



FACT Sheet

United States Department of Justice
Drug Enforcement Administration

The Diversion Investigation Unit Program

Office of Compliance
and Regulatory Affairs

The term "illicit drug traffic" is actually a generalization covering a number of types of drugs and their movement to various groups of abusers. For example, the traffic in heroin from Southeast Asia is distinct from the traffic in cocaine from Latin America. Similarly, the traffic in LSD from clandestine laboratories differs from the traffic in diverted legitimate drugs.

In a broad sense, the illicit drug traffic can be viewed as consisting of three facets:

- (a) Traffic originating in foreign countries
- (b) Traffic originating in domestic clandestine laboratories
- (c) Traffic originating through diversion from legitimate commerce.

Traditionally, Federal, State and local governments have given overwhelming priority to combating the traffic originating in foreign countries (e.g., heroin, cocaine, marihuana). To a lesser extent, efforts have been expended on combating the traffic originating in domestic clandestine laboratories (e.g., LSD). The lowest priority had been given to combating diversion from legitimate commerce (e.g., amphetamines, barbiturates, tranquilizers, etc.).

There was a reason for this. In deploying the limited resources of law enforcement, heavy consideration must be given to the relative harm to society caused by these various drugs. If the harm caused by drug A is greater than that caused by drug B (whether due to the amount of abuse or the innate characteristics of the drug), then emphasis must be placed on combating the traffic in drug A. Traditionally, the illicit drugs originating from foreign sources have been viewed by law enforcement and the public as the most harmful.

In recent years, however, we have witnessed

a shift in the market towards what has been termed "poly-drug" abuse. Without delving into a statistical or sociological analysis of this trend, suffice it to say that the legally produced drugs used in treating various illnesses in this country are becoming more prevalent in the illicit market. As the demand increases, so follows the supply.

We do not believe this shift in the market is such as to require a dramatic shift of law enforcement priorities and resources. We do believe, however, that a limited shift is necessary. Furthermore, this shift will have to take place primarily at the State and local levels of law enforcement.

The working legislation of DEA is the Controlled Substances Act of 1970. A study of this Act will show that DEA has been given considerable authority to monitor the commerce of controlled drugs at the manufacturing and wholesaling levels. Its authority at the retail level is markedly less.

The rationale of Congress in limiting Federal authority at this level was threefold: (1) to conduct the same degree of scrutiny at this level as at the other levels would require a very large increase in Federal resources; (2) the responsibility for monitoring this level has traditionally been held by the States; and (3) the business sphere of the manufacturers and wholesalers is of an interstate nature, while the business sphere of the retail handlers is of intrastate nature.

Due to resource and legal restraints then, there is a marked difference between the strong Federal presence at the upper levels of the drug industry and the inherently lesser Federal presence at the retail level.

There is little commonality in the nature and extent of regulation of health professionals by State governments. The most prevalent mode is to assign this responsibility to various