What is US Drug Policy?

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SHAPING POLICY DEBATE FOR ACTION

Foreword

The demand for change in US drug policy is clearly rising. In recent years, Latin American leaders—including close friends and allies of Washington—have become increasingly critical of US drug policy, as crime and violence, often linked to drugs, surge in most countries across the region. They have appealed to the United States to curb its consumption of illicit drugs and reduce the flow of profits to criminal organizations.

Since 2009, the Inter-American Dialogue has worked to encourage debate and discussion on US drug policy—and urged the US and other governments to pursue a systematic exploration of alternative approaches to address the multiple problems linked to illicit drugs. Our 2011 report, Rethinking US Drug Policy, set out a series of steps for a thorough review of US drug strategy and explained why it was necessary. This working paper is a modest attempt to discuss key elements of current US drug policy, point out their strengths and weaknesses, and highlight where changes would be desirable.

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Michael Shifter
President

Is Washington committed to a "hard-line" approach to illicit drugs? Many believe that the United States emphasizes low tolerance and harsh punishment for violators of drug laws. To be sure, the country has the world's largest per capita prison population, and drug offenses account for nearly a quarter of all those incarcerated. And it remains the single largest source of financial support for battling drug trafficking internationally.

Yet, President Obama has announced a more humane, health-based drug policy and declared that the United States is no longer engaged in a "war on drugs." Moreover, today the actual risk of being arrested, let alone imprisoned, solely for using or possessing small quantities of drugs is extremely low. This has led some observers to conclude that the US has become largely indifferent to drug abuse. The growing number of states that allow sales of "medical marijuana" reinforces

that view, as does the 2010 referendum in California on marijuana legalization, which lost by a small margin. Many in Latin America believe that even large scale drug dealers are tolerated in the United States, provided they carry out their business discretely, that is with limited violence or disturbance.

The fact is that US drug policy—like policies in many other areas—is complex and fragmented. It has no consistent framework or strategy, or even a broad guiding mission. The policy consists of many disparate, sometime contradictory, elements. No central authority shapes the policy or manages its implementation. Although no consensus on a new approach has emerged, most people, in the United States and elsewhere, are convinced that Washington's drug strategy has largely been a failure. But current and former US drug policy officials forcefully reject most of the criticism, strongly defend the strategy, and dismiss alternatives as unworkable.

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The Inter-American Dialogue set out to probe, sort, and try to reconcile the multiple, often contradictory beliefs about US drug policy. Our efforts were designed both to clarify what the policy is and bring attention to it incongruities. This exercise focuses on three aspects of the policy—what its declared objectives are, how it uses available resources, and what data it collects. Although we acknowledge that we are more critical than approving, our idea was not to evaluate, praise, or criticize US drug policy, but rather, to try to determine what it is, what it is trying to accomplish, and how it is implemented. There are today increasing pressures to rethink and reshape US policy, but before recommending how it should be altered or reinforced we thought it was important to have a clearer sense of what it is. This brief report only scratches the surface. We hope it provokes others to dig more deeply.

Objectives and Consistency

What are the stated objectives and priorities of the US government with regard to illicit drugs, domestically and internationally?

According to the White House Office of National Drug Control Policy (ONDCP), the central objectives are to "[curtail] illicit drug consumption in America and [reduce] the consequences of drug abuse that threaten our public health and safety." Specific aims include:

- decrease drug use among youth and young adults by 15 percent within five years;
- cut the total number of chronic drug users by 15 percent;
- decrease drug-induced deaths and drug-related morbidity by 15 percent;
- reduce the incidence of driving under the influence of drugs by 10 percent.

The strategy does not indicate how these targets were selected, identify which agencies have most responsibility for pursuing them, or estimate the likelihood they will be achieved. Indeed, there is no evidence that the targets stem from serious analysis of what realistically can be accomplished—nor that they are related to or aligned with specific budgetary outlays. Precise goals and timetables are somehow established, but they do not appear to be taken seriously by the more than 20 federal agencies involved in anti-drug activities.

Complementary objectives offer vague, barely defined aspirations for improvement. They include:

- strengthen efforts to prevent drug use in our communities;
- seek early intervention opportunities in health care;
- integrate treatment for substance abuse disorders into health care and expand support for recovery;
- break the cycle of drug use, crime, delinquency and incarceration;
- disrupt domestic drug trafficking and production;
- strengthen international partnerships;
- improve information systems for analysis, assessment and local management.

What is striking is the emphasis on domestic drug problems. At a time when Latin American governments feel deeply threatened by a surge in drug-fueled violence, which

they mostly blame on the enormous US appetite for illicit drugs, only one of the policy's eight key objectives addresses anti-drug efforts beyond US borders. Although the bulk of US aid to the region is now directed at combating drugs and crime, Latin Americans have never been more critical of US drug policy than they are today.

Internationally, the United States sees its role broadly as helping countries deal with the danger of "[d]rug trafficking organizations, associated criminal organizations and the activity that fuels them—the transport and distribution of illicit drugs…." Operationally, US agencies continue to stress traditional supply-side approaches, such as law enforcement, interdiction and crop eradication, although they are also paying more attention to the need to bolster government institutions and the rule of law.

How much have objectives changed in the past twenty to thirty years? What motivated the changes?

The United States government's declared drug policy objectives have evolved considerably through four presidential administrations. However, during those past two decades, implementation has lagged behind policy statements (as elaborated in Appendix A).

President Obama has introduced important changes in rhetoric about US drug policy. He has called for shifting the central focus to public health (which was also emphasized by the Clinton administration) and "evidence-based" policies. The White House has also stopped using the longstanding "war on drugs" metaphor, adopted four decades ago by President Nixon.

New measures have been introduced to alleviate the harm associated with drug use and to reduce inequities in drug law enforcement. For example, federal funding was made available for needle-exchange programs to help prevent the spread of HIV/AIDS, and sentences for crack cocaine, which were harsh in comparison to those for powder cocaine, were moderated. Still, the broad direction and implementation of policy has not changed all that much. Despite growing criticism from Latin America, Washington's international drug programs continue largely unaltered aside from a modest shift toward institution strengthening.

The biggest shift relates to the treatment of heavy drug users. Thirty years ago, addicts were viewed as a hopeless, fringe group, all but ignored by policy. When a Rand study demonstrated that addicts, although only 20 percent of drug users, consumed more than 80 percent of all illicit drugs, that mindset began to change, and US policy began more and more to emphasize the treatment and rehabilitation of addicts.

Despite growing criticism from Latin America, Washington's international drug programs continue largely unaltered.

One goal that has remained virtually constant since the 1980s is the reduction of drug use among youth, usually with specific numerical targets. Policy has also consistently focused on the parallel goals of curbing drug availability and lowering the number of adult consumers. In each case, the objectives target the number of drug users and not the amount of drugs purchased or consumed. It has apparently been just too difficult to secure data on sales and consumption patterns.

The gradual evolution in policy goals has been shaped by various factors, including changes in nature and perceived severity of different drug problems in the US. Although cocaine and heroin consumption has diminished only modestly in the past decade, it is considerably lower than during peak usage in the 1970s and '80s. And as national crime rates have declined, criminal activity associated with drug use is no longer viewed as the central problem. Americans have lost their sense of urgency about drugs, and that means pressure to make major policy changes is limited.

Still, no matter how priorities and goals have changed over time, the myriad US drug control agencies operate in approximately the same way they always have. Law enforcement agencies are justifiably proud when they interdict a large shipment of cocaine or marijuana or capture or kill a drug kingpin. Yet, they offer no sense of the impact on supplies or price when, for example, they engineer a major cocaine bust. There is no public information on how much cocaine would have to be impounded to affect prices. Nor is there is real evidence on how the elimination of a top drug leader affects violence or drug trafficking.

2012 National Drug Control Budget—Enacted

Figures rounded to the nearest 100 million

Function	Billions of dollars	Percent Total
DEMAND REDUCTION		
Prevention	$1.4	*6%*
Treatment	$8.7	*35%*
Demand subtotal	**$10.1**	***41%***
SUPPLY REDUCTION		
Domestic Law Enforcement	$9.4	*37%*
Interdiction	$3.6	*14%*
International	$2.1	*8%*
Supply subtotal	**$15.1**	***59%***
TOTAL	**$25.2**	

Source: Office of National Drug Control Policy, 2012

Are the declared policy objectives and priorities of different government agencies consistent with one another?

The sixteen government agencies involved in anti-drug activities do not necessarily align their objectives with those of the White House or even each other. Like previous strategy documents, the 2012 drug control strategy issued by the ONDCP is designed to establish the basis for policies and priorities of these agencies (see Appendix B). However, there is no central authority that shapes or oversees their activities.

Some analysts and policy officials argue that current inter-agency processes allow for ample collaboration among decision makers across the bureaucracy. Others assert that, for the most part, individual agencies set their own policy course and act independently. They point, for example, to the Drug Enforcement Administration (DEA). It maintains standard patterns of operation throughout the world, but its activities are only loosely integrated with other US programs in different countries and regions.

Do state and local government agencies' policies and practices conform to Washington's policies and priorities?

Although states and localities, by existing estimates, spend more on drug control than the federal government, the available data and reporting are neither comprehensive nor systematic enough to draw firm conclusions. Many observers think that, in most places, local priorities determine expenditures and practices. States' adoption of medical marijuana laws, despite strong opposition from Washington, and the range of treatment of drug abusers across different states and cities underscore the lack of national drug-control norms. Prevention programs vary widely from school district to school district; local police departments mostly determine enforcement priorities and tactics.

ONDCP provides "fact sheets" about state-level anti-drug activities, but they are intended to showcase specific programs, particularly federal block grant programs, and not national policy. Currently, federal statistics are often used as if they are national. However, state and local policies, carried out at the discretion of local officials and police, often diverge substantially from federal policy. In order to develop an accurate and complete portrayal of US policies, far more data and analyses of local and state practices is needed. There is not adequate information to explain what US drug policy is nationwide.

Expenditures

How much is spent on US drug policy?

The federal government spends about $25 billion a year on drug control. It is estimated that the same, if not more, is spent by state and local authorities. More than 90 percent of federal spending is allocated for use within the United States. Nearly all of these expenditures go to treatment or law enforcement (roughly $10 billion each). About $1.5 billion is spent on prevention programs. Another $3.5 billion goes to border interdiction efforts.

International expenditures amount to less than 8 percent, or $2 billion per year, of federal spending on drug control—or about 3 or 4 percent of overall US anti-drug spending.

These budget numbers, however, provide only a rough indication of how the government uses its resources to deal with illicit drugs. There is, in fact, no overall federal budget for drug control that is tied to the priorities and objectives of the White House. Each of the seventeen federal agencies negotiates its own budget with Congress. There is no single accounting method for how expenditures are defined and classified from agency to agency. Each agency carries out its designated programs with no general accountability for the

Key Drug-Related Data Collections

Prevalence of illegal drug use

- *National Survey on Drug Use and Health (NSDUH)* by the Substance Abuse and Mental Health Services Administration (SAMHSA)
  Annual survey of 70,000 individuals—gathers information on alcohol, tobacco and illicit substance use.
- *Monitoring the Future (MTF)* by National Institute on Drug Abuse (NIDA)
  Surveys 50,000 students in 8th, 10th and 12th grades on drug use and availability of drugs with annual follow-up surveys sent to a selection of the graduates.

Public health consequences of illegal drug use

- *Drug Abuse Warning Network (DAWN)* by SAMHSA
  Drug-related hospital emergency department visits and drug-related deaths.
- *HIV Surveillance Report* by Centers for Disease Control and Prevention (CDC)
  Reports on the spread of HIV and AIDS and how drug use contributes to this.

Substance abuse treatment

- *Treatment Episode Data Set (TEDS)* by SAMHSA
  Compiles data on admissions to and releases from substance abuse treatment facilities—only federally funded treatment services.
- *National Survey of Substance Abuse Treatment Services (N-SSATS)* by SAMHSA
  A supply-side measure providing facility-level data on the location, characteristics, services offered and number of clients in treatment at both public and private alcohol and drug abuse facilities.

Illegal drug markets

- *Arrestee Drug Abuse Monitoring (ADAM II)* Program by ONDCP
  Measures drug use among both those arrested and those charged with a crime.
- *System to Retrieve Information from Drug Evidence (STRIDE)* by DEA
  Price and purity data from all seized drug exhibits processed through DEA laboratories—includes drug samples from both federal and local law enforcement.

totality of drug spending—or its results. Federal monies are also allocated to state and local groups, each of which spend it on their own programs—and no central authority tracks the expenditures or what they produce.

How has the allocation of resources changed over time?

The amount and composition of anti-drug spending has not changed markedly over the past dozen years or so, remaining unaffected by announced shifts in priorities and objectives (see Appendix C). Since the 1990s, spending on demand reduction has consistently been about two-thirds of the spending on supply reduction.

The Obama administration's increased emphasis on curbing domestic demand is reflected in the 2012 and 2013 budgets. Spending to reduce drug demand, through treatment and prevention, exceeds spending on all domestic law enforcement. When international expenditures are included, however, spending to reduce demand remains steady—still about two-thirds of what is spent to curtail supply. Declared changes in national drug policies are rarely translated into substantial modifications of budget allocations among agencies or programs.

Data

What drug-related data are collected regularly? How are they used to develop, implement and evaluate policies and programs?

The dismal state of data on every aspect of the drug problem remains a substantial impediment to effective policy making, implementation and evaluation. The poor quality of basic data collected by the US government, and its weak alignment with policy goals, frustrates efforts to assess policies and programs, compare results across countries and devise and estimate the impact of new approaches. What

information is produced is often not fully accessible or it comes from agencies that employ different definitions and methodologies, yielding conflicting and confusing results.

It is never easy to compile reliable statistics on illegal activities. But much can be done to remedy the incomplete, incongruent and often contradictory data on drugs. Drug problems cannot be seriously addressed as a health issue unless data on drug use and addiction meet the standards used for other major health and medical challenges. The one exception is federal drug treatment programs: Data collection for these programs has improved markedly and now allows for serious evaluation.

The most useful data come from two sources, the National Survey on Drug Use and Health (NSDUH) and Monitoring the Future (MTF). Both of these ongoing longitudinal studies measure the prevalence of illicit drug use in the US population—that is, how many people have used a given substance in a specified time period. Both NSDUH and MTF have been collecting the same information for decades.

Drug problems cannot be seriously addressed as a health issue unless data on drug use and addiction meet the standards used for other major medical challenges.

In fact, prevalence data may carry too much weight in shaping US drug control policy, mainly because other critical information—such as the amount and value of the drugs consumed, their cost and purity in the marketplace, their damage to health and the violence they provoke—is not collected systematically. Since the 1980s, the US government's priority goals have always focused on reducing the prevalence of illicit drug use.

Despite the high quality of NSDUH and MTF data, these surveys have notable limitations. Their data are insufficient for analyzing the consequences of changing prevalence rates—the extent to which they affect crime rates and health problems, for example. Moreover, they more dependably estimate the number of marijuana users than the numbers of cocaine and heroine consumers, who tend to have less stable living situations and respond poorly to surveys.

Data is critical for designing and implementing drug strategies, yet little reliable or continuing data on illegal drug markets have been generated. These data are particularly expensive and difficult to collect. Unfortunately, without dependable and consistent information on the price and availability of different drugs in the United States, the volume of drugs entering US territory and the total revenue from drug sales in the country, there is little basis upon which to develop effective anti-drug policies or evaluate the results of current approaches and possible alternatives. Without that information, it is impossible, for example, to assess the value of eradication and interdiction programs, mainstays of the US international drug control strategy. Absent data on the overall volume of drugs entering the country and the profits they generate, it is not very useful to know how much coca leaf is destroyed overseas or the quantity of cocaine intercepted en route to the United States.

International supply-side data may be the least reliable of all. The UN Drug Agency's numbers are often at wide variance with US estimates regarding potential cocaine production (a curious measure in any case) and the value and quantity of drug seizures. Moreover, the value of this data is contested by experts who maintain that the cocaine trade is largely unaffected by the amount of coca leaf produced or eradicated—or by the interdiction of cocaine shipments.

And there are other problems. Access to raw data produced by many drug agencies is never thoroughly evaluated because it is off limits to most independent, non-government analysts. The DEA, for example, refuses to make raw data available to outside researchers, despite widespread concerns about the use it makes of the data and questions about the quality of its own analyses.

At the same time, there is virtually no effort to measure the collateral costs and damage of US anti-drug measures. The immense financial costs of punitive drug policies are getting attention in state and local budget battles. The need to pay for police and prisons are only part of the price, which also includes the disruption of lives, careers and families; vastly overburdened courts; and the nation's diminished image abroad. Data on these components of the issue are in short supply.

Conclusions

The multiplicity of federal, state and local anti-drug measures in the United States does not add up to a coherent policy. There is no unifying framework or set of achievable goals that drive US drug control efforts.

The result has long been a sizeable gap between the stated goals of national drug control policy and its actual content and implementation. Like those of its predecessors, the Obama administration's declared priorities do not appear to be moving policy in any particular direction. The federal budget for drug control remains largely unchanged, giving most agencies and programs the same allocations as in previous years. States and cities continue to have wide latitude to pursue their own strategies—sometimes pulling in the opposite direction of the federal government.

With the largest per-capita prison population in the world, US anti-drug policies seem to be among the most draconian anywhere. At the same time, by allowing marijuana to be sold for medical purposes, sixteen of the country's fifty states have essentially lifted criminal penalties for marijuana—and other states may soon follow suit. Indeed, there are few places in the United States that actively prosecute possession of small quantities of any drug. Contrary to widely held impressions, few Americans are sent to prison today simply for using drugs.

The confusion is reflected not only in budgets and policy declarations, but also in the grave deficiencies in the collection and use of data. Agencies routinely collect data that bear little relationship to policy objectives and offer little guidance for their own activities. This means we cannot accurately measure the extent to which stated policy objectives are being pursued nor seriously evaluate the effectiveness of drug policies and programs.

Inertia appears to be the main driver of US drug policies and programs.

Overall, inertia appears to be the main driver of US drug policies and programs. Bureaucratic interests have developed and hardened over the years and today staunchly defend the status quo. Washington's powerful anti-drug agencies have generally resisted new ideas or approaches. Change is visible at the state and local levels, but it is still hard to identify clear patterns and directions.

Appendix A

Comparing National Drug Control Strategies, 1989–2011

Year	Targets	Domestic goals	International goals
1989 (Bush/Bennett)	10% reduction in 2 years 50% reduction in 10 years of —Overall drug use —Adolescent drug use —Occasional cocaine use —Drug-related medical emergencies —Drug availability —Domestic marijuana production —Student acceptance of drug use 50% reduction in 2 years 50% reduction in 10 years of —Frequent cocaine use —Adolescent cocaine use	—Increase enforcement through the criminal justice system —Expand and improve treatment —Use education, community action and the workplace to prevent drug use —Interdiction at America's borders —Create and expand national data sources on drug use and availability	—Disrupt and dismantle drug trafficking organizations —Reduce supply of cocaine, heroin and marijuana
1992 (Bush/Martinez)	Reductions below 1988 levels of: Overall drug use 25% in 2 years 65% in 10 years Adolescent drug use 35% in 2 years 70% in 10 years Occasional cocaine use 45% in 2 years 65% in 10 years Adolescent cocaine use 70% in 2 years 80% in 10 years Adolescent alcohol use 30% in 2 years 50% in 10 years Drug-related medical emergencies 10% in 2 years 45% in 10 years Drug availability 10% in 2 years 35% in 10 years Student acceptance of drug use ~50% in 2 years 70% in 10 years Annual decrease in frequent cocaine use below the previous year's level	—Expand and improve treatment capacity and capability —Expand, improve and focus on prevention education —Adopt aggressive law enforcement —Increase interdiction —Expand use of military —Expand drug intelligence —Engage in more supply-and-demand research	—Increase international cooperation to disrupt and destroy drug trafficking organizations —Expand use of military —Expand drug intelligence

Year	Targets	Domestic goals	International goals
1994 (Clinton/Brown)	5% reduction per year in —Number of hardcore users —Number of casual users	—Reduce overall and youth drug use —Expand treatment —Reduce health and social costs of drug use —Prevent youth drug use —Link workplace enforcement to prevention, treatment, criminal justice communities and other supportive social services —Reduce domestic drug-related crime and violence —Reduce all domestic drug production and availability —Improve federal drug law enforcement (interdiction and intelligence)	—Strengthen international cooperation against narcotics —Assist other nations to implement comprehensive counternarcotics policies that strengthen democratic institutions, destroy narcotrafficking organizations and interdict narcotrafficking —Implement more successful enforcement efforts to increase the costs to narcotics producers and traffickers so as to reduce the supply of illicit drugs to the United States
1997 (Clinton/ McCaffrey)	In 10 yrs, 50% reduction in —Drug use —Availability —The consequences of drug abuse compared to 1996 base levels	—Prevent youth drug use —Reduce domestic drug-related crime and violence —Reduce health and social costs of drug use —Protect America's borders from drug threat —Break foreign and domestic sources of supply	—Protect America's borders from drug threat —Break foreign and domestic sources of supply
2002 (Bush/ Walters)	10% reduction in 2 yrs of —Drug use among 12–17 year-olds —Adult drug use 25% reduction in 5 years in —Drug use among 12–17 year-olds —Adult drug use	—Prevent drug use before it starts —Intervene and heal those who use drugs —Disrupt domestic market for illicit substances (enforcement)	—Disrupt international market for illicit substances
2009 (Bush/ Walters)	Continuing along the same path as the 2002 strategy—no specific new targets set	—Stop initiation —Reduce drug abuse and addiction —Disrupt the domestic market for illegal drugs (enforcement)	—Disrupt international market for illegal drugs
2011 (Obama/ Kerlikowske)	15% reduction in 5 years in —Youth and young adult drug use —Lifetime drug use of 8th graders who have used drugs —Chronic drug users —Drug-induced deaths and drug-related morbidity 10% reduction in 5 years in —Incidence of driving under the influence of drugs	—Prevent drug use in our communities —Seek early intervention in health care —Integrate treatment into mainstream health care —Break the cycle of drug use, crime, delinquency and incarceration —Disrupt domestic drug trafficking and production —Improve information systems for analysis and assessment	—Strengthen international partnerships to fight drug trafficking

Appendix B

Federal Components, Agencies and Programs Included in the Fiscal Year 2012 Drug Control Budget	
Department of Agriculture • US Forest Service Court Services and Offender Supervision Agency for the District of Colombia Department of Defense • Drug Interdiction and Counterdrug Activities • Counterdrug OPTEMPO29 Department of Education Federal Judiciary Department of Health and Human Services • Administration for Children and Families • Centers for Medicare and Medicaid Services • Health Resources and Services Administration • Indian Health Service • National Institute on Alcohol Abuse and Alcoholism • National Institute on Drug Abuse • Substance Abuse and Mental Health Services Administration Department of Homeland Security • Customs and Border Protection • Federal Emergency Management Agency • Federal Law Enforcement Training Center • Immigration and Customs Enforcement • United States Coast Guard • Office of Counternarcotics Enforcement Department of Housing and Urban Development • Community Planning and Development	Department of the Interior • Bureau of Indian Affairs • Bureau of Land Management • National Park Service Department of Justice • Assets Forfeiture Fund • Bureau of Prisons • Criminal Division • Drug Enforcement Administration • Organized Crime Drug Enforcement Task Force Program • Office of Justice Programs • National Drug Intelligence Center • US Attorneys • US Marshals Service • US Marshals Service—Federal Prisoner Detention Office of National Drug Control Policy Small Business Administration Department of State • Bureau of International Narcotics and Law Enforcement Affairs • United States Agency for International Development Department of Transportation • Federal Aviation Administration • National Highway Traffic Safety Administration Department of the Treasury • Internal Revenue Service Department of Veterans Affairs • Veterans Health Administration

Appendix C

Historical Drug Control Funding by Function (2012)

(Some totals may not sum due to rounding)

Functions	FY 2005 Final	FY 2006 Final	FY 2007 Final	FY 2008 Final	FY 2009 Final	FY 2010 Final	FY 2011 Final	FY 2012 Enacted	FY 2013 Request
DEMAND REDUCTION									
Drug Abuse Treatment	6,761.8	6,811.0	7,135.0	7,422.9	8,426.9	8,937.2	8,953.9	8,747.5	9,150.5
Drug Abuse Prevention	2,040.0	1,964.5	1,934.2	1,841.0	1,954.0	1,566.4	1,478.1	1,400.5	1,387.6
Total Demand Reduction	8,801.9	8,775.5	9,069.2	9,263.9	10,380.9	10,503.6	10,431.9	10,148.0	10,538.2
Percentage	*43.2%*	*41.5%*	*40.8%*	*41.2%*	*40.5%*	*40.5%*	*40.8%*	*40.3%*	*41.8%*
SUPPLY REDUCTION									
Domestic Law Enforcement	7,266.1	7,525.2	7,921.2	8,268.9	8,994.0	9,155.5	9,143.0	9,357.5	9,418.9
Interdiction	2,433.6	2,924.1	3,045.9	2,968.7	3,699.2	3,662.4	3,977.1	3,591.6	3,680.9
International	1,873.7	1,895.8	2,191.4	1,998.5	2,532.6	2,595.0	2,027.6	2,087.6	1,962.0
Total Supply Reduction	11,573.4	12,357.2	13,158.5	13,236.1	15,225.9	15,412.9	15,147.7	15,036.6	15,061.8
Percentage	*56.8%*	*58.5%*	*59.2%*	*58.8%*	*59.5%*	*59.5%*	*59.2%*	*59.7%*	*58.8%*
TOTALS	**20,375.2**	**21,132.7**	**22,227.7**	**22,500.0**	**25,606.8**	**25,916.5**	**25,579.7**	**25,184.6**	**25,599.9**

Source: Office of National Drug Control Policy

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