

STABILITY in a FAILING POLICY

An Assessment of the War on Drugs

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Introduction

The war on drugs has a long history and is characterized by many prohibition laws. In the first half of the twentieth century, the U.S. government first regulated and then banned the use of wide categories of drugs, such as opiates, marijuana, and narcotics (Whitford and Yates, 2009:36). However, the term *War on Drugs* was first used by President Richard Nixon in 1971. In a speech for Congress, Nixon declared war to drugs and also made the statement that America's public enemy number one in the United States was drug abuse (Nixon, 1971). The war against drugs had begun and it is still going on to this day.

The main goal of the war on drugs is to reduce drug use and abuse in the United States. In order to achieve this goal, the international war on drugs focuses on supply reduction. The rationale behind this is as follows: market disruption and supply reduction will increase drug prices and decrease drug purity. These two elements should result in lower drug use of current users and should decrease the number of new users (Scherlen, 2012:67). This rationale is the main pillar of the supply approach.

Since most of the drugs is produced in countries in Latin America, the supply approach is most visible in foreign countries. The U.S. have been active in several countries in the last decades, with the most extensive programs in Colombia (Plan Colombia) and Mexico (Mérida Initiative). The main goal of these programs were to disrupt both production and trafficking of drugs. To achieve this, the United States has supported both Mexico and Colombia financially with equipment upgrades for the military and law enforcement, including many transport aircrafts and helicopters (Davis et al., 2011:412). The results of the war on drugs are far from satisfactory. Drug prices have not increased, drug purity has not decreased, and, more importantly, drug use in the U.S. has not declined. In fact, there has been a slight increase in the amount of drug users in the U.S. since 1990 (UNODC, 2008:31). The main question that arises is: Why is the United States so persistent in the anti-drug policy despite its failure?

This study argues that bureaucratic forces and a lack of viable alternatives lead to foreign policy stability. Researching this question is relevant in two different ways. First, it gives an understanding of why there is such a high degree of stability in foreign policy, and which factors play a role in the inertia of foreign policy. Second, this case study will help understand why the international war on drugs is so persistent, while the consensus of the last decades is that it has failed.

The structure of this thesis is as follows. First, it will look at other scholarly work that tried to answer this question. Second, it will discuss the theories of foreign policy change and the methodology. Then, the thesis will turn to the answering of the research question. After the

concluding remarks, some possible discussion points and future research will be discussed. Now, we turn to scholarly work that already have analyzed the war on drugs and its persistence.

Literature Review

Explaining the persistence

The persistence of the war on drugs also has inspired other scholars to write about this phenomenon. However, there is no consensus which factors play a role in the persistence of the policy. For instance, Rodrigo Ferreira states that bureaucratic and political forces manipulate data and reports in order to support the continuation of the war, because that is in the best interest of these forces (Ferreira, 2015:285). In other words, anti-drug organizations are structurally misleading decision-makers to preserve their funding and the right to exist. Although organizations can certainly add to the inertia of policy, extensive research on bureaucratic politics suggests that there is hardly evidence that state behavior can be understood as a “bureaucratic epiphenomenon” (Welch, 2005:31).

He furthermore argues that there are better, more efficient alternative policies to the war on drugs, and that politicians who left office openly support the termination of the policy, while the sitting politicians defend the continuation of the policy (Ferreira, 2015:269). In other words, he makes the suggestion that due to bureaucratic forces, it is not even an option to talk about ending the war on drugs. This argumentation is too simplistic. In a recent op-ed of two former directors of the Office on National Drug Control Policy under the Bush presidents, William Bennett and John P. Walters did indeed claim to “bring back the war on drugs” and to “attack supply” (Bennett and Walters, 2015). Indeed, some politicians seem to be convinced that the war on drugs has not failed, and that alternative policies may not be viable at all. Ferreira also makes the claim that there are other factors that play a role in the blocking of governmental learning, such as electoral constraints and bureaucratic barriers, but he claims that by distorting reports on drugs is the main reason for the absence of governmental learning, and thus, policy change (Ferreira, 2015:286). Again, it is an oversimplification that decision-makers are so easily victimized by bureaucratic forces in the U.S. that try to manipulate data. This would actually mean that the U.S. decision-makers would either ignore the annual drug reports of the United Nations or that these report would also be manipulated to continue the policy. This seems very unlikely, and it seems that these bureaucratic forces cannot be solely accounted for the lack of change. These constraints do add to inertia, but it is not the main reason why the policy is so stable in the last decades.

Other scholar works do indeed look at a wider range of factors that add to the stability of the anti-drug war policy. Renee Scherlen used theories of policy termination to determine which factors need to change before policy termination can take place (Scherlen, 2012:67). Some of these factors, such as organizational constraints and perceived costs of policy termination, seems to add to inertia and policy stability. However, in her study there is hardly any mention of the decision-making group, responsible for continuing the anti-drug policy. The study identifies policy characteristics, political environment, and political constraints as variables for the policy stability (ibid:72). However, by neglecting the decision-making group and the process, this study seems to fail to consider the most important variables. Indeed, the variables that Scherlen identifies do add to the inertia of policy change according to theories of policy termination (DeLeon, 1978:379). However, the decision-making group has the ultimate responsibility in changing a policy, and thus, is the most important variable.

Other scholars questioned the goals of the U.S. to explain the persistence of the war on drugs. They state that the main goal of the U.S. is not to reduce the supply of drugs, but to widen its influence in the region. The funding of programs such as Mérida Initiative and Plan Colombia is meant “to increase its capacity for intervention [...] all of which help it maintain its low profile in the region” (Delgado-Ramos et al., 2011:97). This argumentation is problematic in two different ways. First, the war on drugs has a national and international dimension. If the international dimension is a smokescreen for increasing influence, the national, prohibitionist, dimension would be redundant. Second, the U.S.’ first anti-drug effort on foreign soil was in 1969 in Mexico, under the name of Operation Intercept. It seems very unlikely that the U.S. would use the war on drugs for almost fifty years as an instrument to maintain and strengthen its status as regional hegemon. There are other, more cost-effective methods to achieve this. Besides the lack of real evidence, such as statements or reports of the U.S. government, the reasoning also is not plausible.

Thus, there is not yet a satisfying explanation for the persistence of the U.S. anti-drug policy. The decision-makers are either neglected, or they do not play a role in the decision-making process since they are structurally misled by the bureaucracy. For a more satisfying explanation, this research will look at the perceptions of decision-makers of the status quo and the alternative policies. Furthermore, the role of state and regime characteristics will be used to get a more comprehensive explanation. The next section will look at three bodies of theory that is concerned with the factors of policy change.

Theoretical Section

Thus far, there is no satisfactory answer to the question why the war on drugs is so persistent. To date, researchers either neglect important factors, such as the role of the decision-makers, or they attach too much importance to factors, such as bureaucratic forces. Fact is that many variables and factors play a role in foreign policy decisions. This section will therefore discuss a different kind of theory to explain foreign policy change. In contrast to previous research, this theoretical framework does incorporate the many factors playing a role in foreign policy making. The theory is originally developed by David A. Welch in his book *Painful Choices* (2005), which I slightly altered for this research. Welch used a combination of organization theory, cognitive and motivational psychology, and the prospect theory to explain (the lack of) foreign policy change. This section will elaborate on these three bodies of theory.

Organization Theory

State behavior cannot be explained solely by the organization theory, but it helps to explain why decision-makers often react slowly to changes in the international environment. Governments are complex organizations, and although a relative small number of people are involved in the decision-making process of foreign policy, they do so in an institutional setting that influences how they frame, perceive, and believe about foreign policy problems (Welch, 2005:31). This results in the fact that there is a higher stability in the institutional setting than in the international environment.

Organization structure also leads to inertial pressures in four different ways. First, an organization's investment in personnel and equipment are not easily transferable to other tasks. Second, organizational decision-makers face constraints in the information they perceive. Research on organizations has shown that leaders of an organization do not obtain all the information on activities within an organization. Third, internal political constraints lead to inertia. When the pool of resources is fixed, political equilibria are disturbed, when organizations alter their structure. Resources are moved to other subunits, which at least causes resistance of any proposed reorganization by the losing subunits (Hannan and Freeman, 1977:931). Finally, the history of an organization also adds to inertia. Organizations tend to approach problems in similar ways over fairly long periods of time, and it is thus difficult for organizations to adapt quickly in the light of changing circumstances (Welch, 2005:32).

Inertia also occurs due to the fact that different organizations and branches of government may possess different priorities and perspectives. These different priorities and perspectives can lead to competing pressures on policy from different directions. This will often generate compromises, and make dramatic change of policy less likely. Dramatic change will, then, most likely occur when

circumstances dramatically change, or when decision-makers find it crucial to confront the struggles and debates of these organizations and branches (ibid: 34).

In sum, the organizational structure in which policy makers make decisions contribute to a stability in foreign policy in different ways. First, the policy makers are influenced by the institutional setting in which they operate. Second, the different kind of resources and history of an organization contribute to inertia in the policy-making process. Third, competing views within the organization will mostly lead to a compromise, which is never far from the status quo. The hypothesis that can be derived from this theory is:

H1: *Foreign policies that are highly bureaucratic should change less frequent than policies that are less bureaucratic.*

Cognitive and Motivational Psychology

Cognitive psychology is concerned with how our perceptions, judgments, and choices are affected by our everyday information-processing. Motivational psychology is concerned with how stress, emotions, and the drive to satisfy our basic psychological needs influence our perceptions, judgments, and choices (Welch, 2005:36). Both fields of psychological study are trying to explain judgment errors that people make, but rather differently.

Evidence from cognitive psychologist studies have shown that people rely upon our prior beliefs to help us interpret new information. This can help us make better sense of the complicated world, but it can also lead us to make systematic errors in judgment (ibid: 37). Attribution theory, for example, examines how we interpret new information. The attribution theory refers to the idea that the beliefs of people influence how new information is interpreted (Kelley and Michela, 1980:458). In other words, people tend to interpret new information in such a way that it fits with the prior convictions. For instance, when a person really dislikes a politician, and the politician says something that the person agrees with, the person is more likely to think that the politician has a hidden agenda and that the politician is not sincere. Attribution theory does state that beliefs can actually change, but only when the discrepant information is “truly overwhelming” (Welch, 2005:37). Other studies within the cognitive research has shown that the beliefs of people can also gradually change. When people are faced with discrepant information, they integrate this information with previous knowledge, in doing so, the person is modifying the knowledge structure (Higgins and Bargh, 1987:386). Whether change in beliefs occurs sudden or gradually, “it appears that we change important beliefs only when we have no other way of accounting for an overwhelming body of evidence that we regard as both important and reliable” (Welch, 2005:39).

Motivational psychologists focus on the satisfaction of basic needs, which are the need to avoid fear, shame, and guilt; the need for self-esteem, social approval, achievement, and social effective control. Motivational psychology argues that these needs lead to bias information processing and result in more or less the same kind of judgment errors as cognitive psychologists describe (ibid). These judgments errors, however, can be either individual-specific (push-models) or situational specific (pull-models). This is contrast with the view of the cognitive psychologists, who argue that these judgments errors are ubiquitous (Stein and Welch, 1997:57). Push-models explain information processing in terms of personality structures. For example, if we have multiple sources of information available, we most likely favor the source that leads us to our desirable conclusion (Welch, 2005:40). Pull-models explain information-processing in terms of situations and the needs, fears, and anxieties around it. In terms of foreign policy analysis, pull-models emphasizes the way in which stress, time pressure, fear of loss, and reluctance to take responsibility for decisions, has an effect on the eventual judgment (Stein and Welch, 1997:58).

Although there is still a lot that is unknown of the mechanisms of motivational and cognitive psychology, what cognitive and motivational factors can explain, is the presumption that decision-makers' beliefs about the world, and the conviction that their point of view is the right one, are likely to be more robust and more durable than an unbiased evaluation of the evidence would warrant (Welch, 2005: 41). Therefore, policy will change slower than circumstances, which lead to policy inertia. The hypothesis derived from this body of theory is therefore as follows:

H2: *Foreign policy change will be most likely when policy fails either repeatedly or catastrophically, or when leaders become convinced that it will imminently do so.*

Prospect Theory

The prospect theory focuses more on the individual decision-maker, rather than on the institutional setting. Prospect theory is originally an economic theory that describes the way people choose between alternatives and their risks. Prospect theory distinguishes two stages of decision-making process: the editing stage and the valuation stage (Kahneman and Tversky, 1979:274). The editing, or framing, phase refers to the stage that people make sense of the situation with regard to a reference point. In this phase decision-makers look to the acts and outcomes that are relevant for the actual decision (Kahneman and Tversky, 1992:299). In the valuation phase, decision-makers will add value to the outcomes. The choice that a decision-maker makes in regard with the status quo, either falls in the domain of gains or in the domain of loss. In general, people consider loss more unpleasant than wins pleasurable. In other words, people tend to be loss-averse.

The reference point that decision-makers use to assess if a choice falls in either the domain of gains or loss, is often the status quo (Simon, 2015:890). This status quo bias is an implication of the tendency of individuals to loss-aversion, since choosing a different act often entails risks. Another reason for the status quo bias is the endowment effect. This effect refers to the fact that, in general, people demand more to give up something than they would be willing to pay for it in the first place (Thaler, 1979:45). For example, studies have shown that when trading, owners view their objects in their endowment as losses whereas non-owners view those objects as gains. For example, losing \$10 feels more negative than gaining \$10 feels positive; owners assign more value to objects and therefore demand greater compensation for their loss, compared with buyers (Westfall and Van Boven, 2013:322). The endowment effect, the status quo bias, and the loss-aversion of people lead to inertia of choice. Multiple studies have shown that this is also the case for foreign policy decisions (Stein, 1992; Richardson, 1992; Mastanduno, 1992; Spar, 1992). Thus, the hypothesis that can be derived from this theory is:

H3: *Leaders are more likely to pay the inherent costs of foreign policy change to avoid losses, than to realize gains of equivalent magnitude. As a corollary, the only prospects of disproportionate gain are likely to motivate foreign policy change.*

Before these three hypotheses are tested, the next section will be concerned with the methodology of the research. This chapter will briefly discuss the data collection, data analysis, and measurement of these three hypotheses.

Methodology

This section will be concerned with the methodology of the research. The main objective of this chapter is to justify how the research question is going to be answered - *why is the United States so persistent in the anti-drug policy despite its failure?* In order to answer this question, the next section will entail the operationalization of the hypotheses. Second, the research method and data collection will be discussed. Third, the case selection and important actors are going to be discussed and justified. Finally, the limitations and the how we should assess the theory of foreign policy change.

Operationalizing the concepts

Although the theory is logically structured, the measurement of the hypotheses is difficult. David Welch (2005) argued that we should identify six different factors before one could test the hypotheses. However, a different factor will be used than the final factor of Welch, in order to make it more relevant for this thesis. Before we look at these factors, it should be noted that the operationalization works with the assumption that a decision-making group is treated as a single unitary decision-maker.

The first assessment looks at the actual behavior of the decision-maker, in other words, whether the policy did or did not change. Although this step seems pretty straightforward, it is not. What is foreign policy change? A small increase in a war budget, or a small adjustment of a certain policy? States often implement small changes in their policies. But these are not the changes that the theory is concerned with. These small changes are unpredictable and there is no reason to try and predict them. This thesis focuses on dramatic shifts of the policy. Although this is somewhat subjective, it is arguably to determine whether there is a major change in the strategy of a policy, or if there is just a small adjustment, or if there is no change at all.

The second assessment looks at the operative reference point of the decision-maker. This refers to what the decision-making consider to be an acceptable state of affairs. Available records, such as interviews, press conferences, town hall meetings, and other public records would suffice in identifying the reference points. The third factor is closely related to the first one, and is the decision-maker's subjective assessment of the status quo *vis-a-vis* the reference point. This concerns whether the decision-making group finds the status quo acceptable, or whether the decision-making group views de status quo in a loss frame or a gains frame.

The fourth and fifth step involves the alternative policies. The first step is trying to identify the favored alternative option, or, if there is none, the logically possible alternative. Identifying these alternative policies is relatively simple. Also through public records, or interviews of the decision-

making group, alternative options can be identified. The fourth step is a bit trickier; identifying the perceived riskiness of the alternative(s). This is not only difficult for scholars, but also for the decision-makers themselves. Decision-makers sometimes misjudge risks, and they hardly use numerical probability to an estimate of risk. However, through public records of the decision-making group it is possible to get an assessment of the decision-making group regarding the alternative policies. Although it would be difficult to get an exact evaluation of the riskiness, it is possible to get a good sense of the estimates of risk.

The final assessment is the policy characteristics, mainly how bureaucratic a policy is. Bureaucratic can mean two things: the complexity of the governmental apparatus (the number of ministries, departments, offices, or bureaus), and the extent to which they exhibit bureaucratic behavior, i.e. the rigidity of their procedures. Unfortunately there is no exact measurement of how bureaucratic a policy is. However, by analyzing the number of organizations and departments are involved it is possible to make an assessment of how bureaucratic a policy is.

So far the operationalization of the concepts. For a more detailed description of the operationalization, look at Welch's *Painful Choices* (pp.51-64). The next section will discuss and justify which actors this research will be concerned with.

Case selection

Now it is clear what and how we are going to analyze, we turn to the question who are we going to analyze? This research will be concerned with the two George W. Bush administrations, between 2000 and 2009. There several reasons why this time-period is the interesting to analyze. First, during his presidency the results of Plan Colombia were started to get in, and these results were not satisfactory. Second, during his presidency the Mérida Initiative was implemented, which had several similarities with Plan Colombia, such as the militaristic character and the focus on supply reduction (Davis et al., 2011:412). These two reasons make it a clear puzzle why the policy has not changed.

The focus within the decision-making group is on two political actors: President George W. Bush and the head of the Office of National Drug Control Policy (ONDCP), John P. Walters. These politicians are the most important actors in the anti-drug policy. George W. Bush because he had the final responsibility as the President, and Walters because he was responsible for evaluating, coordinating, and overseeing the international and national war on drugs.

Research method and data collection

The theory used in this research is specifically useful for qualitative case studies. Qualitative case studies provides tools for scholars to study complex phenomena within the context (Baxter and

Jack, 2008:544). Especially researches in the foreign policy field, which are often highly complex and in which the context is important, qualitative case studies are useful. Mainly because it is important to have a detailed description of foreign policy in order to understand and assess it.

As is stated above, many of the data required is through public records. Town hall meetings, press conferences, interviews, press statements of President George W. Bush and John Walters are the most important data that will be used to assess the reference points and the alternative policies. For the final two assessments that are mentioned above, this research will rely on congressional reports and secondary literature, to assess the degree of bureaucracy and whether there has been a change in the policy.

Limitations

One of the most common limitations of a qualitative single case study is researcher's bias. Especially in the case of the war on drugs, multiple studies have tried to explain the persistence of this particular policy and all of these studies have completely different explanations. Why would this study be so different? First, the theory of foreign policy change by David Welch has shown that it can explain foreign policy stability and change. This theory has been tested on multiple cases and it has shown that it has indeed explanatory power. Second, this analysis uses three different bodies of theory, which are not necessarily complementary. Instead of the other studies, this analysis will use three totally different hypotheses, which deals with the researcher's bias.

Another limitation of this study is that it can only say something about the conditional likelihood of the theory. By test-driving this theory on the war on drugs, it gives us a better understanding how the theory works and we can fine-tune the theory. However, this study cannot claim that the theory is done and that foreign policy change can be predicted. This is, however, not the main goal of this study. Testing the theory and identifying the main factors why the war on drugs has not been changed, gives us a better understanding of foreign policy. There will be no grand theory of foreign policy, simply because many factors play a role in foreign policy decision, and more importantly, people play a role in foreign policy. Therefore, a better understanding of the war on drugs and the inertia of foreign policy is the best we could do.

The fact that this study will treat a decision-making group as a single unitary actor is also a limitation. It is too simplistic to assume that there are no competitive forces in a single decision-making group. See for a more detailed description of decision-making groups in foreign policy making at Donald Sylvan and James Voss' book *Problem Representation in Foreign Policy Decision Making* (1998). However, in order to make the theory parsimonious, this is a critical assumption.

The limitations are present and clear, but not insurmountable. It is clear that this research is able to contribute to the discourse of foreign policy analysis. The next section will be concerned with the analysis of the persistence of the war on drugs.

Analysis

Before we turn to the actual analysis of the foreign policy persistence of the United States, it is important to briefly discuss the history of the war on drugs, why it is a failing policy, and which policies the Bush administration was responsible for.

Background

One of the first anti-drug efforts on foreign soil was in Mexico in 1969, under the name *Operation Intercept*. Launched as an anti-drug policy to stop the flow of marijuana, heroin, and other dangerous drugs, it soon became clear that the main aim of the operation was to “publicize the new administration’s war on crime and force Mexican compliance with Washington’s anti-drug campaign” (Craig, 1980:556). Soon after Congress passed the Comprehensive Drug Abuse Prevention and Control Act of 1970, and in 1971, President Nixon officially declared war on drugs. Drugs were declared as public enemy number one, and the war on drugs had officially begun.

This new policy was characterized by repressive actions. It emphasizes incarceration, eradication, interdiction, extradition, and supply reduction of drugs. The rationale of the supply reduction is as follows: market disruption and supply reduction will increase drug prices and decrease drug purity. These two elements should have resulted in lower drug use of current users and should decrease the number of new users (Scherlen, 2012:67). Reducing the amount of drug users was the main goal of the war on drugs.

Since *Operation Intercept*, the U.S. had launched several anti-drug efforts on foreign soil, most notably *Plan Colombia* in 1998. Plan Colombia was a comprehensive and extensive anti-drug program implemented by the Clinton administration. The program had a military character and focused on eradicating the guerilla organization FARC and the coca production (Schweig, 2002:129). The supply reduction rationale was strongly visible in Plan Colombia. President Clinton’s director of the Office on National Drug Control Policy, General Barry McCaffrey, stated that the primary objective of Plan Colombia was to reduce the supply of heroin and cocaine that was reaching the U.S. (Oehme, 2010:228). The military character was visible in the enormous increase of the defense expenditures of Colombia. Between 2000 and 2008, Colombia’s defense and security expenditures rose with 340% (Delgado-Ramos et al., 2011:96). Plan Colombia was the largest and most comprehensive anti-drug program thus far for the United States.

However, the results of Plan Colombia were far from satisfactory. The price of cocaine in the United States had decreased with 25 percent between 1990 and 2006 (UNODC, 2008:260). Furthermore, between 2002 and 2008 drug use stayed remarkably steady with around 8 percent of the population using illicit drugs (National Institute on Drug Abuse, 2015). Indeed, the coca production did decline slightly in Colombia by 7 percent between 1999 and 2004. However, the

total area under coca cultivation (hectares eradicated plus hectares remaining) was 35 percent higher in the same period (WOLA, 2005). Even more tellingly, the global production of cocaine remained steady during Plan Colombia, since there was an increase in production in Colombia's neighboring countries (UNODC, 2008:8). Thus, the initial goal of Plan Colombia had not been met.

Besides the fact that the main goal of Plan Colombia had not been achieved, there are negative side-effects that this policy has produced. Many scholars argue that there is a link between the involvement of the United States in Colombia and the widespread human right violations (Delgado-Ramos et al., 2011; Hobson, 2014; Perret, 2013). Mainly due to the fact that the use of private military and security companies by the U.S. leads to a lack of accountability, and that there was hardly any oversight of these companies. Another common criticism of Plan Colombia were the high costs for the United States. Colombia received between 2000-2008 \$6.1 billion in assistance from the United States (Oehme, 2010:222). Especially in the light of the poor results, this is a very high amount. Finally, research has shown that crop eradication, which was a main pillar of Plan Colombia, had not had a significant impact on the illicit cocaine market within the United States. Such enforcement actions are mainly directed at the weakest link: the coca farmers (Acevedo, 2008:10). Does that make Plan Colombia a failed policy? Allan McConnell states that a policy is a failure, "even if it is successful in some minimal respects, if it does not fundamentally achieve the goals that proponents set out to achieve, and opposition is great and/or support is virtually non-existent" (McConnell, 2015:230). Thus, Plan Colombia is a failing policy.

Instead of terminating the policy of supply reduction, the Bush administration signed the Mérida Initiative into law in 2008. The Mérida Initiative is an agreement between the United States and countries in Central America to disrupt the drugs market, and with that reduce the amount of drugs on the streets in the United States. Although Mexico is not a drug producing country, the majority of the funding (90%) of the Mérida Initiative went to Mexico. This is due to the fact that virtually all the drugs for the U.S. market is transported through Mexico. The majority of the funding from the Mérida Initiative went to counternarcotics, counterterrorism, and border security (Davis et al., 2011:412). Thus, as was the case in Plan Colombia, the Mérida Initiative has a militaristic character and has as main goal to reduce the supply of drugs that reaches the United States.

Thus, it is an interesting puzzle why the Bush administration implemented the Mérida Initiative. It was clear by then that Plan Colombia had not met the expectations. The next section will analyze the decision-making process of President Bush and his 'drug czar' John P. Walters in order to shed light on this puzzling case. This analysis will be conducted as described in the methodology section.

Policy Persistence

As stated in the methodology section, it is difficult to distinguish change from no change. Especially since the theory focuses on major changes and not so much on minor tactical adjustments (Welch, 2005:62). The Bush administration made some minor budget adjustments compared to the Clinton administration. For example, under President Bush the funding for drug abuse prevention activities shrunk, while the portion of the budget devoted to the supply side approaches grew from 53.1 percent in 2001 to 64.5 percent in 2007. In the same period the funding for drug abuse prevention activities shrunk from \$1.54 billion to \$1.06 billion, and there was also a decline in the funding for efforts aimed at stopping use by 11.7 percent (Robinson and Scherlen, 2007:208-209).

The increasing focus on the supply approach was also visible in Plan Colombia. In 2004 a bill was passed that made it possible for the Bush administration to double the military personnel allowed on Colombian soil (Congress, 2004). Furthermore, as stated above, Bush continued the supply approach on foreign soil with the Mérida Initiative. Thus, although there was some slight adjustments in the funding of the war on drugs, there was no dramatic change during the Bush administration. As with his predecessors, the main goal of the war on drugs was to disrupt the drugs market and the supply (Robinson and Scherlen, 2007:189). The Bush administration even intensified this supply approach, and focused less on demand reduction. The next section will discuss the considerations within the Bush administration.

Perceptions

In his speech about drug control policy in 2002, President George W. Bush stated that the one of his main challenges was to fight the use of drugs, and that the fight against drugs was put at the center of the national agenda. He also stated in the same speech that too many people use drugs, and that it results in a social crisis (Bush, 2002). As President Nixon also declared forty years earlier, Bush saw drug use as a real danger for the United States, and that it was crucial that the amount of drug users should decline.

The strategy that George W. Bush wanted to employ to accomplish the goals of his drug policy, coincide largely with that of his predecessors. During the campaign for his first term as president, Bush's campaign spokesman said that the then-governor favors the Colombian military package, "to make sure their military is well-trained and well-equipped to fight the drug traffickers" (Donnelly, 2000:A21). In the speech about his drug control policy, he furthermore states that the budget would increase with 10 percent to prevent drugs from coming into the United States. He also announced that he wants to eradicate drugs by the sources, especially in the Andean nations, such as Colombia, Ecuador, and Bolivia, and that crop destruction and crop substitution should continue on a larger scale (Bush, 2002). So, even though George W. Bush inherited Plan Colombia from his

predecessor President Clinton, he still supported the policy and even expanded it. The reference point of the Bush administration was to have a significantly lower amount of drug users in the United States, and in order to reach this goal, the administration had a strong preference for the supply-approach, which was also employed by his predecessors.

The status quo was not acceptable for the Bush administration. This was visible in two different ways. First, in the statements he made in the media. In the speech about the drug control policy, President Bush claims that drugs take “too many lives” and that it “destroys families” (Bush, 2002). In an interview in 2008, at the end of his presidency, Bush claimed that the drug trade “brings crime and violence in our streets” and that it “enriches the enemies of the United States” (Associated Press, 2008). Although he was more positive towards the end of his second term, Bush repeatedly stated both at the beginning of his term and at the end of the term, that the status quo was not acceptable, and that something had to be done.

Second, the policy choices that the Bush administration made, also point towards the fact that the U.S. government did not find the status quo acceptable. The Bush administration did not only continue Plan Colombia, which was established by his predecessor President Clinton, he even increased the funding of Plan Colombia (Veillette, 2005:CRS2). Between 2000 and 2002 U.S. funding of Plan Colombia increased from \$650 million to \$731 million (WOLA, 2002:4). Another policy implemented by the Bush administration that pointed towards the fact that they found the status quo unacceptable, was the implementation of the Mérida Initiative in 2008. This anti-drug program was also created to disrupt the supply of illicit drugs to the United States, and was often nick-named Plan Mexico due to the many similarities with Plan Colombia (COHA, 2007). The price tag for the first three years of the program was \$1.5 billion, a similar amount that was reserved for the first three years of Plan Colombia (Walser, 2008). So, both in terms of policies and language, the Bush administration made clear that the status quo was not acceptable for them.

So in short, the Bush administration did not find the status quo an acceptable situation. The amount of drug users was too high, and just like President Nixon and his father George H. W. Bush, he perceived drugs as one of the main national problems for the United States. However, instead of changing the strategy employed by his predecessors, he intensified current policies such as Plan Colombia, and implemented new policies to attack the supply of drugs. The next section will elaborate on the alternative policies that the Bush administration could have employed and their perceived risks.

Alternative Policies

Although the Bush administration, nor his predecessors, had stated an alternative for the supply approach, many scholarly work and policy recommendations did. Virtually all these works

suggest the same shift; from the hardline supply approach to a focus on a softer approach, demand reduction. The main argument for this shift, is that the prohibitionist approach is not only ineffective, but also has resulted in “a range of severe unintended harms” (Wood et al., 2010:990). Furthermore, there is no research-based evidence that the prohibitionist approach to drugs lead to less prevalence of drug use. In an extensive policy recommendation, June Francis and Gary Mauser emphasize that “[a]t a minimum, we argue for a shift away from offshore supply-focused initiatives to strategies that prioritize demand management within the United States” (Francis and Mauser, 2011:171).

Demand reduction can be done in two different ways. First, the total legalization of illicit drugs and decriminalization of drug users. This is a rather radical form of demand reduction. The other approach to demand reduction, is harm reduction. This approach is the middle ground between the hardline prohibitionist approach and the total legalization of illicit drugs. Harm reduction emphasizes compassionate treatment for addiction, with physicians providing medical therapy and not viewing abstinence as the only worthy outcome (Cotton, 1994:1641). Harm reduction may also involve educational campaigns that aim to decrease harm by drug-related issues, but it is mainly described as clean needles and syringes, overdose prevention, and the protection of rights of drug users (Weiner, 2014:5). Indeed, harm reduction policies can coexist with the supply reduction policy, and this was already done by the Bush administration and its predecessors in a limited way. But the main focus stayed on the supply reduction. Thus, the alternative policy for the Bush administration was to focus its policies on demand reduction. The next section will discuss the perceived riskiness of the two forms of harm reduction.

The total legalization of illicit drugs was never a serious option for the Bush administration. In a presidential debate in 2000, the then-governor Bush stated that legalizing marijuana, perceived as one of the least harmful illicit drugs, would be a “big mistake” (Bush, 2000). This point of view did not change when he became president. Along with national governors, the National Governors Association adopted a resolution that states that “the nation’s Governors believe illicit drug legalization is not a viable alternative, either as a philosophy or as a practical reality” (NGA, 2000). This point of view of the Bush administration is also illustrated by statements made of the Director of the Office on National Drug Control Policy (ONDCP), John P. Walters. According to Walters legalization of drugs entails a high risk. He argues that legalization would lead to a massive price cut of drugs, and these price cuts would lead to a dramatic increase of drug use and addiction (Walters, 2012).

Another reason why the total legalization of illicit drugs was not a serious option for President Bush, was public opinion. Although the support for legalizing marijuana had grown steadily over the last decades, at the end of the second term of President Bush, a majority of 54% of the U.S. citizens were opposed to legalizing marijuana. Among the citizens that identify themselves as

republicans, this percentage is even higher; as shown in figure 1 (Saad, 2009). This percentage is probably even higher when the same question is asked about heroin or cocaine, since these drugs are often perceived as more dangerous. In sum, the perceived riskiness of drug legalization was too high for the Bush administration. On the one hand, there was a strong belief that legalization would lead to dramatic drugs increase, as formulated by the former director of the ONDCP. On the other hand, there were electoral constraints for the Bush administration, since an overwhelming majority of the republican voters were against the legalization of drugs.

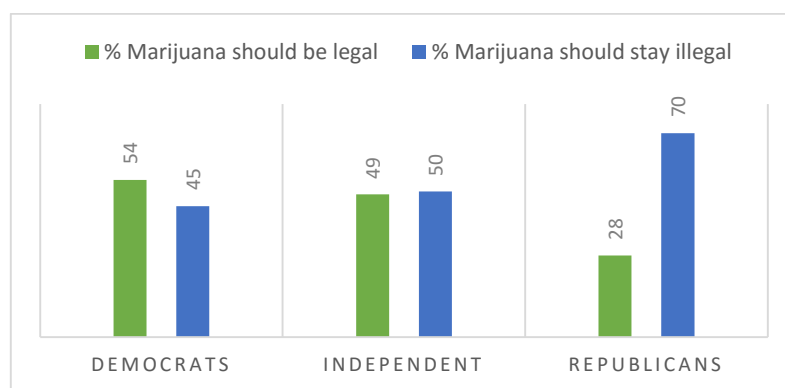


Figure 1. Source: Gallup - Oct. 1-4, 2009

Although harm reduction is the so-called middle-ground approach of demand reduction, Bush did not favor this policy option either. During his presidential campaign in 2000, then-governor George W. Bush made these remarks about harm reduction:

"I do not favor needle exchange programs and other so-called harm-reduction strategies to combat drugs. Drug use in America, especially among children, has increased dramatically under the Clinton-Gore administration, and needle exchange programs signal nothing but abdication, that these dangers are here to stay. America needs a President who will aim not just for risk reduction, but for risk elimination that offers people hope and recovery, not a dead-end approach that offers despair and addiction" (Kleinig, 2008:1).

Bertha Madras, who was deputy director of demand reduction for the ONDCP during the entire Bush administration, also did not favor the approach of harm reduction. In 2007, she stated that needle exchange was a form of giving up the fight against drugs. She also argued that such regulations would be a sign that drug addiction is acceptable (Venosa, 2016).

The reason why the Bush administration did not favor the harm reduction strategy, is because it perceived the risk of this alternative too high. Bertha Madras states that any rescue program could take away the motivation of drug users to get into drug treatment. She said that

“being in an emergency room, having contact with a health care professional is enough to make a person snap into the reality of the situation and snap into having someone give them services” (Knox, 2008). In other words, in the eyes of the Bush administration, harm reduction would not lead to less drug use, but they saw it as a form of tolerance of drug addiction, and that it may lead to more overdoses and users.

In terms of electoral gains, the risk of a policy that is more focused on harm reduction is unclear. There is no clear national consensus on the desirability of harm reduction policies. Support for syringe exchange programs, a program that reduces the transmission of HIV without increasing drug use, an exemplary form of harm reduction, ranges from 29 to 66 percent. The reason for this high range is explained by the question wording and/or other biases of organizations sponsoring these kinds of polls (Vernick et al., 2002:431). However, from this percentage one could conclude that at least 34% of the total electorate is opposed to this type of harm reduction. This percentage is probably higher among citizens that identify themselves as republicans, since they, in general, are more conservative concerning drug regulations (Swift, 2013). Thus, although the data is not conclusive, there was a considerable electoral risk for the Bush administration if it wanted to put the focus away from supply reduction to harm reduction.

All in all, the perceived risks of the alternative policies were too high. The administration thought that total legalization would lead to a dramatic increase of drug users in the United States, and that it would not be accepted by the electorate. The same goes for harm reduction, the electorate, especially the republican electorate, is not very supportive of harm reduction initiatives. And, according to the administration, harm reduction initiatives would send out a signal that drug addiction is acceptable and eventually will lead to more drug users.

Policy and regime characteristics

The final factors that can explain the lack of foreign policy change are the policy characteristics and the degree of democracy of a state. When a policy is highly bureaucratic, e.g. many organizations are involved and benefit from a policy, the policy is less likely to change. The war on drugs is a typical example of a highly bureaucratic policy. State department, homeland security, defense department are all involved in the international war on drugs. The supply approach also has its implications for the national, prohibitionist, dimension of the war on drugs. The distribution of the drug war benefits is also extensive. The policy influences all of the states. It influences the city, county, districts, law enforcement, judicial funding etc. It also influences employment rates, many citizens have work in law enforcement, which is a consideration when evaluating the “continuation of the war on drugs” (Scherlen, 2012:71). Thus, the policy has two dimension, a national and an

international dimension, that are closely interwoven. This makes it a highly bureaucratic policy in comparison with other typical foreign policies, and thus, less likely to change.

Results

Now let us turn to the hypotheses. The first hypothesis was: **H1:** *Foreign policies that are highly bureaucratic should change less frequent than policies that are less bureaucratic.* There is support for this hypothesis. As stated, the war on drugs is especially a highly bureaucratic policy, since the national and international dimension are closely interwoven. Furthermore, the drug war benefits are distributed among many organizations, states, and people. These factors all add to the inertia of policy change.

The second hypothesis is: **H2:** *Foreign policy change will be most likely when policy fails either repeatedly or catastrophically, or when leaders become convinced that it will imminently do so.* As argued above, policy fails when it does not fundamentally achieve the goals that proponents set out to achieve, and opposition is great (McConnell, 2015:230). The war on drugs has failed repeatedly. Since 1981, the purity of cocaine and heroin have increased, while the prices of these drug have decreased (Wild, 2013:423). The statistics during the Bush administration were also not supportive of the drug war. Between 2002 and 2009, the amount of drug users in the U.S. increased slightly (National Institute on Drug Abuse, 2015). All the numbers point to the fact that the war on drugs has indeed failed catastrophically and repeatedly.

One might argue that the Bush administration did not perceive the war on drugs as a failing policy. For example, in 2005, President Bush said that Plan Colombia was producing results (State Department, 2005). And John P. Walters also defend the U.S. efforts on foreign soil (Wilkinson, 2008). However, both national institutions such as the National Institute on Drug Abuse and international institutions such as the United Nations on Drugs and Crime published numbers of increasing drug users during the Bush administration. The reason why, despite these statistics, the policy did not change may lie within psychological mechanisms. Once people are committed to a particular perspective, it is difficult to change their minds. Furthermore, it is difficult for the human mind to recognize that our beliefs are wrong (Welch, 2005:37-39). Thus, it seems that when a policy fails repeatedly and catastrophically, it is not a sufficient condition for policy change to happen. So, there is not support for the second hypothesis.

The final hypothesis is: **H3:** *Leaders are more likely to pay the inherent costs of foreign policy change to avoid losses than to realize gains of equivalent magnitude. Only prospects of disproportionate gain are more likely to motivate foreign policy change.* As stated, the reference

point of the Bush administration was that the amount of drug users was too high. The status quo was unacceptable, and the administration was situated in a domain of loss. The theory, therefore, would predict that the administration would be risk-acceptant, which would make foreign policy change more likely to happen. However, the policy had not changed for two reasons.

First, the perceived riskiness of the alternative policies were too high. There was a fear for an epidemic of drug users, if the supply approach would be terminated (Walters, 2012). The alternative policies did not have any prospects of disproportionate gain. In fact, the administration perceived the alternative policies as inherently worse than the supply approach. Second, although the statistics show that the policy had failed, it can be perceived as a good policy from a moral point of view. During the National Governors Association meeting, among others, Bush supported the resolution that drug legalization was not a viable alternative as a philosophy (NGA, 2000). Since, President Bush and the Republican electorate have a very conservative view on regulations concerning drugs, being hard on drugs is seen as morally the right thing. Thus, there is strong support for the third hypothesis. The alternative policies did not offer disproportionate gain, at least not how the decision-makers perceived it.

Conclusion and discussion

The conclusion is that many factors play a role in the stability of the war on drugs. Although there are very compelling arguments to terminate the policy, the Bush administration did the opposite, and even expanded the policy. The most convincing argument is that the alternative policies, terminating the supply approach and focusing more on harm reduction, were perceived too risky by the Bush administration. Another factor that adds to the stability of the policy, is the fact that this particular policy is highly bureaucratic. Many actors benefit from the war on drugs, and many organizations are involved in the execution of the policy.

The most important finding of this study may be that when a policy fails repeatedly and catastrophically, that this is not a sufficient condition for policy to change. This is due to the fact that the alternative policies were even worse than the supply approach in the eyes of the Bush administration. However, the bureaucratic constraints also should not be underestimated. In 2004, the then-senator Barack Obama stated that the war had been an “utter failure” (Debusmann, 2012). The new director of the ONDCP, Gil Kerlikowske, stated that he wanted to banish the idea that the U.S. was fighting a war on drugs. However, although there were some slight adjustments in the funding of the Mérida Initiative, most of the budget still went to efforts to distort the supply (Seelke and Finklea, 2016:ii). President Obama favors a strategy of harm reduction, but he is still not able to effectively end the supply approach of the war on drugs. As Laurence J. Peter, of the Peter Principle, stated: Bureaucracy defends the status quo long past the time when the quo has lost its status.

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