Army's Role in the War on Drugs

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Abstract

Even though we are doing drug testing and education, is that enough to keep the American Soldier from using drugs? Should the Army have more involvement on the war on drugs and how can Army Leaders prevent this issue from affecting our Soldiers? What roles do the National Guard, Special Forces and Army CID have in combating drugs entering the United States? The United States Army is using all elements to combat the war on drugs and influence the awareness of substance abuse users. We must first understand the origin of our problem and its solutions.
Army's Role in the War on Drugs

Beginning in the 1960s, the Department of Defense (DOD) began to track the abuse of drugs and alcohol in the military. This led to the development of drug and alcohol prevention policies, counseling, and the goal of eliminating drug and alcohol abuse in the military. Initially, marijuana thought to be the most abused drug, but by 1970, it was obvious that heroin had become the recreational drug of choice for most Soldiers in and returning from the Vietnam War. During this period, nearly half of all Soldiers were using drugs with approximately one-third being addicted. In an attempt to resolve this issue, the DOD established a policy to encourage Soldiers to volunteer to enter into drug and alcohol abuse programs without fear of any type of punishment. The development of rehabilitation programs focused on treatment and not punishment. The military incorporated systems in order to identify drug users while still in Vietnam in an attempt to detoxify them prior to their return to the United States and provide a minimum of 30 days of treatment in military facilities. Eventually, the establishment of a systematic, random drug-testing program for all active duty military personnel was born. Discharge was not available for all Soldiers that volunteered for treatment under other than honorable conditions. Because of this no punishment policy, it was simply a matter of time before drug-related incidents escalated. Pressure from all military branches resulted in the creation of a new drug-testing program where Soldiers would face punishment under the Uniform Code of Military Justice (UCMJ) if tested positive for any illicit drug use.

In 1986, the DOD established an official health promotion policy designed to improve and maintain military readiness and the quality of life of personnel. The policy included activity in three areas, 1) random drug testing for active duty military, DOD civilians, and National Guard and Reserve forces, 2) Anti-Drug Education and Training for Soldiers, civilians, and
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military Dependents, and 3) treatment and rehabilitation in order to enable individuals to return to duty. The primary objectives of the policy focused on reducing illicit drug use, heavy drinking, and alcohol-related motor vehicle crash deaths by military personnel. The policy focused on junior enlisted men, single personnel, and personnel with a high school education or less. All military branches have developed their own drug and alcohol programs and policies. Their programs include education and training, leadership support, and involvement and responsibility at every level to include group peer pressure. (AR 600-85, 2001)

Due to the growing concern about the military’s drug and alcohol problem, the Department of Defense (DOD) developed and implemented the Alcohol and Drug Abuse Prevention and Control Program (ADAPCP) on 28 September 1971 eventually changing the name to the Army Substance Abuse Program (ASAP) on 01 October 2001. The ASAP is a program designed to deter, prevent, and treat Soldiers and civilians by strengthening the overall fitness and efficiency of the Army and to improve its combat readiness by reducing drug and alcohol abuse. All Soldiers, family members, government employees, retirees, sister service members assigned to the Army, foreign national employees under the Status of Forces Agreement, and National Guard and Army Reserve are eligible for the program. The program has several objectives, all with the goal of rehabilitating individuals in order for them a successfully return to duty. The ASAP objectives focus on fitness and unit readiness, drug and alcohol education and prevention services, drug and alcohol risk reduction, restoring rehabilitated Soldiers to duty, appropriate unit level leadership training, proper training of ASAP Personnel. This improved the overall unit readiness, and excellent customer service.

Soldiers can enroll in the program through command referral, self-referral, or other referrals. A command referral occurs when the Soldier tests positive for drug abuse or is
involved in an alcohol related incident. Soldiers can refer themselves in the ASAP without the fear of punitive actions. The exception to this policy is when an individual attempts to enroll in the program in order to evade punishment immediately after notification or following a urinalysis. Other referrals occur when someone other than commander, medical, or the law makes the referral. A good example of this is a chaplain. When enrolled in the ASAP, the Soldier will receive treatment based on his or her level of abuse. The treatment will range anywhere from 12 hours of alcohol and other drug abuse training (ADAPT) to a two to four week inpatient program. Other possibilities are one on one counseling sessions with a qualified counselor, Alcoholics Anonymous, Narcotics Anonymous, and additional drug testing. After three to six months in the program, the commander will evaluate the Soldier’s progress in order to determine what actions to take: release from the program, continue training, or military separation.

Another program aimed at treating Soldiers and civilians is Alcohol and Drug Abuse Prevention Training (ADAPT). Its purpose is to offer possible high risk individuals the chance to identify, educate, and fix their drug or alcohol abuse problem before it spins out of control. The program is not only self-referral; the commander can also request that a Soldier attend the training. The training is mandatory for all Soldiers who test positive for drugs or are involved in an alcohol related incident. The program consists of 12 hours of training and focuses on educating individuals on drug abuse, drinking and driving, and the negative effects of drug abuse on people close to them. The end goal is to minimize the probability of future abusive behaviors associated with illicit drugs and alcohol.

The Army’s concern about the welfare of its civilian employees prompted the creation of the Employee Assistance Program (EAP). The purpose of the EAP is to enable civilian
employees the ability to seek referrals to several agencies with complete privacy. The program addresses numerous issues from substance abuse to personal conflict. The EAP does not provide any information to anyone without the client’s written consent. The goals of the EAP are to notify every employee about the program within the first few weeks of employment and to train at least one-third of all supervisors to recognize the signs and symptoms of substance abuse. The EAP teaches employees about several subjects to include violence on the job, client care, as well as classes that specifically relate to the general wellbeing of all civilian employees.

Another program developed to train and educate Soldiers and civilians is the Prevention Education Program (PEP). This program is oriented more on deterrence of illicit substance abuse and its consequences rather than rehabilitation. The PEP consists of four hours of training for Soldiers and three hours for civilians. Training focuses on alcohol abuse and all kinds of drugs related issues. The goal of the program is to maintain the training of every military and civilian member in the armed forces.

Not all programs are at DOD level. Probably the most well known program in the military concerning drug abuse is at unit level, and that is unit prevention. The program’s primary function is to identify substance abuse users through random urinalysis/biochemical testing. By regulation, all Soldiers will conduct the test at least once every year. Most units conduct a 100% test quarterly or annually and a 10% monthly. The program is the overall responsibility of the unit commander. He oversees the entire process at his level and ensures the Unit Prevention Leader (UPL) follows the policies and procedures to the finest detail. There is absolutely no room for error. The commander can determine when a test will occur for several reasons. It could simply be random testing or for a more specific reason such as rehabilitation, probable cause, or medical. For the program to be successful, urinalysis testing should remain a
Army's Role in mystery to all Soldiers in order to deter them from drug use. If a Soldier is unsure of when a test is to take place, he is more likely to distance himself from the use of illicit drugs. Bottom line, this is the most effective means of battling drug use in the military.

Finally, units at all levels, to include DOD, conduct awareness prevention campaigns. There are monthly campaigns such as Alcohol Awareness Month and Alcohol & Other Drug - Related Birth Defects Awareness Week to name a couple. Campaigns are a positive and effective way to spread information about the negative effects of substance abuse.

Throughout the military, there are numerous opportunities for Soldiers to pursue who are battling substance abuse or simply need information on the subject. Every three years, the DOD conducts an anonymous survey on approximately 16,000 service members. The 2005 survey illustrates the positive effect drug and alcohol programs are having on military personnel. The first survey conducted in 1980 identified roughly 27.6% of all active duty service members who admitted using illegal drugs. In the next 22 years, the percentages dropped dramatically as indicated in 2002 where it was at an all time low of 3.4%. We cannot compare numbers from the 2005 survey due to the modification of questions asked concerning drug abuse. From the 2005 survey, one improvement identified was the decline of heavy drinking. In 1980, it was at a high 20.8% and is currently down to 18.5% in 2005. (defenselink.mil) Overall, the numbers are proof that the information and education the Army is providing to Soldiers and civilians is working and improving daily.

Experimental, prior, or current use of drugs is not an excuse for sabotaging your team. This is what American Soldiers are doing when they take it upon themselves to use drugs. Our leadership, senior, peers and subordinate, are responsible for the protection of the units honor and traditions. Education is the key to the prevention of drug use and it is everyone’s
responsibility to learn, teach, and report which is the hardest of them all especially when it deals with friends.

A. Effects of Drugs on a Unit:

a. They are many types of illegal drugs used by service members; the drug of choice is marijuana. Soldier look at marijuana as the safe smooth drug; research will show that chronic users have prolonged memory loss and learning deficits even after stopping the use. Ecstasy has a strong following as well; in 2000, over 1,000 Soldiers tested positive for using the drug. Other drugs used by American Soldiers are cocaine, amphetamines, LSD, opiates (including morphine and heroin), barbiturates and PCP.

b. From the lowest enlisted to the highest officer, illegal drug use happens; younger Soldiers are more likely to have problems due to immaturity. In the years 1983 - 1998, the use of drugs dropped 23% due to education and deterrence.

c. Percocet, Motrin, Tylenol 3 with codeine, and alcohol to name a few are legal and prescribed substances that Soldiers abuse. Soldiers returning from theater or going through hard times dealing with life, may abuse substances that are easily accessible to them in their home. Leaders often forget that this is a problem for the US Army as well, and recognize the symptoms too late. Friends, supervisors and subordinates often see a change in behavior and attitude, which normally tips an abuser's hand, and should report it to someone who can help. These individuals can be the chaplain, or the persons supervisor, remember be tactful this individual needs your help.
d. According to Military Police Investigations (MPI) Ft. Bliss, Texas, Soldiers in Advanced Individual Training are getting the drugs from taxi drivers; other Soldiers are obtaining the drugs from family members or local pushers around the club scene. They have found Soldiers of all ranks in possession; this can happen in a variety of ways, health and welfare inspections and DUI stops. MP’s can only search the car not the person, unless other probable cause warrants it. Unfortunately, Soldiers and family members involved in domestic violence incidents where members of the Military Police come to the home face the risk of having their home and person searched for drugs.

e. It is everyone’s responsibility to stop, prevent and report illegal drug use in a unit. Substance abuse leads to a decline in morale, trust and limits mission success, it also give the unit a reputation of a troubled home where the inmates are in charge of cell block not the guards. The command team should have a bond with their Soldiers, the men and women of their unit know who the users and pushers are. If these problems exist in a unit, Soldiers are the first line of defense. Officers, NCO’s and enlisted Soldiers deserve the best around them, the use of illegal drugs hampers mission success and effects esprit de corps of any unit.

B. Leadership Guidance

a. The Department of Defense governs all drug abuse and prevention programs for all military services. Army Regulation 600-85, the Army Center for Substance Abuse Program, and the Commander Guide and Unit Prevention
Leaders’ Handbook govern the United States Army. The commander can draft policy letters to also deter and announce their stand against the use of illegal drugs; it should also mention the testing policy for that unit. If known, the commander should also announce off limit areas that are high in drug traffic to assist in the prevention of drug use. Drug use is punishable under the Uniform Code of Military Justice, article 112(a) Wrongful use, possession, etc. of a Controlled Substance. The Army uses standard urinalysis screening to test for marijuana, cocaine, and amphetamines, to include ecstasy. They test for other drugs at random (per the site schedule) at the six different drug-testing sites for the Department of Defense. Commanders can request special test through a memorandum to the testing facility; however if steroids is the requested test, the sample(s) goes to the Olympic testing laboratory at the University of California Los Angeles.

b. Counseling is very important to this situation, the first thing a Soldier should hear about during the reception and integration counseling, is the zero tolerance policy the unit has. If a Soldier tests positive for an illegal substance, counseling on their failure and future with the United States Army should take place immediately. The selection of Soldiers is random, each unit required to test 10% of their unit per month and 100% per year; some Army installations are even required to test 300% per year as defined by the Post Commanders Policy Letter. If a commander suspects a Soldier of drug use, the commander can ask the Soldier for consent to search their premises, if the individual refuses then the commander can order a command-directed test. If
these results are positive, the commander cannot use the results to give the Soldier an Article 15 or court-martial, but can use the results to process the Soldier for an involuntary separation.

c. There are drug treatment programs for our Soldiers, a commander in conjunction with the Army Substance Abuse Program (ASAP) clinician will recommend the Soldier to a physician for evaluation. A rehabilitation team composed of the Soldier, the unit commander, and the Army Substance Abuse clinical staff does this process. The First Sergeant and others such as family members are optional. If the Soldier has the potential for future service (determined by the commander), retention is an option otherwise once the treatment process is complete the individuals term of service will end.

d. Rehabilitation is essential to the recovery of the Soldier; however, it is the discretion of the commander whether to retain the individual on active duty. The American society’s opinion is that we do not take care of our Soldiers; this is a myth. When a Soldier makes a mistake and substance abuse is the issue, rehabilitation and retention are the Army’s first priority not punishment and separation. Rehabilitation includes counseling, drug testing, support and trust. Preventions main weapon is education followed by deterrence. The Army’s policy is that all Soldiers receive four hours of mandatory training per year, anything more is at the discretion of the commander. Provide education to all Soldiers through, presentations from guest speakers to pamphlets and videos. This information can be provided by the ASAP office or members of the Provost Marshalls Office.
e. The last resort of the commander is to discharge the Soldier; the mitigating factors helping the Soldier will be their work ethic. Soldiers who are substance abusers will receive help; however, discipline will happen if they are in violation of the Uniform Code of Military Justice. Army Regulation 600-85 covers discharges for individuals; notification of a treatment facility near the Soldier’s residence will continue their treatment after an individual’s removal from service.

Soldiers, families and people are our most valuable resource to accomplish our mission. The abuse of any substance is critical and has an origin, as leaders we must find and assist the individual to the best of our abilities. Commanders must be vigilant and compassionate, but never compromise the unit or mission success. Education is everyone’s responsibility and non-reporting of known incidents will be an individual’s guilt. The United States Army is a corporation like no other and has the same issues as civilian businesses; the difference is America is counting on us to keep her free. Substance abusers without help, prevent us from doing our job, keeping freedom free.

It is no secret that the United States has a problem with illegal drug use, distribution and trafficking. The drug trade is a threat to our nation’s security. Illegal drug activity is a lucrative business. In fact, it provides funds to help support many illegal activities that are affecting our nation as a whole. A multi-billion dollar business crosses all lines of race, nationality age and social status. Studies show a strong correlation between crime, violence, and drug use. In 1989, President George Bush declared a war on drugs. In an attempt to protect our nation, the government felt it necessary to use our military forces. The military is providing financial and troop support to numerous countries around the world in its attempt to combat the war on drugs.
In its attempt to provide, support the military has to confront many challenges and use different strategies. There are a number of arguments concerning military involvement in the drug war. To understand the Army role in the drug war we have to understand who authorized the use of troops and what major military organizations are contributing to the war on drugs.

**Military Involvement**

In 1989, President George Bush declared a war on drugs. In an attempt to protect our nation, the government felt it necessary to use our military forces. The military is providing financial and troop support to numerous countries around the world in its attempt to combat the war on drugs. In its attempt to provide, support the military has to confront many challenges and use different strategies. There are a number of arguments concerning military involvement in the drug war. To understand the Army role in the drug war we have to understand who authorized the use of troops, and what major military organizations are contributing to the war on drugs.

**Authority to use Military Troops**

The Department of Defense, now designated to be responsible for several drug enforcement tasks, related to The National Defense Authorization Act of 1989. These responsibilities include detection, monitoring, and command-control-communication. Activation of the National Guard for specific duties came about according to this Authorization Act of 1989. The Posse Comitatus Act prevented the use of the military during civilian law enforcement actions; however, Title 32 U.S. Code freed the armed forces from some of the constraints of the Posse Comitatus Act. Joint Publication 3-07.9 dated 9 Aug 94, covering Joint Counter Operations; state that the Posse Comitatus Act was not applicable to the National Guard. (Miranda)

In 1989, President Bush had the military in mind during the design of the National Drug Control Strategy. When anything is a threat to national security, logically, who is there to defend
and serve but the military forces? The military brings additional resources, labor, and experience to the fight against drugs. People feel the military should play a major role because of all its war experience. Military involvement is justified when looking at drug control in a national context, for several reasons. Drug trafficking poses a serious threat to national security and our national interests. The military should definitely be engaged to protect our nation. (Leyton, 1993).

**Purpose**

The objective of the war on drug is to eliminate drug crops, prohibit drug smuggling, detect, investigate, and prosecute drug traffickers, and to create a reduction in demand by increasing the penalty for users. Identified in the National Drug Control Strategy are these goals:

1. Reduce the crime and violence rate; therefore, increasing the American peoples safety.
2. Protect our air, land and seaways from any possible drug threat.
3. Reduce the amount of money the nation spends on health, welfare, and crime that illegal drug use cost.
4. Interrupt or discontinue all foreign and domestic drug supply source.

The Defense Department also established five counterdrug missions under the direct supervision of the Assistant Secretary of Defense for Special Operations and Low Intensity Conflict. Missions closely related to the National Drug Control Strategy goals are. The missions are as follow:

1. “Provide counterdrug training, operational, and materiel support to drug-source and drug-transit nations.
2. The drug law enforcement supports the domestic efforts of the United States.
3. Give special support to the international cocaine strategy on the Drug Enforcement Administration (DEA).
4. Detect and monitor the air and sea illicit drug transportation networks
5. Assist in local communities, with the demand-reduction strategy, within the Department of Defense.” (Mendel & Munger, 1997).

**Troops Needed**
According to Miranda Joseph, an analysis determined that to achieve the interdiction objective on the war, we need the following forces: 96 infantry battalions, 53 helicopter companies, 210 patrol ships, and 110 surveillance aircraft. That is over 500,000 personnel and it will only secure the U.S. Borders. At one point SOUTHCOM had about 6,300 Army personnel, which are about three battalions, with additional support from Special Forces, military intelligence, military police, and aviation units in Latin America and the Caribbean. In 1995, there were 8,000 troops, which is equivalent to six battalions providing support in the United States.

Major Military Forces Contributing to the War on Drugs

Joint command, their service components, and reserve components support the Department of Defense. Though modest and carefully planned, the military role is very important both overseas and in the United States. The regional United States Commanders-in-Chief has authority over military troops overseas. They provide support by detecting, monitoring, resources, and interdiction to overseas counter drug agencies in countries where drug trafficking or production is affecting the United States. Active and Reserve Component forces are providing support on the home front. The only limitation placed on the military is that they cannot participate in actual search, seizure, and arrest.

National Guard

The National Guard was the first military component to get involved with the counter drug activities. The National Guard has the largest domestic interdiction program in the Department of Defense. Before 1996, the budget reduced from $230 million to $158 million. On a normal day, the Nation Guard had approximately 4,000 personnel engaged in over 3,000
counterdrug missions. You could always find a National Guardsman in any major DEA headquarters. (Mendel & Munger, 1997)

National Guard Soldiers used in a Title 10 statuses to support or augment the United States Combatant Commanders. They perform full-spectrum campaigns in support of law-enforcement operations and government and community-based operations with a strong emphasis on anticipation, deterring, preventing and defeating. They accomplish their mission by providing the following support: linguist-translators, logistic, communications, intelligence, herbicide spraying, medical, security, transportation, engineers, intelligence analysts, subsurface divers, counter drug-related training, and military equipment. Some of the military equipment includes reconnaissance and observation ground teams, OH-58 helicopters, RC-26B, HH60 and C-130 aircraft, light armored vehicles and mobile vehicle inspection systems. (Cole, 2005)

Joint Task Force - 6

In 1989, President George H.W. Bush established Joint Task Force-6 (JTF-6) to coordinate military support for anti-drug efforts along the Mexican boarders. Their state purpose is to enforce domestic laws. JTF-6 receives realistic training from civilian police units that are comparable with them. The police agencies and JT F- 6 benefits because the police units are receiving free assistance while the military gets real life, effective training. In 1995, JTF-6 area of responsibility increased to include the entire continental United States. Since then more than, half of their missions have been outside the southwestern United States supporting police forces. They coordinated over 3,300 missions in 30 states with 72,000 troops. JTF -6 provides a variety of military aid, which includes construction assistance, intelligence support, equipment support, and vehicle aerial surveillance. Their name changed to Joint Task Force – North. It has the same mission and is located at Fort Bliss, El Paso, TX. (Liu, 2005)
Army's Role in Special Forces

The Special Forces is also playing a vital role in counter drug operations. Seventh Special Forces Group has troops in the Andeans Ridge countries of Bolivia, Venezuela, Ecuador, Colombia, and Peru. Their goal is to stem the violence that results from drug trading and to stop the flow of drugs into the United States. Low intensity conflict techniques taught by Special Operations units to international and domestic anti drug police all over the world. Special Forces place efforts on Colombia because Colombia supplies the US with 80 percent of its cocaine. Seventh Special force group is involved with Plan Colombia. Seventh Special Forces Group train and advises Colombian counter-narcotics units which include their police and military. In addition, Plan Colombia is a US sponsored, counterdrug program to provide financial and military aid to combat the war on drugs in Colombia. Plan Colombia began in 1998 and to date has provided over 3 billion US dollars in both financial and military aid.

History on the War on Drugs in El Salvador and Columbia

The war on drugs has been an ongoing war since 1980. We had given a commitment to El Salvador to defeat any insurgents within their country. We did have success aiding El Salvador. The success we had there was to be a model to learn from as we moved to combat drugs in another Latin country, Columbia. We have been fighting the war on drugs in Columbia since the late 1990’s. It has presented a different challenge than El Salvador. Although both governments want help with the issue, the economic and organized resistances are the differences.

El Salvador

The United States became involved with the El Salvadoran war on drugs in the early 1980’s. The El Salvadoran Army was much unorganized at the time. The United States wanted
to correct this issue. It would take organization to combat the war on drugs. Similar to the way we train the Iraqis Soldiers today. We used Mobile Training Teams (MTT).

The MTT’s were comprised of Infantry, Artillery, and Military Intelligence. The training team was only serving as advisors. The El Salvador Armed Forces received training from the advisors. Training included, planning techniques and the decision-making process. The advisors also assisted the armed forces in establishing Noncommissioned officers to assist the officers with their duties. The advisors also used SF Soldiers to lead field exercises with the El Salvador Armed Forces. The SF Soldiers would teach them field craft techniques. They would enhance the leadership positions. The advisors in planning/decision making and the SF field craft increased the capability of the El Salvador Armed Forces rapidly. The United States also invited the leadership to attend the School of Americas at Fort Benning, GA to continue their education. The combination of these factors contributed to the success of the government.

The model used to assist in the peace accord with the Farabundo Marti National Liberation Front (FMLN). The FMLN used the drug trade to finance their war with the government. The MTT’s and the Soldiers used to train field craft help achieve the goal of the government. Advisors and trainers did not receive permission to go into conflicts with the El Salvador Armed Forces. The El Salvador Armed Forces would fight the combat operations with their leadership only. The operations became the focal point of training and planning. Although the fight was primarily political, the model used demonstrated to other Latin countries how cooperation could assist in the war on drugs. The method of training the leadership in El Salvador is the same one we still use in other countries today. The country’s size helped with the logistical areas of the model. The country is roughly the size of New England and less than 255 troops were involved with the operation.
Columbia

The United States began operations in Columbia in the 1990’s. Because of the success in El Salvador seemed like it would carry over into Columbia. The challenges were different in this country. The FARC, Revolutionary Armed Forces of Columbia, and the AUC, United Self-Defense Forces of Columbia, are the two main parties in the war on drugs. These major parties and the fact that Columbia is four times a larger than El Salvador, presents the biggest challenge for the government.

The government of Columbia has been battling the FARC and AUC of over a decade. The political groups are more interested in wealth than politics. The groups use the drug trade to finance their organizations. They used money they made to purchase weapons for their militias. The organizations have deep ties with the drug cartels within the region. They set the prices and taxes on coca production. They even have their own laboratories to produce drug products. The money made from these transactions will keep the drug trade flowing for many more years to come. The demand from the United States and Europe will also keep the organizations in place for years to come as well.

The United States and Columbia have been trying to combat the drug trade several ways. They have tried spraying the cocoa plants in the fields. They sprayed the opium plants as well. Although the spraying is effective, it only has a limited effect on the overall crop and cultivation. The United States tried to replace the drug crops with legal crops. The coffee and beans would replace the drug crop of cocoa and opium. The legal crops did not bring in as much money as the drug crop. The local people were not happy because their livelihood decreased in half or less. The Columbian government has tried to shoot down planes suspected of smuggling drugs. The United States initiated this plan of action and other neighboring countries have adopted this
practice. We have Troops within the armed forces. The primarily use for troops were as advisors and trainers rather than combat Troops.

Conclusion

Despite the military efforts the, United States is no closer to being drug free today than it was before they began. The results of the drug war have been counterproductive to both the interest of liberty and America’s national security. The military is to thin and since it has a limited commitment, it will not have a tremendous effect. The military does not have the personnel, equipment or budget to meet the challenge. The war on drugs will continue for some time to come because of these factors. The military role in the war on drugs has been going strong for the last twenty years and there is really no end in sight. This is indeed a problem and it does pose a major threat to the security of our nation. As stated before we are providing troop and finical support globally. We work hand in hand with counterdrug agencies abroad and in the US. Our work will continue until we can somehow derail the drug trade. In reality, we are never going to be able to stop it completely. We will continue to try and the military will remain an important part of the fight in the war on drugs.

In conclusion, the method used for El Salvador is not effective in Columbia. In El Salvador, the factors were very different. The government was fighting a political agenda with the opposing parties. The FMLN used the drug trade to finance the war against the government. However, when the government and the FMLN compromised the trafficking stopped. The country was easier to control with the advisors because it was a small area to cover. The method used was optimal for the time.
Columbia cannot use this method entirely throughout their country. The opposing forces, FARC and AUC, and not politically motivated. They were initially, but the money became the cause for them to fight. The country is too large to control by advisors alone. Although we have used different methods to combat the drug trade, it is not enough to stop

Soldiers, families and people are our most valuable resource to accomplish our mission. The abuse of any substance is critical and has an origin, as leaders we must find and assist the individual to the best of our abilities. Commanders must be vigilant and compassionate, but never compromise the unit or mission success. Education is everyone’s responsibility and non-reporting of known incidents will be an individual’s guilt. The United States Army is a corporation like no other and has the same issues as civilian businesses; the difference is America is counting on us to keep her free. Substance abusers without help, prevent us from doing our job, keeping freedom free.
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