategies.

The federal cocaine enforcement effort takes two largely unrelated forms: interdiction efforts, aimed at making it difficult to smuggle cocaine into the United States from the regions in northern South America where it is grown and processed, and investigations of high-level domestic distribution. In addition, there is a substantial diplomatic effort, backed with a small amount of money, to encourage law enforcement in the source countries, especially Colombia. ^{EN66}

A simple cost model of the cocaine industry suggests that events in source countries are unlikely to be important in determining prices and quantities at retail in the United States, because the price at export is so tiny a fraction of the price to the end user. By the same token, source-country efforts appear to be incapable of causing physical shortages, since traffickers can develop new growing, processing, and exporting routines. Border efforts seem doomed to futility by the capacity of traffickers to respond to increased enforcement against one route or mode of smuggling by substituting a different one. ^{EN67}

Experience at the end of the 1980s illustrates the ability of the illicit marketers to adapt to changing conditions. In the late 1980s, a variety of high-tech efforts to track and intercept smuggling ships and airplanes virtually eliminated smuggling by dedicated vessels, the simplest mode and thus the most attractive to new, small, and unsophisticated organizations. This probably had little effect on the two largest confederations of processing and exporting organizations, the ones centered on the Colombian cities of Medellín and Cali. Their primary smuggling mode involves concealing cocaine in containers full of legitimate cargo, a mode untouched by aerostat balloons and E2C surveillance planes

^{EN66} See Office of National Drug Control Policy, *National Drug Control Strategy*, 1991.

^{EN67} Jonathan Cave and Peter Reuter, *The Interdictors' Lot: A Dynamic Model of the Market for Drug Smuggling Services* (Santa Monica, Calif.: The RAND Corporation, 1988); Peter Reuter, Gordon Crawford, and Jonathan Cave, *Sealing the Borders: The Effects of Increased Military Participation in Drug Interdiction* (Santa Monica, Calif.: RAND Corporation, 1988), Ch. 6, 7.

and virtually unstoppable by any plausible amount of customs inspection. The likely result of increased interdiction thus would have been to eliminate the smaller rivals of the cartels and allow them to increase their share of the market.

However, at the same time, the Medellín group virtually declared war on the rest of Colombian society, launching a series of terrorist attacks aimed primarily at judges, politicians, and journalists and demanding the end of the extradition of cocaine dealers to the United States. The government struck back, and the Medellín group soon found itself on the run, with vastly reduced capacity to export cocaine. As a result, the Cali group found itself in an enviable position: both its largest rival and its smaller competitors were, in different ways, severely curtailed in their capacity to export. Cali enjoyed the position in the cocaine market that Saudi Arabia had in the oil market in the 1970s: it could determine prices by limiting production.

The result was a wholesale price increase of about 50 percent, even as the price of unprocessed coca leaf fell. Some combination of that increase and the rising costs imposed on retail dealing by local law enforcement succeeded in pushing retail prices up. (Much of the retail price increase was manifested in decreases in street purity rather than increases in the price of a vial.) As might have been expected, the higher prices did not last. While smuggling in containers requires more sophistication and organization than smuggling in rented airplanes, at the higher prices there were great rewards for whoever established a container-smuggling enterprise. In addition, there were probably strains within the Cali group, as there are within any cartel, both over pricing strategy and over who got to sell how much. Furthermore, Colombia is not the only place from which cocaine is shipped to the United States; Peru, Brazil, and Guatemala all offer possibilities, and here again higher prices increased the incentive to find new trade routes. As a result, prices fell back to their previous levels within a year of their quick run-up.

As this is written, the new government of Colombia seems to have negotiated a peace treaty with some of the major trafficking groups. The reported terms involve a pledge by Colombia not to implement its extradition treaty with the United States in cases involving cocaine dealers, in return for the dealers' ending their terrorist war against Colombian politicians, journalists, and ordinary citizens.

At first blush, such a deal seems to be disadvantageous to the United States, and consequently U.S. embassy officials have been making discouraging public noises.^{EN68}

No doubt, a reduction in Colombian-U.S. cooperation in cocaine enforcement would lead to somewhat larger supplies of Colombian cocaine to the United States and thus presumably somewhat lower prices, particularly if the Medellín group were free to resume business. But even from a purely U.S. perspective, it is not clear that the benefits of higher cocaine prices are enough to outweigh the damage to the stability of the Colombian government at a time when South America remains poised between dictatorship and democracy, given Colombia's status as the country with the longest record of continuously democratic rule on the continent. If a continued war between the government and the traffickers could substantially reduce supplies to the U.S. market, there might be an argument, from a strictly North American viewpoint, for opposing a deal. That, however, seems an unduly optimistic reading of the likely course of events. To sacrifice a chance for civic peace in Colombia only to see cocaine prices continue to fall would be an obviously bad choice, and such a result seems more than possible.

Even those who believe that border efforts in general are largely doomed to futility have to give them some of the credit for the temporary lull in cocaine imports. It appears that the combination of Coast Guard and Customs Service efforts with some military help have succeeded, at least for a while, in getting "over the hump"; the chance of interception was so high for a while that many fewer shipments were being attempted, and total seizures actually fell. Border control moved from interdiction to deterrence, with consequent savings in the costs of processing cases. There is something to be said for a strategy that costs only money and makes sparing use of precious prison capacity. But once air and sea smuggling has been deterred, little can be gained from additional border-control efforts.

The prospects for improving matters with more high-level domestic enforcement are also dim. The quantities of money involved are simply too large to make deterrence workable: no matter how long the sentence, someone will risk it for tens of millions of dollars. The arithmetic of trying to

^{EN68} Douglas Farah, "With Ties Strained, Colombians Warn U.S. of Threat to Anti-Drug Efforts," *Washington Post* (27 June 1991): A30.

force up prices in a market as big as the cocaine market by imposing costs on major distribution organizations is very discouraging; the Federal Bureau of Prisons just does not have enough cells.^{EN69} The greatest possible benefit of high-level domestic cocaine enforcement efforts is not the costs they can impose on the distribution industry or the throughput capacity they can destroy, but the elimination of those organizations most prone to use violence and corruption as ways of doing business and the creation of incentives for the others to trade as peacefully as possible.

If source-country and border control are near the limits of their effectiveness and high-level domestic enforcement lacks the capacity to shrink the market, what is left is enforcement directed at the buyers and sellers in retail markets. Discreet sellers and their customers are so hard to catch, and their numbers are so large, that keeping cocaine away from those truly determined to have it may not be a feasible objective in some areas. But it is still possible to force flagrant markets underground by eliminating street bazaars and drug houses. Longer search times, along with fewer cues to stimulate demand, will reduce consumption somewhat. More important, it will give a little relief to the neighbors by reducing open disorder and some of the incentive and occasion for gunplay.

Retail cocaine enforcement is already the single largest activity of some local law enforcement agencies. It is necessarily profligate of punishment resources because the incentives for retail dealers to stay in the business are so great. Unfortunately, legislatures around the country have added a layer of unnecessary profligacy in the form of very long mandatory minimum sentences. A deterrence-based punishment strategy should consist of many relatively short sentences and a few long ones for those who use violence, employ children, or otherwise create extraordinary problems over and above their participation in the cocaine trade.

It is also essential to learn how to punish cocaine dealers without paying for their room and board. The very fact that a large proportion of the young, poor population is now selling cocaine suggests that the group of dealers

^{EN69} See the calculations in Peter Reuter and Mark Kleiman, "Risks and Prices: An Economic Analysis of Drug Enforcement," in *Crime and Justice: An Annual Review of Research* Vol. 7, Norval Morris and Michael Tonry, eds., (Chicago: University of Chicago Press, 1986), and in Chapter 6 of this volume.

extends beyond the group of extreme deviants. If some of them are capable of controlling their own behavior under appropriate coercive incentives, then locking them up is not the only way to be safe from them. They are good candidates for punitive labor, home confinement or curfews, and mandatory drug abstinence backed by drug testing. Prisons should be used for short sentences for all convicted dealers, to remind them that we mean business, for long sentences for the violent, and as a back-up threat for those who will not comply with the terms of alternative sentences. Making nonprison punishments work is the most important challenge facing the criminal justice system generally; the problem of punishing retail cocaine dealers may finally make it a politically salient issue.

Given adequate punishment capacity and the will to use it, flagrant drug dealing cannot continue to exist. The very openness that makes it a nightmare for the neighbors and a lure to new or recovering users makes it fatally vulnerable to enforcement as long as there is something to do with those who are caught. Where the police are ready to take information and act on it, citizens have proven to be more than willing to provide it.

There are also ways of attacking the trade without arresting dealers, either by closing down locations—boarding up drug houses under nuisance laws or for code violations, seizing property under forfeiture laws or encouraging evictions by landlords or housing authorities—or by inconveniencing or deterring the customers. Enforcement strategies directed at users have the great advantage that many users are easily deterred. Moreover, deterring some users does not generate opportunities for others, as deterring some dealers does. But such strategies also have the great disadvantage that there are many more users than dealers, and it is thus impractical to process any substantial proportion of them through the criminal process of arrest, arraignment, trial, and punishment. The key to deterring users is the development of cheap, credible threats of low-intensity punishment, enough to scare buyers away but not so drastic as to lead them to exercise their expensive (to the government) due-process rights. (Part of that development ought to be—but there is reason to fear it will not be—the creation of review mechanisms to protect the wrongly accused.)

The buyers most worth deterring—those who sell drugs or steal to support their habits—can be deterred from buying by imposing mandatory abstinence and drug testing as part

of their sentences once they are caught. Deterring other buyers requires more creativity.

Inkster, Michigan, a poor suburb of Detroit that is the unwilling home to an active street crack market, has begun to experiment with a number of such techniques. At one point, a traffic checkpoint was established at the two street entrances to a major drug market area in the middle of a low-rise housing project. Drivers were stopped and asked for their license, registration, and proof of insurance and waved through if their papers were in order. This simple expedient, involving no arrests (except for two drivers with outstanding warrants), succeeded in drying up the market while the checklane was present.^{UN7} Recently, the police have started selling fake "crack" to drive-through buyers and then seizing their cars under state forfeiture statutes, again without making physical arrests. The prosecutor's office plans to drop charges and return the vehicles for a negotiated fine of \$750.

The current cocaine enforcement effort is ferociously expensive, but it is hard to see how conditions could be improved by easing up; the costs of flagrant dealing are just too high. Neither more enforcement nor less enforcement is as useful as smarter enforcement, designed to deter the most destructive behavior and to take advantage of the vulnerabilities of the market.

^{UN7} A lawsuit forced the discontinuation of the checklane during several months of litigation. The eventual result was a ruling favorable to the town.