In 1999, one of every ten Americans, 26 million altogether, committed an illegal act: they used an illicit drug. Controlling that use has been an important government priority for many years, and a principal tool for exercising that control has been the criminal justice system. Between 1983 and 1998, annual drug admissions to state and federal prisons increased almost 16-fold to about 170,000.

One of the most striking characteristics of this flood of inmates is its racial composition. As the figure shows, while drug admissions among whites went up 7-fold between 1983 and 1998, those for Hispanics increased 18-fold and those for African-Americans more than 26-fold. Such discrepancies cannot be explained by dramatic racial differences in drug consumption. In the 1999 National Household Survey of Drug Abuse, 7.7 percent of blacks reported using illegal drugs in the preceding month, compared to 6.8 percent of Hispanics and 6.6 percent of whites.

Much has been written and said about the sources of racial disparities in incarceration, and it is not our intent to review that here. Rather, we want to call attention to an important overlooked consequence of these disparities: how the “war on drugs” may perpetuate and exacerbate social problems related to health and well-being in minority communities. It does so through various channels.

- **Access to Health Benefits.** Under federal law, individuals leaving prison with a felony conviction are ineligible to receive any federal benefits for one year if the conviction was for drug possession or for five years if the conviction was for trafficking. (Approximately two-thirds of these released individuals have been convicted of trafficking.) In addition, unless states implement opposing legislation, any person convicted of a drug-related crime committed after August 1996 is permanently barred from receiving Temporary Assistance to Needy Families and food stamps.
- **Access to Housing Benefits.** In 1996, Congress passed the Clinton Administration’s “One Strike and You’re Out” legislation. This initiative allows federal housing authorities to consider substance abuse by individuals and their family members when...
making decisions to evict from, or to deny access to, federally subsidized housing. The law was written to make allowances for rehabilitation and drug treatment, but in practice, such allowances are typically not made.

- **Access to Higher Education.** The recently enacted “Higher Education Act” makes individuals with a drug possession conviction ineligible for federal student aid for one year after one conviction, two years after a second conviction, and indefinitely after a third. Those convicted of drug sales are ineligible for two years after one conviction and indefinitely after a second. Eligibility is reinstated if the student completes a drug rehabilitation program and passes two unannounced urine tests. On the whole, however, this measure suggests an intent to extend punishment for past drug sins into all aspects of life. It seems illogical to discourage anyone from seeking the benefits of higher education, especially given that higher levels of education correlate very strongly with decreased drug use.

- **Immigrants and Their Families.** More than 72,000 immigrants are in U.S. prisons. The Immigration and Naturalization Service (INS) has long had authority to deport immigrants considered to be “aggravated felons” but did not often use it. In 1996, federal law changed to preclude judicial review of INS decisions. Since that time, the INS has aggressively increased its rate of deportations for aggravated felony convictions, with drug felonies making up roughly 20 percent of such cases. Such policies disproportionately affect Hispanic and Asian communities.

- **Right to Vote.** In 14 states, felons are not eligible to vote immediately after leaving prison. Approximately 3.9 million individuals are affected by this policy, and more than a third are black. This lack of voter eligibility diminishes the political power of minority communities and reduces their voice in the call for educational, vocational, and health resources.

The federal government has thus steadily increased sanctions and penalties applied specifically to drug felons in a manner consistent with a view of drug use as a moral problem rather than an illness. These sanctions disproportionately and cumulatively affect minority communities. While the effects of these policies are difficult to measure directly, it is not difficult to make the case that these sanctions serve to damage, rather than enhance, social cohesion in minority communities.

Patterns of drug conviction and community health disparities appear to be mutually reinforcing. Without adequate resources to facilitate recovery—namely, education, job opportunities, access to insurance, health care, housing, and the right to vote—the prospect of recidivism becomes more likely for minority drug abusers and increases the burden on their communities. We can thus expect the factors that fostered drug use in the first place to persist.

What might be done about this? Obviously, a case could be made for repeal of those statutory provisions that exacerbate the problems just described. Absent that, we suggest three ways of ameliorating their effects:

- Dramatically increase the availability of drug use treatment, particularly in minority communities, so that care may be received before use leads to arrest. At the same time, if incarceration policies are to continue, much more widespread use should be made of drug courts and related judicial mechanisms that emphasize treatment before incarceration—and rehabilitation over punishment.

- Improve the prospects for successful reentry of released drug convicts into their communities. This is particularly important because the large numbers of individuals sent to prison for drug offenses under the harsher laws of the 1990s are now beginning to complete their terms.

- Recognize the chronic nature of drug use problems, the inequities inherent in a criminal justice response, and the dangers of the shortsighted course taken by the federal government. Approaching this public health problem with criminal justice solutions poses significant threats to the already vulnerable social fabric of many of our minority communities.

How Will Proposition 36 Affect the Drug Treatment and Criminal Justice Systems in California?

On November 7, 2000, California voters approved Proposition 36, which mandates probation and community-based treatment—instead of incarceration—for nonviolent drug possession offenses. Scheduled to take effect on July 1, 2001, Proposition 36 was a response to two decades of increasingly strict penalties for drug-related crimes, which resulted in a California prison population in which nearly 30 percent of inmates are serving time for drug charges. To supporters of the initiative, the “war on drugs” has been a failed effort, leading to excessive punishments for drug offenders at a high cost to taxpayers.

Proposition 36’s dual focus on criminal justice and drug treatment made the initiative a natural source of interest to researchers in RAND Criminal Justice and the Drug Policy Research Center (DPRC). Prior to the 2000 elections, RAND researchers conducted an independent analysis of the initiative, examining its potential impacts on the California prison population, treatment system, and criminal justice system. The results were published in an Issue Paper released in October 2000 (Drug Offenders and the Criminal Justice System: Will Proposition 36 Treat or Create Problems? K. Jack Riley, Patricia A. Ebener, James Chiesa, Susan Turner, Jeanne Ringel, RAND IP-204). With the initiative’s passage, DPRC researchers are involved in ongoing work that will provide a closer look at the ini-
tiative’s impacts on California’s drug treatment system.

One of the key questions surrounding Proposition 36 is, How many people will it affect? The Legislative Analyst’s Office (LAO) estimated that approximately 24,000 offenders will be diverted from prison annually under the program. While DPRC researchers found that the estimation methods used by LAO were reasonable, they also pointed out that uncertainties remain. Some California prosecutors have noted that, under the pre–Proposition 36 law, few, if any, simple possession and use offenders end up in prison. Instead, the majority of inmates serving time for simple drug use or possession charges have pled down from drug trafficking or other more serious charges. Some prosecutors report that they would be unwilling to plead down such charges in the Proposition 36 environment. As a result, the LAO estimate could substantially overstate the number of potential prison and, to a lesser extent, jail diversions.

Initial analyses of the potential social costs and benefits of the program yielded mixed results. Data on recidivism for California offenders on probation suggest it is likely that some of those given probation under Proposition 36 will become involved in crimes they would otherwise not have committed. On the other hand, participation in drug treatment programs has been shown to reduce further drug use and criminal activity. Thus, the successful implementation of the initiative’s treatment program could lead to a reduction in repeat crimes, especially if Proposition 36 participants stay in treatment programs long enough to benefit fully.

California’s drug treatment system can anticipate substantial impacts from the program. Researchers found that the treatment needs of new clients referred under Proposition 36 are likely to change the mix of clients in treatment programs. Data suggest that new referrals will be less involved with heroin than the current treatment population and more involved with amphetamines. While heroin treatment programs are well-established,amphetamine dependency is much less well understood. The existing treatment system will almost certainly need to adapt and expand to meet the demands of the large influx of new clients. The quality of treatment is likely to be affected by the increase in caseloads as well as new facilities’ lack of experience. DPRC estimated that treatment costs for those diverted from incarceration could range from $92 million to $114 million per year (this excludes the cost of treating misdemeanants, who would previously have received probation only). Although Proposition 36 will provide $60 million in transition costs and $120 million annually through fiscal year 2005–06 to cover the costs of treatment, the initiative also allows the courts and probation offices to claim a portion of these resources to offset potential increases in caseloads and processing costs. Such claims could potentially reach into the millions or tens of millions annually. Thus, funding for Proposition 36 may not meet its costs.

California’s criminal justice system will also be affected by Proposition 36. Experience with the “Three Strikes” law in California suggests that Proposition 36 will be implemented with varying degrees of fidelity across California’s counties. These differences will emerge in areas where the initiative’s language requires interpretation or allows discretion. In order to limit the number of offenders eligible for Proposition 36, prosecutors may seek to increase possession-for-sale charges or to file co-occurring charges, both of which would disqualify offenders from the program. Proposition 36 will almost certainly affect the amount of plea bargaining. In addition, some offenders are likely to evade the proposition’s treatment requirements.

To support the implementation of Proposition 36, DPRC researchers have begun two short-term studies of drug treatment programs in California. The first study, sponsored by the Robert Wood Johnson Foundation, focuses on treatment needs for California as a whole; the second, sponsored by the John Randolph Haynes and Dora Haynes Foundation, looks specifically at Los Angeles County. Both studies aim to increase understanding of the current needs for and use of treatment services by the population targeted by Proposition 36, the costs of treating the target population, and the capacity for expanding services among existing treatment programs. A better understanding of the current treatment population will allow researchers to assess the impacts that newly mandated offenders could have on the system, in terms of both quality and cost of treatment.

Through interviews with treatment providers, researchers hope to gain insight into the incentives and disincentives faced under Proposition 36 and to assess the expansion capacity of the current system. The cost of treatment will be determined on the basis of several parameters, including the method of treatment, the number of treatment episodes expected per client, and the average cost per day of treatment.

In addition to providing useful data for implementation and planning, the new studies will set the stage for a subsequent implementation evaluation that would provide information for improving the Proposition 36 program over time. We are already taking a first step in that direction through a partnership with Orange County in which we are assessing difficulties in implementing the proposition. ■
Learning from Other Nations: A Cross-National Research Agenda for the DPRC

In many areas of policy, analysts looking for new approaches can scan the 50 states. This is not the case in drug policy. The federal government’s devotion to a tough punitive approach has reined in the kind of policy experimentation that the states might otherwise be carrying out—experimentation that could suggest alternative directions for drug strategy. Those interested in such alternatives must look instead beyond the borders of the United States—to the nations of Western Europe.

Western Europe has seen a wide variety of innovations. Switzerland has implemented heroin maintenance for its large heroin addict population, following a three-year trial. France, long resistant to the provision of substitute drugs for treatment of addiction, has now moved to the opposite extreme. Recent legislation authorizes the provision of buprenorphine, a drug that displaces the need for heroin, in office settings. It is estimated that private physicians are now providing buprenorphine to over 55,000 addicts, and methadone to another 5,000 or more. Italy and Spain have removed criminal sanctions for possession of all psychoactive drugs. As is well known, the Netherlands has allowed the open sale of small amounts of marijuana at licensed coffee shops. Moreover, there are indications of increasing experimentation across the continent, mostly with less harsh policies.

While U.S. policymakers and analysts are aware of the European experience, they are not learning much from it. European documentation is poor, allowing those who dismiss European experience as irrelevant to the United States to go unchallenged.

How can we learn more from Europe? What questions might a research agenda address? First, a greater effort should be made to evaluate the quality of data on the implementation and results of new drug strategies in Europe. Where data are adequate, we can then answer the question: How effective was the innovation in the experimenting country? For those that appear promising, we can ask how these experiences might be applied to the United States. Finally, we should not only be searching for solutions to drug problems of current interest in this country. In anticipation of future needs, we should be asking whether there are other European innovations we should now be monitoring while they are under way.

All these questions present challenges. It is hard to evaluate the effects of broad policy changes, as compared with targeting programmatic interventions like a new treatment modality. For example, Robert MacCoun and Peter Reuter examined data on marijuana use in the Netherlands and other countries to assess whether it had been increased by the coffee shops. Given all the other factors that influence marijuana use, many of them associated with global popular culture, it was difficult to measure this effect. In the end, they concluded that Dutch marijuana use increased under the influence of some regulatory changes related to coffee shop licensing, but it did not reach levels higher than those found in a number of other nations, including both the United Kingdom and the United States.

Projecting from a European nation to the United States is also not mechanical. The Swiss heroin maintenance trials, though not well evaluated, did show that it was possible to maintain addicts on heroin without incurring overdoses or generating community resistance, two of many concerns that have been raised by critics of such a policy. The intervention does seem to have reduced crime in some areas, as the addicts stopped buying black-market heroin. However, would the same thing happen if it were implemented in major American cities? There are differences at many levels. For example, the methadone industry has from time to time been known to enable access of the drug to those without a prescription. This is not raised as a serious problem even by methadone opponents in Switzerland (though this may be beginning to change). Thus, a demonstration in the United States might be warranted to determine whether American program operators could be monitored effectively enough so that such diversion (of methadone into the wrong hands) would be a minor problem. Swiss addicts in the heroin maintenance program had to give up their driver’s license because of concerns about impaired driving after using at the clinics; would that be practical in U.S. cities with poor public transport?

The DPRC will be exploring opportunities for developing and pursuing such a research agenda. The MacCoun-Reuter book (see “New Publications”) is one step in that direction. Some European agencies also seem interested in collaborating in this area. The DPRC, in concert with RAND Europe, is now finishing a literature review of methadone maintenance for the Swiss government. We have also supported RAND Europe in its efforts to help an influential drug policy committee in Portugal to prioritize drug control options, including the legalization of marijuana.

New Projects

Persistent Effects of Treatment

The federal Center for Substance Abuse Treatment (CSAT) has undertaken a multisite initiative, the “Persistent Effects of Treatment” Study (PETS). This initiative extends the study of treatment effects beyond the single-treatment episode or single-year follow-up that is typically the subject of analysis. CSAT is paying special attention within PETS to adolescent substance users, who face maturational problems that their adult counterparts do not. One of the projects within the PETS initiative is being conducted by the DPRC. It entails an extension to an evaluation of adolescent treatment models that is being conducted in collaboration with the treatment provider Phoenix House. In this evaluation, already under way, the Center is comparing Phoenix House’s therapeutic-community approach with other group home approaches to treatment. The DPRC is determining the types
of adolescents that are most helped by extensive social rehabilitation, describing which differences among group homes most affect treatment benefits, and examining the effects of stay length. Additional funding available through PETS will allow DPRC researchers to undertake a long-term follow-up study of adolescents participating in the evaluation of treatment models. This will help in understanding the persistent benefits of treatment and how those benefits vary with the characteristics of the treatment process and of the individuals being treated.

**Improving Mental-Health Care of Drug Treatment Clients**

Many drug treatment clients suffer from affective and anxiety disorders that, left untreated, leave them less likely than others to benefit from drug treatment. Most publicly funded substance abuse treatment providers are unable to furnish appropriate mental-health care or access to it to clients having such co-occurring disorders. Under the sponsorship of the Substance Abuse and Mental Health Services Administration, the DPRC is undertaking research to demonstrate and evaluate interventions to improve mental-health care among drug abuse clients. Researchers are working with the largest substance abuse treatment provider in Los Angeles County to increase referrals to public mental-health services. The intervention includes provider staff training and supervision, client activation and education, and identification of and access to mental-health services. A concomitant evaluation will determine the demonstration’s effects on referral rates, mental-health treatment use, retention in drug treatment, satisfaction with treatment, and subsequent mental health, quality of life and functioning, and substance use. One hundred persons screened for depressive, anxiety, or psychotic disorders are participating in a quasi-experimental design.

**Evaluation of Parity in the Federal Employee Health Benefit Program**

The Federal Employee Health Benefit Program (FEHBP) is one of the largest employer-sponsored health insurance programs in the nation. It serves over 8.6 million federal employees, annuitants, and their dependents through contracts with 294 carriers, health plans, and specialty insuring organizations. In January 2001, under executive order, FEHBP began offering parity health insurance coverage for mental-health and substance abuse services. The parity mandate is a reaction to historically stricter benefit limits and higher beneficiary cost-sharing for behavioral health services than for general medical services. The mandate requires plans to provide coverage for behavioral health services that is equivalent to that for general medical coverage with respect to deductibles, copayments, and limits on visits and inpatient days. RAND, in partnership with ROW Sciences, Harvard Medical School, and Westat, has received a federal contract to conduct an evaluation of parity in the FEHBP. The evaluation will examine changes in access to and use of services, beneficiary satisfaction and quality of care, and costs of care. It will also document the response of health plans and their vendors (managed behavioral health organizations) in their implementation of parity.

**Benefits and Costs of Local Legalization of Syringe Exchange Programs**

Syringe exchange programs (SEPs) are widely regarded as among the most effective strategies for the prevention of HIV among injection drug users. However, the establishment of SEPs has been curtailed through bans on funding, syringe prescription laws, and drug paraphernalia laws. In California, a recent law permits local jurisdictions to declare a public-health emergency exempting those in publicly operated SEPs from criminal prosecution. The goal of this DPRC project is to determine this law’s effects on SEPs, on HIV risk and infection among SEP clients, and on the cost and efficiency of local legalization of SEPs. To accomplish these aims, a semiannual survey of program characteristics will be completed by each SEP. Annual site visits to programs will be conducted to observe program operations. Researchers will also conduct HIV testing on 25 randomly selected clients from each of the 24 California SEPs every six months. Program cost will be compared with measures of service outputs, reductions in HIV risk behaviors, and estimates of HIV infections averted (based on client survey and models of HIV infection among injection drug users). This project is funded by the Centers for Disease Control and Prevention.

**Improving Practice and Policy for Treatment of Co-occurring Mental and Addictive Disorders**

Up to 10 million Americans suffer from both a substance-related and a mental disorder. There is broad consensus among clinical and services research experts that the quality of care provided to these individuals is on the whole abysmally poor. This is not due to lack of attention by researchers, who have demonstrated treatments and provided information about administrative barriers to improving care. Overcoming these barriers in practice, however, has proved a daunting challenge. With funding from the Robert Wood Johnson Foundation and the John D. and Catherine T. MacArthur Foundation, the DPRC is convening experts in treatment, service delivery, and policy to lay essential groundwork for diffusion of best practices in this area. The initial product will be a paper presenting a conceptual framework and a strategic research and action agenda. Researchers will then investigate examples of innovative organizational, treatment, or system designs believed to have improved care for co-occurring disorders. They will develop tools for evaluating the quality of care of the dually diagnosed and create a best-practices toolkit for state Medicaid agencies. Finally, they will develop the conceptual and methodologic basis for a formal multisite research demonstration project that would compare alternative models for specific populations with co-occurring disorders.
New Publications

Here we briefly summarize selected works by DPRC researchers that have been published within the past 12 months. Some represent projects undertaken in collaboration with other institutions or carried out before the researcher’s arrival at RAND.


Studies show that needle exchange programs (NEPs) do not encourage drug use. Further, in this exploratory study, researchers found no association between frequency of NEP use and motivation to seek treatment. One exception: Those with a history of treatment for alcohol expressed less interest in changing their drug use habits. Given that many NEP clients are ready to make changes, the NEPs should continue and strengthen their links with substance abuse treatment programs.


The view that sellers of illicit drugs recruit new customers has been attacked on several fronts and has given way to a theory of recruitment by users. The author shows that both models may be at work, depending on the stage of the drug epidemic. Recruitment by sellers may dominate in the early phase in which distribution is embedded in social networks and users have difficulty locating alternate suppliers. Once markets go public, social contagion on the part of users sets in. The model has implications for selecting which drug control policy to use when.

▲ Drug Policy Research Center, Response to the National Research Council’s Assessment of RAND’s Controlling Cocaine Study, 2000, RAND MR-1265-DPRC, $8.00.

In 1999, a scientific committee assembled under the auspices of the National Research Council issued a critique of RAND’s Controlling Cocaine report, concluding, “[T]he findings of the RAND study do not constitute a persuasive basis for the formation of cocaine control policy.” This report rebuts the claim, demonstrating that most of the committee’s criticisms rest on an incomplete understanding of the Controlling Cocaine model or, when taken into account, do not result in important changes in the findings based on the model.


Persons at risk of HIV infection are typically advised to reduce the number of sex partners and use condoms. But is this relevant to those in monogamous relationships? The authors report on a study of 520 female sex partners of injecting drug users in Newark and Jersey City. They found that, among women with no injection history, cohabitation with a sex partner was riskier than trading sex for drugs with persons other than the partner. This result suggests that the important risk factor is not number of partners but number of unprotected sex acts, and that has implications for intervention design.


If policies to reduce substance use by youths are to be effective, it is important to understand what causes it and whether attempts to reduce the demand for one drug affect the use of others. This paper outlines an economic approach to modeling drug use, addiction, and gateway effects. The authors demonstrate how a multisubstance theory of drug use leads to a model that can identify the impact of consumption of one drug on the contemporaneous and future consumption of other drugs. They discuss what types of data would be needed to estimate these effects.


The authors report on their study testing the correlation between the frequency with which Providence intravenous drug users visited needle-exchange programs and risk behaviors associated with HIV infection. Drug users who visited the NEP more frequently were less likely to share needles, cookers, and cotton filters, and more likely to clean their skin before injections. Thus, the NEPs represent a valuable and underexploited opportunity to promote risk reduction behaviors.


Despite the dozens of evaluations that have been reported to date, it is impossible to draw clear conclusions as to how variations in drug court structure and process translate into differing degrees of success with offenders. In this paper, the authors argue that a new approach to describing drug court structure and process is needed. They propose five dimensions—leverage, population severity, program intensity, predictability, and rehabilitation emphasis—that lend themselves to the formation of hypotheses regarding the link between structure or process and outcomes.


Given the continuing controversy over cannabis policy, researchers reviewed the evidence on the effects of cannabis depenalization in the United States, Australia, and the Netherlands. They found that the
availability and use of cannabis do not increase when penalties are removed for possession and cultivation of small quantities for personal use. In the Netherlands, prevalence may increase with commercial promotion and sales. However, depenalization offers many of the advantages of outright, aggressively enforced prohibition with few of the risks. It merits serious consideration.


Every year, dozens of federal agencies report their antidrug budgets to the Office of National Drug Control Policy so the office can determine if they are sufficient to carry out the national drug control strategy. In this report, RAND reviews the budgets of ten federal agencies to determine how accurately they reflect expenditures on drug control. The results are mixed: a few agencies appear to have been making accurate estimates, a few have been using methods that were conceptually valid but flawed in execution, and the remainder have been basing their estimates on a combination of guesswork and old data. The authors suggest ways to improve the methods now in use.


Of the $35 billion the U.S. government spends on drug control, $25 billion is for enforcement. Yet no research has shown that more intense enforcement can prevent drug use and its associated harms. In fact, most research focuses on treatment and prevention. In this editorial, Reuter explores this mismatch and the marginality of research. He suggests that future research must show not only that programs other than law enforcement are cost-effective but that harsh enforcement doesn’t work.

Peter Reuter and Michael Timpane, Options for Restructuring the Safe and Drug-Free Schools and Communities Act, 2001, RAND MR-1328-EDU, $10.00.

The Safe and Drug-Free Schools and Communities Act (SDFSCA), authorizing a widely criticized but politically entrenched program, is up for renewal. RAND commissioned papers and conducted focus groups and a conference of practitioners, researchers, and government officials to review the act’s structure and performance. This paper evaluates the SDFSCA program, reviews the Clinton Administration’s reform proposal, and suggests further directions for improvement.


While researchers have demonstrated that smoking crack generates unique chemicals detectable in urine, no study has yet addressed the feasibility of using these chemicals as markers for crack use. This paper fills that gap by reporting chemical analyses of samples from 2,327 arrestees. It shows that accurate determination of crack use requires identification of two specific chemicals, which are detectable in urine up to 40 hours after use. In this sample of arrestees, 31 percent tested positive for cocaine (undifferentiated), and 88 percent of those tested positive for crack.

Bradley Stein, Maria Orlando, and Roland Sturm, “The Effect of Copayments on Drug and Alcohol Treatment

Substance abuse severe enough to warrant detoxification places substantial burdens on society. Do persons undergoing detoxification receive proper continuing treatment? This study of claims data from a large behavioral health care plan indicates that while participation in outpatient treatment after detoxification is high (79 percent), room for improvement remains. One potentially useful lever is the copayment rate, which was found to be related to treatment participation.


While crimes are often drug-related and drug abusers frequently encounter the criminal justice system, these encounters have rarely addressed the defendants’ drug problems. This paper reports on the promising links to health services that are provided by drug courts. The authors describe a conceptual framework for investigating the nature and success of these links and take a first step toward doing so for 14 drug courts across the United States and Puerto Rico.


Prenatal exposure to drugs, including cocaine, is a significant and preventable cause of developmental disability. This report presents an overview of the state of knowledge regarding the effects of cocaine on the developing brain and offers policy considerations for addressing the issues that arise from cocaine use by pregnant women. Most of the scientific research discussed is derived from a New York Academy of Sciences conference. The policy implications are based on material presented at the conference and on investigations conducted by DPRC researchers.

---

**Accolades and Testimony**

We know from our conversations with government officials, while serving and afterwards, that DPRC research influences policymaking. Typically, we achieve our influence in the policy debate through the slow assimilation of our findings into the body of knowledge drawn upon by the parties to the debate. This assimilation is not something whose progress we report, but we can mention some honors and some communications that are indicative of the DPRC’s high profile in the drug policy field.

- Project ALERT has been named an “exemplary program” by the Department of Education. ALERT is a tobacco and substance abuse prevention program for middle-school students. It was conceived, developed, implemented, and evaluated by a team of RAND researchers led by Phyllis Ellickson. Of 132 programs considered by the Department, only 9 were designated “exemplary.”
- DPRC codirector Martin Iguchi has been named to two boards. He was elected to serve on the Board of Directors of the College on Problems of Drug Dependence, and he was named to the editorial board of the journal *Drug and Alcohol Dependence."
- Jonathan Caulkins was asked to give the Marschak Colloquium talk at UCLA, on lessons learned from dynamic modeling with respect to controlling the drug abuse epidemic cycle.
- At the request of the staff of Congressman Robert C. Scott (D-VA), Caulkins testified on June 13 before the House Judiciary Subcommittee on Crime about the increasingly popular drug “ecstasy.” In his testimony, Jonathan noted that ecstasy is clearly not “safe” or risk-free. If one believes that ecstasy is likely to turn out to be a very harmful drug and that we are at the brink of an ecstasy epidemic, then it might make sense to direct more law enforcement efforts at the drug. But he said it would not make sense for the additional law enforcement effort to take the form of mandatory minimum sentences of the sort we have for cocaine and heroin at the federal level. Even for cocaine, mandatory minimum drug sentences of five or ten years are too long to be cost-effective for all but a select group of very-high-level cocaine traffickers.
**New People**

**Matthew Chinman** has recently become an associate behavioral scientist at RAND, where he is evaluating a managed-care program to enhance mental-health provider competencies and use of mutual support. He has been an assistant professor in the Department of Psychiatry, Yale School of Medicine, and the Director of Program Evaluation Services at The Consultation Center in New Haven. In the latter capacity, he coordinated several evaluations and needs assessments for nonprofit agencies in New Haven and surrounding areas, including evaluations for local substance abuse prevention programs. Matthew is a coauthor of the manual *Getting to Outcomes 1999: Methods and Tools for Planning, Evaluation, and Accountability*, prepared by the National Center for the Advancement of Prevention. He received his Ph.D. in clinical/community psychology from the University of South Carolina.

**Rob Boer** is a statistician at Erasmus University in Rotterdam and a natural scientist at RAND. He specializes in medical technology assessment, simulation modeling, and cost-effectiveness analysis. Rob has wide experience in evaluation of cancer screening and works on several projects on the evaluation of screening for breast cancer, cervical cancer, colorectal cancer, prostate cancer, and lung cancer. He has published in a variety of venues, including the *British Medical Journal*, *The Lancet*, and *Cancer*. He is interested in applying his skills in simulation and cost-effectiveness analysis to drug policy issues. Rob received his Ph.D. in public health epidemiology from Erasmus University in 2000.

**Nell Griffith Forge** is at RAND on a one-year postdoctoral fellowship. Her primary research interest is in examining the impact of individual-level and contextual-level factors on racial disparities in health. She has research experience in HIV-related sexual decisionmaking among women, risk factors for stroke among African-American elderly, and the mental-health consequences of caregiving. For her dissertation, she analyzed the variability in mental health among African-American and white women and explored whether and how macro-level factors influence the effects of individual-level factors on mental disorder. Nell is now working with DPRC codirector Audrey Burnam on research related to race and mental-health and substance-abuse policy. Her research includes examining racial differences in satisfaction with health care and the impact of managed care, and examining the role of race and religiousity on well-being. Nell has a Ph.D. in behavioral sciences from the UCLA School of Public Health and an M.P.H. from the University of California, Berkeley.

**Jennifer A. London** is working with the DPRC as a research assistant until the fall of 2001, when she will begin a Ph.D. program in political science at the University of Chicago. Jennifer has worked as a graduate fellow in Middle East policy. Her research interests span diverse subjects related to the political ramifications of economic liberalization and political developments in the Middle East and North Africa. At RAND, she is working on a study of the long-term societal impact of drug charges on minority communities. Jennifer has a B.A. in international relations from Johns Hopkins University.

**Victoria A. Greenfield** came to RAND from the Council of Economic Advisers, where she was the senior economist for international trade and agriculture. Her interest in drug issues goes back to her dissertation, in which she examined coca leaf production and eradication incentives in Bolivia with the help of a dynamic programming model she developed to evaluate various supply-control policies. In addition to her work in illicit-drug production and distribution in developing countries, Victoria has also pursued interests in international trade negotiations and international environmental policy. She earned a Ph.D. in agricultural and resource economics from the University of California, Berkeley.
Visiting Scholar: Vedran Mardesic

The Drug Policy Research Center hosts scholars from other institutions to take advantage of different experiences and outlooks and to provide a means of sharing RAND research with others. This spring the Center hosted Vedran Mardesic, who as head of the Department for Addictions in Split, Croatia, has managed a substance abuse prevention program for five years. Besides coordinating activities of city agencies and institutions, he has participated in drug abuse research projects at the city and national levels and in a United Nations Drug Control Program research project.

Mr. Mardesic was in the United States on a Hubert H. Humphrey Research Fellowship from the National Institute on Drug Abuse. At RAND, he was availing himself of the broad array of contacts and resources available within the DPRC to investigate possible directions in which drug control policy in Split and in Croatia as a whole might develop. Croatian drug policy is still in its early stages and the research base specific to Croatia is small. By exploring what the DPRC and its researchers have learned about what has and has not worked in the United States, Mr. Mardesic drew lessons he will be able to apply in his position in Split and in the national forums in which he participates.

Nancy Merritt

Nancy Merritt is a policy analyst with RAND Criminal Justice. Her research interests include sentencing policy, correctional programming, and evaluation research. Recent projects include an impact evaluation of “Three Strikes” sentencing legislation in California and a multistate evaluation of the implementation and impact of “get tough” sentencing laws at the local level. She is currently managing a state- and county-level evaluation of Oregon’s Ballot Measure 11 and is working with the DPRC on issues related to California’s Proposition 36, which mandates treatment for those convicted of illicit-drug possession or use. Nancy is pursuing her Ph.D. in criminal justice at Rutgers University, where she served as an instructor of statistics and research methods. She has conducted criminal justice research for the New Jersey Department of Juvenile Services, the Virginia Department of Criminal Justice Services, and both the Virginia and Pennsylvania Sentencing Commissions. Nancy holds an M.S. from Pennsylvania State University.

Jeanne S. Ringel

Jeanne S. Ringel is an associate economist at RAND whose research interests include the economics of tobacco control, substance abuse policy, and the effects of public policy on maternal and child health. She is currently involved in studies on a variety of topics including the effect of access laws on youth tobacco use, the relationship between the use of cigarettes and other tobacco products among youth, the impact of marijuana use on educational attainment, the impact of a voter initiative in California to divert nonviolent drug offenders from jail into treatment, and the utilization and costs of mental-health care for children. Jeanne received her Ph.D. in economics from the University of Maryland.

Bradley D. Stein

Bradley D. Stein is a RAND researcher affiliated with the RAND/UCLA Center for Health Services Research and an assistant professor of child psychiatry and the behavioral sciences at the University of Southern California. His research has focused on topics in drug and alcohol treatment, managed behavioral health care, and child mental-health treatment. Recent work has included examining the performance rate of a large national behavioral health care plan with respect to a proposed quality indicator for treatment following detoxification services. He has modeled the predicted variation in this rate associated with variation in plan benefits. Additional relevant research includes the examination of how organizational factors affect the delivery of substance abuse services under managed care. Bradley has an M.D. and M.P.H. from the University of Pittsburgh.
Rand Advisory Trustee William T. Coleman, Jr. (left) chats with Luis Alberto Moreno, Colombia’s Ambassador to the United States, at a DPRC dinner and discussion held at the Coleman home in McLean, Virginia. DPRC cofounder Peter Reuter gave a talk entitled “The Colombian Conundrum: Drug Traffickers, Guerrillas, and U.S. Policy.” Dr. Reuter’s presentation was followed by remarks from the ambassador. The 50 guests—DPRC Board members and their invitees—then joined in a lively discussion.

DPRC codirectors Martin Iguchi (left) and Audrey Burnam (right) with advisory board chair Lovida Coleman, Jr., at the annual June board meeting.
2001 Speaker Series

Science and Drug Policy

The Science and Drug Policy Speaker Series provides a forum for decisionmakers and scientists to discuss policies concerning drug supply, demand, and control.

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 15</td>
<td>Outcome and Cost of Alcohol and Drug Treatment in an HMO: Day Hospital vs. Outpatient</td>
<td>Constance Weisner, University of California, San Francisco</td>
</tr>
<tr>
<td>March 9</td>
<td>Closed Until Further Notice: Focused Deterrence and the Regulation of Illegal Drug Markets</td>
<td>David Kennedy, Kennedy School of Government, Harvard University</td>
</tr>
<tr>
<td>April 25</td>
<td>Factors Influencing the Transfer of Research-Based Treatments into Application</td>
<td>Richard Rawson, Integrated Substance Abuse Programs, University of California, Los Angeles</td>
</tr>
<tr>
<td>July 23</td>
<td>U.S. Counternarcotics Policy Toward Colombia</td>
<td>Ana Maria Salazar, Professor, Instituto Tecnologico Autonomo de Mexico (formerly with U.S. Dept. of Defense)</td>
</tr>
<tr>
<td>September 20</td>
<td>Substance Abuse Treatment and the Standardization of Services: Good, Bad, or Ugly?</td>
<td>Dennis McCarty, Department of Public Health &amp; Preventive Medicine, Oregon Health Sciences University</td>
</tr>
<tr>
<td>November 30</td>
<td>Allocating Treatment Resources in a Heroin-Plagued City: At the Crossroads of Economics, Ethics, and Empiricism</td>
<td>Jerome Jaffe, University of Maryland School of Medicine</td>
</tr>
</tbody>
</table>

The Speaker Series is held at RAND, 1700 Main Street, Santa Monica, California. For more information, call Nelie Gill at (310) 393-0411, ext. 6330.

Summaries of RAND publications may be viewed on the World Wide Web. The URL is

http://www.rand.org

Drug War Heresies: Learning from Other Vices, Times, and Places by Robert MacCoun and Peter Reuter is available from Cambridge University Press. With the exception of the MRs, all RAND documents listed in this newsletter are free, except for shipping and handling costs ($3.00 for the first copy, $1.00 for each additional copy). California residents add 8% sales tax. All monies must be paid prior to shipment; price quotes and pro forma invoices are available. RAND accepts credit cards (Visa, MasterCard, and American Express), checks, and money orders in U.S. dollars.

Make all checks and money orders payable to RAND and send to

RAND Distribution Services
P.O. Box 2138
Santa Monica, CA 90407-2138
Phone: (310) 451-7002 or toll free (877) 584-8642
Fax: (310) 451-6915
Email: order@rand.org

RAND is a nonprofit institution that helps improve policy and decisionmaking through research and analysis. RAND® is a registered trademark. RAND’s publications do not necessarily reflect the opinions or policies of its research sponsors. The Drug Policy Research Center, established in 1989, is supported by The Ford Foundation, other foundations, government agencies, corporations, and individuals.