
III: Strategic Goals and Objectives

The five goals and thirty-two objectives listed in this chapter establish a framework for all national drug-control agencies. These goals and objectives are intended to orient a national effort that will reduce illegal drug use and availability by 50 percent over the next ten years. State and local governments and non-governmental organizations committed to reducing drug abuse and its consequences are encouraged to adopt these guidelines and to embrace the goal of a 50 percent reduction in demand.

GOAL 1: EDUCATE AND ENABLE AMERICA'S YOUTH TO REJECT ILLEGAL DRUGS AS WELL AS ALCOHOL AND TOBACCO.

The *National Drug Control Strategy* focuses on youth for both moral and practical reasons. Children must be nurtured and protected from drug use and other forms of risky behavior to ensure that they grow up as healthy, productive members of society. As youngsters grow, they learn what they are taught and see what they are shown.

Drug abuse is preventable. If boys and girls reach adulthood without using illegal drugs, alcohol, or tobacco, they probably will never develop a chemical-dependency problem. To this end, the *Strategy* fosters initiatives to educate children about the real dangers associated with drugs. The Office of National Drug Control Policy (ONDCP) seeks to involve parents, coaches, mentors, teachers, clergy, and other role models in a broad prevention campaign. ONDCP encourages businesses, communities, schools, the

entertainment industry, universities, and professional sports leagues to join these national anti-drug efforts. In addition to educating children and supporting families, we must limit drug availability and treat young substance abusers.

The *Strategy's* mid-term objectives are to reduce the prevalence of past-month drug use among youth by 20 percent and increase the average age of first use by twelve months before the year 2002. The long-term objectives are a 50 percent reduction in current drug use and an increase of thirty-six months in the average age of first use by the year 2007.

GOAL 2: INCREASE THE SAFETY OF AMERICA'S CITIZENS BY SUBSTANTIALLY REDUCING DRUG-RELATED CRIME AND VIOLENCE.

The negative social consequences fostered by drug-related crime and violence mirror the tragedy that substance abuse wreaks on individuals. A large percentage of the twelve million property crimes committed each year is drug-related as is a significant proportion of nearly two million violent crimes. Chronic drug users contribute disproportionately to this problem, consuming the majority of cocaine and heroin sold on our streets.

Drug-related crime can be reduced through community-oriented policing and other law-enforcement tactics. Such success has been demonstrated by police departments in New York and numerous other cities where crime rates are plunging. Cooperation among federal, state, and local law-enforcement agencies is also making a

difference. So, too, are operations targeting gangs, major trafficking organizations, and violent drug dealers. Equitable enforcement of fair laws is a must. We are a nation wedded to the principle of equal justice for all. Punishment must be perceived as commensurate with the offense. Finally, the criminal justice system must do more than punish. It should use its coercive powers to break the cycle of drugs and crime. Treatment must be available to the chemically dependent in our nation's prisons.

The *Strategy's* mid-term objective is to reduce drug-related crime and violence by 15 percent before the year 2002. The long-term objective is a 30 percent reduction by the year 2007.

GOAL 3: REDUCE HEALTH AND SOCIAL COSTS TO THE PUBLIC OF ILLEGAL DRUG USE.

Drug dependence is a chronic, relapsing disorder that exacts enormous costs on individuals, families, businesses, communities, and nations. Addicted individuals have, to a degree, lost their ability to resist drugs, often resulting in self-destructive and criminal behavior. Effective treatment can end addiction. Treatment options include therapeutic communities, behavioral treatment, pharmacotherapies (e.g., methadone, LAAM, or naltrexone for heroin addiction), outpatient drug-free programs, hospitalization, psychiatric programs, twelve-step programs, and multi-modality treatment.

Providing treatment for America's chronic drug users is both compassionate public policy and a sound investment. For example, a recent Drug Abuse Treatment Outcome Study by the National Institute on Drug Abuse found that outpatient methadone treatment reduced heroin use by 70 percent, cocaine use by 48 percent, and criminal activity by 57 percent, thus increasing employment by 24 percent. The same survey also revealed that long-term residential treatment had similar success.

The *Strategy's* mid-term objective is to reduce health and social consequences 10 percent by the

year 2002. The long-term objective is a 25 percent reduction in consequences by the year 2007.

GOAL 4: SHIELD AMERICA'S AIR, LAND, AND SEA FRONTIERS FROM THE DRUG THREAT.

The United States is obligated to protect its citizens from the threats posed by illegal drugs crossing our borders. Interdiction in the transit and arrival zones disrupts drug flow, increases risks to traffickers, drives them to less efficient routes and methods, and prevents significant amounts of drugs from reaching the United States. Interdiction operations also produce intelligence that can be used domestically against trafficking organizations.

Each year, more than 68 million passengers arrive in the United States aboard 830,000 commercial and private aircraft. Another eight million individuals arrive by sea, and a staggering 365 million cross our land borders each year driving more than 115 million vehicles. More than ten million trucks and cargo containers and ninety thousand merchant and passenger ships also enter the United States annually, carrying some four hundred million metric tons of cargo. Amid this voluminous trade, drug traffickers seek to hide more than 300 metric tons of cocaine, thirteen metric tons of heroin, vast quantities of marijuana, and smaller amounts of other illegal substances.

The *Strategy's* mid-term objective is to reduce the rate at which illegal drugs entering the transit and arrival zones successfully enter the United States 10 percent by the year 2002. The long-term objective is a 20 percent reduction in this rate by the year 2007.

GOAL 5: BREAK FOREIGN AND DOMESTIC DRUG SOURCES OF SUPPLY.

The rule of law, human rights, and democratic institutions are threatened by drug trafficking and consumption. International supply-reduction programs not only decrease the volume of illegal drugs reaching our shores, they also attack

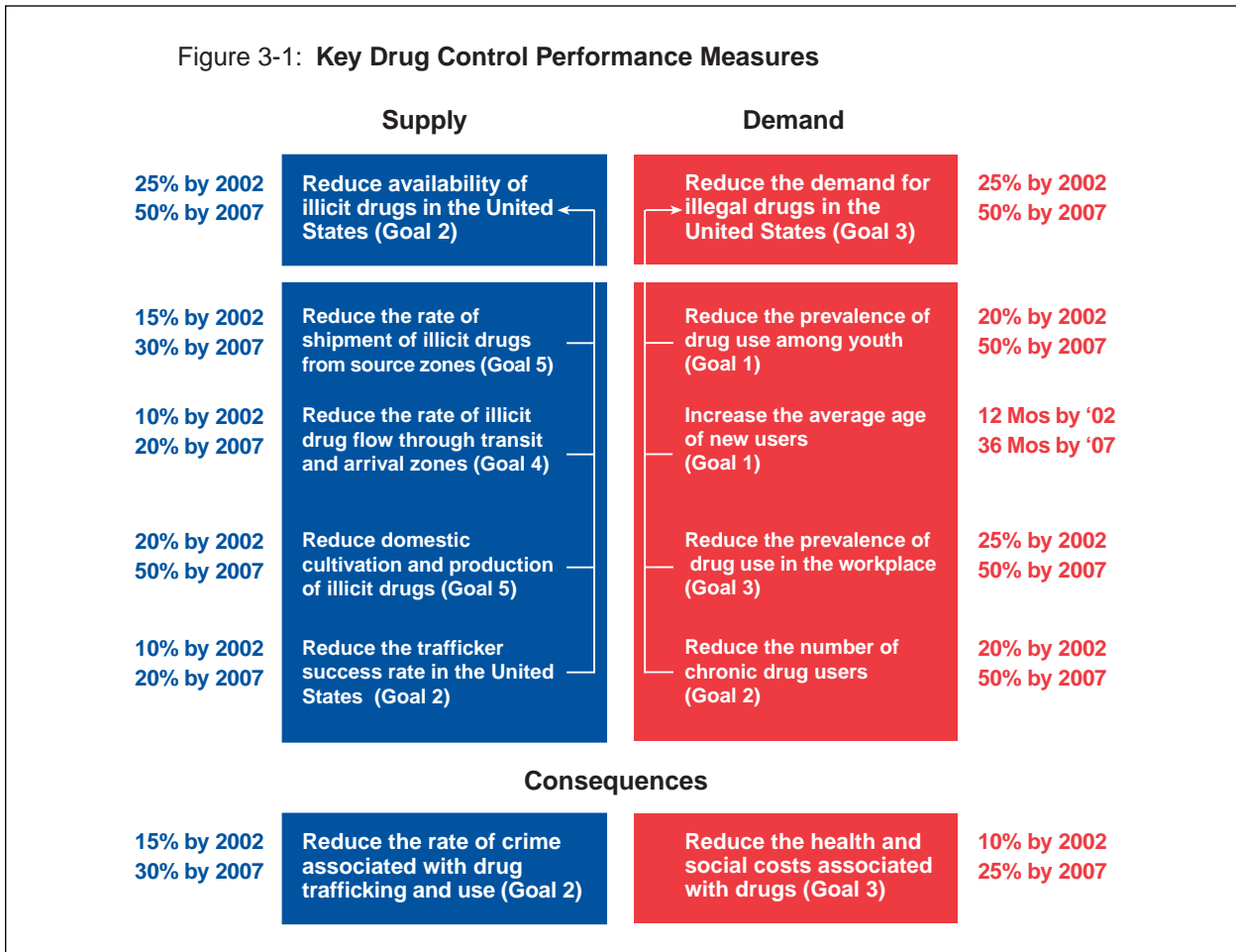
international criminal organizations, strengthen democratic institutions, and honor our international drug-control commitments. The U.S. supply-reduction strategy seeks to: (1) eliminate illegal drug cultivation and production; (2) destroy drug-trafficking organizations; (3) interdict drug shipments; (4) encourage international cooperation; and (5) safeguard democracy and human rights. Additional information about international drug-control programs is contained in a classified annex to this *Strategy*.

The *Strategy*'s mid-term objectives are a 15 percent reduction in the flow of illegal drugs from source countries and a 20 percent reduction in domestic marijuana cultivation and methamphetamine production by the year 2002. Long-term objectives include a 30 percent reduction in the flow of drugs from source countries and a 50 percent reduction in domestic marijuana cultivation and methamphetamine production by 2007.

Assessing Performance

Strategy links ends, ways, and means. A supporting performance-measurement system similarly associates outcomes, programs, and resources. The purpose of the *National Drug Control Strategy* is to reduce drug abuse and its consequences. The supporting performance measurements detailed in a companion volume to the *1998 Strategy—Performance Measures of Effectiveness: A System for Assessing the Performance of the National Drug Control Strategy*—will gauge progress toward that end using five- and ten-year targets. The nucleus of the system consists of twelve targets that define specific results to be achieved by the *Strategy*'s five goals. Eighty-two supporting performance measures also delineate desirable outcomes for the *Strategy*'s thirty-two objectives. These targets were developed in consultation with federal drug-control agencies and reviewed by state and local agencies as well as drug-control experts.

Figure 3-1: Key Drug Control Performance Measures



The aggressive goal of reducing illegal drug use and availability by 50 percent over the next ten years entails a number of critical assumptions. For example, domestic cultivation of marijuana is to be reduced 20 percent by the year 2002 and 50 percent by the year 2007, yet no national survey quantifies current domestic cultivation. An accurate survey must be developed in sufficient time to orient this drug-reduction program. Goals and supporting targets may require modification if the assumptions on which they were predicated prove invalid.

Progress will be gauged using existing research and new surveys. *Monitoring the Future* and the *National Household Survey on Drug Abuse*, for example, both estimate risk perception, rates of current use, age of initiation, and life-time use for alcohol, tobacco, and most other illegal drugs. The *Arrestee Drug Abuse Monitoring* system and *Drug Abuse Warning Network* indirectly measure the consequences of drug abuse. The State Department's annual *International Narcotics Control Strategy Report* provides country-by-country assessments of initiatives and accomplishments. It reviews statistics on drug cultivation, eradication, production, trafficking patterns, and seizure along with law-enforcement efforts including arrests and the destruction of drug laboratories. The Office of National Drug Control Policy's Advisory Committee on Research, Data, and Evaluation will consider additional instruments and measurement processes required to address the demographics of chronic users, domestic cannabis cultivation, drug availability, and data shortfalls related to drug policy.

The relationship between goals, targets, and federal and non-federal resources will be reassessed and refined in keeping with changes in drug use; budgetary considerations will be examined annually through normal budget procedures. The Administration is committed to examining and perfecting the goals and targets proposed in Performance Measures of Effectiveness—through comprehensive review involving federal agencies, state and local government, foreign countries, international organizations, and the private sector. The federal

government alone cannot attain these goals simply by altering its own spending and programs anymore than the United States can unilaterally reduce cocaine production in South America or opium cultivation in Asia. A coalition of government, the private sector, communities, and individuals must embrace the commitment to reduce demand by 50 percent over the next ten years. Goals and targets will allow policy makers, legislators, and managers to evaluate specific drug-control programs.

Goals and Objectives

GOAL 1: EDUCATE AND ENABLE AMERICA'S YOUTH TO REJECT ILLEGAL DRUGS AS WELL AS ALCOHOL AND TOBACCO.

Objective 1: Educate parents or other care givers, teachers, coaches, clergy, health professionals, and business and community leaders to help youth reject illegal drugs and underage alcohol and tobacco use.

Rationale: Values, attitudes, and behavior are forged by families and communities. Alcohol, tobacco, and drug-prevention for youngsters is most successful when parents and other concerned adults are involved. Information and resources must be provided to adults who serve as role models for children so that young people will learn about the consequences of drug abuse.

Objective 2: Pursue a vigorous advertising and public communications program dealing with the dangers of illegal drugs, including alcohol and tobacco use by youth.

Rationale: Anti-drug messages conveyed through multiple outlets have proven effective in increasing knowledge and changing attitudes about drugs. The trend over the past six years of a decreased perception of risk connected to drug use among all adolescents correlates with a drop in the frequency of anti-drug messages in the media and an increase in images that normalize drug use. Anti-drug publicity by the private sector and non-

profit organizations must be reinforced by a federally-funded campaign to change young people's attitudes about illegal drugs.

Objective 3: Promote zero tolerance policies for youth regarding the use of illegal drugs, alcohol, and tobacco within the family, school, workplace, and community.

Rationale: Children are less likely to use illegal drugs or illicit substances if such activity is discouraged throughout society. Prevention programs in schools, workplaces, and communities have already demonstrated effectiveness in reducing drug use. Such success must be increased by concerted efforts that involve multiple sectors of a community working together.

Objective 4: Provide students in grades K- 12 with alcohol, tobacco, and other drug prevention programs and policies that have been evaluated and tested and are based on sound practices and procedures.

Rationale: The federal government is uniquely equipped to help state and local governments and communities gather and disseminate information on successful approaches to the problem of drug abuse.

Objective 5: Support parents and adult mentors in encouraging youth to engage in positive, healthy lifestyles and modeling behavior to be emulated by young people.

Rationale: Children listen most to adults they know and love. Providing parents with resources to help their children refrain from using alcohol, tobacco, and other drugs is a wise investment. Mentoring programs also contribute to creating bonds of respect between youngsters and adults, which can help young people resist drugs.

Objective 6: Encourage and assist the development of community coalitions and programs in preventing drug abuse and underage alcohol and tobacco use.

Rationale: Communities are logical places to form public-private coalitions that can influence

young people's attitudes toward drugs, alcohol, and tobacco. More than 4,300 groups around the country have already established broad community-based anti-drug efforts.

Objective 7: Create partnerships with the media, entertainment industry, and professional sports organizations to avoid the glamorization, condoning, or normalization of illegal drugs and the use of alcohol and tobacco by youth.

Rationale: Discouraging drug abuse depends on factual anti-drug messages being delivered consistently throughout our society. Celebrities who are positive role models can convey accurate information about the benefits of staying drug-free.

Objective 8: Support and disseminate scientific research and data on the consequences of legalizing drugs.

Rationale: Drug policy should be based on science, not ideology. The American people must understand that control of substances that are likely to be abused is based on scientific studies and intended to protect public health.

Objective 9: Develop and implement a set of principles upon which prevention programming can be based.

Rationale: Drug prevention must be research-based. Prevention programs must also take into account the constantly evolving drug situation, risk factors students face, and community-specific problems.

Objective 10: Support and highlight research, including the development of scientific information, to inform drug, alcohol, and tobacco prevention programs targeting young Americans.

Rationale: Reliable prevention programs must be based on programs that have been proven effective. We must influence youth attitudes and actions positively and share successful techniques with other concerned organizations.

GOAL 2: INCREASE THE SAFETY OF AMERICA'S CITIZENS BY SUBSTANTIALLY REDUCING DRUG-RELATED CRIME AND VIOLENCE.

Objective 1: Strengthen law enforcement—including federal, state, and local drug task forces—to combat drug-related violence, disrupt criminal organizations, and arrest and prosecute the leaders of illegal drug syndicates.

Rationale: Dismantling sophisticated drug-trafficking organizations calls for a task-force approach. Criminal syndicates exploit jurisdictional divisions and act across agency lines. Promoting inter-agency cooperation and facilitating cross-jurisdictional operations will make law enforcement more efficient.

Objective 2: Improve the ability of High Intensity Drug Trafficking Areas (HIDTA) to counter drug trafficking.

Rationale: Areas need special assistance when drug trafficking is of such intensity that it poses extreme challenges to law enforcement. Coordinating federal, state, and local responses with federal resources through HIDTA, OCDETF, and other federal, state, and local task forces can reduce drug-related crime.

Objective 3: Help law enforcement to disrupt money laundering and seize and forfeit criminal assets.

Rationale: Targeting drug-dealer assets and the industries that launder ill-gotten gains can take the profitability out of drug trafficking and drive up to prohibitive levels the cost of laundering money. Law enforcement is most effective when a multi-disciplinary approach is combined with anti-money laundering regulations and support from financial institutions.

Objective 4: Develop, refine, and implement effective rehabilitative programs—including graduated sanctions, supervised release, and treatment for drug-abusing offenders and accused persons—at all stages within the criminal justice system.

Rationale: The majority of offenders arrested each year have substance abuse problems, and a significant percentage are chronic substance abusers. This interface provides an opportunity to motivate addicts to stop using drugs.

Objective 5: Break the cycle of drug abuse and crime.

Rationale: Our nation has an obligation to assist all who come in contact with the criminal-justice system to become drug-free. Recidivism rates among inmates who were given treatment decline substantially. Reduced drug abuse among persons touched by the criminal-justice system, will decrease crime.

Objective 6: Support and highlight research, including the development of scientific information and data, to inform law enforcement, prosecution, incarceration, and treatment of offenders involved with illegal drugs.

Rationale: Law-enforcement programs and policies must be informed by updated research. When success is attained in one community, it should be analyzed quickly and thoroughly so that the lessons learned can be applied elsewhere.

GOAL 3: REDUCE HEALTH AND SOCIAL COSTS TO THE PUBLIC OF ILLEGAL DRUG USE.

Objective 1: Support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse.

Rationale: A significant number of American citizens have been debilitated by drug abuse. Illness, dysfunctional families, and reduced productivity are costly by-products of drug abuse. Effective treatment is a sound method of reducing the health and social costs of illegal drugs.

Objective 2: Reduce drug-related health problems, with an emphasis on infectious diseases.

Rationale: Drug users, particularly injecting users, put themselves, their children, and those with whom they are intimate at higher risk of contracting infectious diseases like HIV/AIDS, hepatitis, syphilis, gonorrhea, and tuberculosis.

Objective 3: Promote national adoption of drug-free workplace programs that emphasize a comprehensive program that includes: drug testing, education, prevention, and intervention.

Rationale: Drug abuse decreases productivity. Approximately three-quarters of adult drug users are employed. Workplace policies and programs — such as drug testing and Employee Assistance Programs that include prevention, intervention, and referral to treatment can reduce drug use.

Objective 4: Support and promote the education, training, and credentialing of professionals who work with substance abusers.

Rationale: Many community-based treatment providers currently lack professional certification. The commitment and on-the-job training of these workers should be respected by a flexible credentialing system that recognizes first-hand experience even as standards are being developed.

Objective 5: Support research into the development of medications and treatment protocols to prevent or reduce drug dependence and abuse.

Rationale: The more we understand about the neurobiology and neurochemistry of addiction, the better will be our capability to design interventions. Pharmacotherapies may be effective against cocaine, methamphetamine, and other addictive drugs. Research and evaluation may broaden treatment options.

Objective 6: Support and highlight research and technology, including the acquisition and analysis of scientific data, to reduce the health and social costs of illegal drug use.

Rationale: Efforts to reduce the cost of drug abuse must be based on scientific data. Therefore, federal, state, and local leaders should be given accurate, objective information about treatment modalities.

GOAL 4: SHIELD AMERICA'S AIR, LAND, AND SEA FRONTIERS FROM THE DRUG THREAT.

Objective 1: Conduct flexible operations to detect, disrupt, deter, and seize illegal drugs in transit to the United States and at U.S. borders.

Rationale: Our ability to interdict illegal drugs is made more difficult by the volume of drug traffic and the ease with which traffickers have switched modes and routes. Efforts to interrupt the flow of drugs require technologically-advanced and capable forces, supported by timely intelligence that is well-coordinated and responsive to changing drug-trafficking patterns.

Objective 2: Improve the coordination and effectiveness of U.S. drug law enforcement programs with particular emphasis on the Southwest Border, Puerto Rico, and the U.S. Virgin Islands.

Rationale: The Southwest Border, Puerto Rico and the U.S. Virgin Islands continue to be principal axes for illegal drugs destined for the United States. We need to focus our efforts in these places—without neglecting other avenues of entry—by improving intelligence and information-guided operations and supporting law enforcement agencies with technology. Flexible law-enforcement operations will allow us to attack criminal organizations, retain the initiative, and curtail the penetration of drugs into the United States.

Objective 3: Improve bilateral and regional cooperation with Mexico as well as other cocaine and heroin transit-zone countries in order to reduce the flow of illegal drugs into the United States.

Rationale: Mexico, both a transit zone for cocaine and heroin and a source country for heroin, methamphetamine, and marijuana, is key to reducing the flow of illegal drugs into the United States. Also important in this regard are the nations of the Caribbean and Central America. The more we can work cooperatively with these countries to enhance the rule of law, the better will be our control of illegal drugs. Mutual interests are best served by joint commitment to reducing drug trafficking.

Objective 4: Support and highlight research and technology—including the development of scientific information and data—to detect, disrupt, deter, and seize illegal drugs in transit to the United States and at U.S. borders.

Rationale: Scientific research and applied technologies offer a significant opportunity to interrupt the flow of illegal drugs. The more reliable our detection, monitoring, apprehension, and search capabilities become, the more likely we are to turn back or seize illegal drugs.

GOAL 5: BREAK FOREIGN AND DOMESTIC DRUG SOURCES OF SUPPLY.

Objective 1: Produce a net reduction in the worldwide cultivation of coca, opium, and marijuana and in the production of other illegal drugs, especially methamphetamine.

Rationale: Eliminating the cultivation of illicit coca and opium is the best approach to combating cocaine and heroin availability in the U.S. Cocaine and heroin can be targeted during cultivation and production. Cultivation requires a large labor force working in identifiable fields of coca and opium poppies, and production involves a sizable volume of precursor chemicals.

Objective 2: Disrupt and dismantle major international drug trafficking organizations and arrest, prosecute, and incarcerate their leaders.

Rationale: Large international drug-trafficking organizations are responsible for the majority of illegal drugs that enter the United States. These crime syndicates also pose enormous threats to democratic institutions. Their financial resources can corrupt all sectors of society. By breaking up these organizations and forfeiting their ill-gotten wealth, we can make them more vulnerable to law enforcement and deny them experienced leadership, political power, and economies of scale that have enabled them to be so successful in the past.

Objective 3: Support and complement source country drug control efforts and strengthen source country political will and drug control capabilities.

Rationale: The United States must continue assisting major drug-producing and transit countries that demonstrate the political will to attack illegal drug production and trafficking. We should reinforce institutional capabilities to reduce drug-crop cultivation, drug production, and trafficking in all countries where our help is accepted.

Objective 4: Develop and support bilateral, regional, and multilateral initiatives and mobilize international organizational efforts against all aspects of illegal drug production, trafficking, and abuse.

Rationale: Drug production, trafficking, and abuse are not solely problems affecting the United States. The scourge of illegal drugs damages social, political, and economic institutions in developed and developing countries alike. The United States must continue providing leadership and assistance to strengthen the international anti-drug consensus. It is in America's interest to encourage all nations to join together against the threat of illegal drugs. The United States must also support multilateral drug control by maintaining full compliance with the U.N. 1988 Convention

Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances and the 1996 Organization of American States' Anti-Drug Strategy in the Hemisphere.

Objective 5: Promote international policies and laws that deter money laundering and facilitate anti-money laundering investigations as well as seizure and forfeiture of associated assets.

Rationale: Money laundering is a global problem that requires a global response. Drug traffickers depend upon the international financial system to launder ill-gotten gains so they can invest in legal enterprises that facilitate illegal activity. Significant progress in suppressing money laundering can be made through multilateral efforts, such as the Financial Action Task Force (FATF) and other initiatives that encourage countries to criminalize money laundering, share information, collaborate in investigations, and forfeit illicit proceeds. Similarly, U.S. law-enforcement agencies must continue to train and share experiences with foreign counterparts so that anti-money laundering regimes remain steadfast.

Objective 6: Support and highlight research and technology, including the development of scientific data, to reduce the worldwide supply of illegal drugs.

Rationale: Research must focus on more effective and environmentally sound methods of eliminating drug crops and moving cultivators of illicit drugs into legal pursuits. Production and movement of drugs around the globe must be understood more thoroughly. Technology can be used to monitor drug shipments and prevent the diversion of precursor chemicals.

Endnotes

- 1 D. Dwayne Simpson and Susan J. Curry, eds., "Special Issue: Drug Abuse Treatment and Outcomes Study (DATOS)," *Psychology of Addictive Behaviors*, 11, No. 4 (1997).

IV: A Comprehensive Approach

The key to a successful long-term strategy is mobilizing resources toward the achievement of measurable goals. This chapter summarizes initiatives being taken to decrease drug use and its consequences in America. More detailed information about departmental or agency programs can be found in the companion volume to this *Strategy*, *Performance Measures of Effectiveness: A System for Assessing the Performance of the National Drug Control Strategy*.

1. YOUTH-ORIENTED PREVENTION INITIATIVES

Research indicates that youngsters who do not use illegal drugs, alcohol, and tobacco before the age of eighteen are likely to avoid chemical-dependency problems over the course of their lives. Researchers have also identified important factors that place youth at risk for or protect them from drug use. “Risk” factors are associated with greater potential for drug use while “protective” factors are associated with reduced potential for such use. Risk factors include chaotic home environments, ineffective parenting, anti-social behavior, drug-using peers, and approval of drug use by others. Protective factors include parental involvement; success in school; strong bonds with family, school, and religious organizations; and knowledge of dangers posed by drug use. The following initiatives seek to reduce risk factors, provide youth the information they need to reject drug use, and assist parents and mentors as they, in turn, raise and influence our children.

The National Youth Anti-Drug Media Campaign

Although the use of drugs by American youth began to level off in 1997, drug-use rates are almost twice as high as they were in 1992. In order to reduce youth drug use by 50 percent in the next ten years, the Office of National Drug Control Policy (ONDCP), with the assistance of the Partnership for a Drug-Free America (PDFA) and the Ad Council, is implementing a multifaceted communications campaign involving parents, mass media, corporate America, and anti-drug coalitions. The National Youth Anti-Drug Media Campaign will counteract media messages and images that glamorize, legitimize, normalize, or otherwise condone drug use. Youth aged nine to seventeen, and the adults who influence them, will be targeted by the campaign. Campaign messages will accurately depict drug use and its consequences and encourage parents to discuss drug abuse with children.

Congress appropriated \$195 million for the campaign last year, making it one of the largest paid advertising efforts ever undertaken by government. Over the past year, ONDCP has consulted with hundreds of communications and marketing professionals, educators, prevention and treatment experts, public health specialists, and public officials to inform the campaign’s development process. Anti-drug ads began airing in Atlanta, Baltimore, Boise, Denver, Hartford, Houston, Milwaukee, Portland (OR), San Diego, Sioux City, Tucson, and Washington, D.C. in January 1998.

This summer, ONDCP will expand the anti-drug advertising component nationwide, using national and local television (both broadcast and cable), radio, and print media. In the fall, a fully-integrated campaign will reach target audiences through TV, radio, print, Internet, and other media outlets. The campaign's reach will be extended through corporate sponsorship, cooperation with the entertainment industry, programming changes, and media matches (for example, contributions to cover public-service time and space). Prevention experts believe this public-private campaign will influence attitudes of youths towards drugs within two years.

Prevention in Schools and Universities

The Department of Education's Safe and Drug-Free Schools and Communities (SDFS) Program provides funds for virtually every school district to support drug and violence-prevention programs and to assist in creating and maintaining safe learning environments. The program has focused on ensuring that SDFS fund recipients (governors, state education agencies, local education agencies, and community groups) adopt programs, policies, and practices that are based on research and evaluation. In 1998, the Department of Education will implement principles of effectiveness for the program. These principles will help grantees use program funds more effectively. The Department of Education is also developing a program that will place approximately 1,300 prevention coordinators in junior high schools and middle schools. These coordinators will assist schools develop and implement sound prevention programs and strategies. The Department of Education will also develop an Expert Review Panel to help identify promising or exemplary drug and violence prevention programs. School-based prevention programs that are in widespread use include the Hilton Foundation's Project Alert, Drug Abuse Resistance Education (D.A.R.E.), the University of California's Self Management and Resistance Training (SMART), and LifeSkills.

Illegal drug use and the abuse of alcohol and tobacco also are serious problems on our college and university campuses. In the 1997/1998

academic year, several students died as a direct result of binge drinking, and many more were admitted to hospitals for treatment of alcohol-related injuries and alcohol poisoning. In 1998, the Department of Education will lead efforts to identify those programs and activities that have been successful in reducing alcohol and drug use on college campuses. The Department of Education will also provide funding and technical assistance to a limited number of colleges and universities so they can adopt those programs that have been identified as successful.

Expanding Community Anti-Drug Coalitions

More than four thousand community-based organizations are coordinating local responses to the illegal drug problem. The Community Anti-Drug Coalitions of America (CADCA) supports these coalitions through technical assistance, leadership development programs, and information dissemination. Religious organizations are an integral part of community-responses to substance abuse. Clergy and faith-based groups have been successful in keeping youth away from drugs and providing treatment. The Drug-Free Communities Act of 1997 seeks to support community-based anti-drug initiatives by expanding the number of coalitions by ten thousand. The Act authorizes the President to establish a Commission on Drug-Free Communities to advise ONDCP on activities carried out under the program. The Corporation for National Service is supporting coalitions through initiatives such as Learn and Serve, AmeriCorps, and Senior Corps programs. The National Guard also supports communities by providing administrative and logistical support to coalitions, teaching anti-drug courses, and conducting prevention programs like Adopt-A-School.

Parenting and Mentoring

Positive parental involvement in children's lives reduces the likelihood of drug use. Parents must understand that they—not schools, community groups, or the government—can make the biggest difference in children's attitudes and values.

A number of initiatives are underway to strengthen the role of parents and mentors. The Secretary of Health and Human Services (HHS) has launched an initiative to reduce drug use by youth aged twelve to seventeen. The cornerstone of the initiative is the effort to mobilize resources through state and federal collaborative activities and partnerships with national organizations. A key component is the State Incentive Grant Program, which will assist states in developing coordinated statewide substance-abuse prevention systems. The Center for Substance Abuse Prevention (CSAP) will help disseminate proven prevention strategies. Other aspects of the HHS initiative include awareness-raising activities, parent mobilization, regional symposia, and measurement of outcomes. ONDCP, in cooperation with the Substance Abuse and Mental Health Services Administration (SAMHSA), is supporting the "Parenting is Prevention" initiative to mobilize national anti-drug organizations and strengthen their role in schools and communities. The National Institute on Drug Abuse's (NIDA) pamphlet, *Preventing Drug Use Among Children and Adolescents*, provides research-based information for parents.¹

Promoting Media Literacy/Critical Viewing Skills

Media literacy teaches critical thinking so that individuals can discern the substance and intention of messages relating to drugs, tobacco, and alcohol. Media-literate youth understand the manipulative component of such material and are more likely to reject it. Last year, NIDA, SAMHSA, CSAP, the National Highway Traffic Safety Administration (NHTSA), the Centers for Disease Control and Prevention (CDC), and the Office of Justice Programs of the Department of Justice (DOJ) incorporated media literacy in their drug-prevention programs. In 1998, HHS, ONDCP, CSAP, and SAMHSA will support an American Academy of Pediatrics "Media Matters" campaign to provide media-literacy training for parents and physicians. ONDCP is also sponsoring a Mediascope-conducted content analysis of music videos and videotapes (two of the most popular forms of entertainment among youth) to

quantify and describe how drugs, alcohol, and tobacco are depicted. HHS will also sponsor a national media education conference in Colorado Springs in June 1998.

Civic and Service Alliance

In November of 1997, leaders of forty-five national and international civic and service organizations, representing fifty-five million volunteers, attended a White House prevention conference that included a media literacy workshop for youth. To date, thirty-four of the organizations have signed an agreement creating a civic alliance: "Prevention Through Service."* Highlights of the alliance include increasing public awareness, promoting communication about effective prevention, networking among organizations and communities, providing leadership and scholarship, and encouraging volunteerism, as well as service to families. Collectively, the organizations will support prevention efforts across the nation with one million volunteer hours.

Expanding Partnerships with Health-Care Professionals

Health-care professionals are vital sources of drug-prevention information. They can help parents influence children in positive ways, prevent drug use, and treat substance abuse. Last year, ONDCP

* Signatories are: 100 Black Men of America, Inc., United National Indian Tribal Youth, Inc., Zeta Phi Beta Sorority Inc., AMVETS, Big Brothers Big Sisters of America, Boys and Girls Clubs of America, Boy Scouts of America, Camp Fire Boys and Girls, Civitan International, General Federation of Women's Clubs, Girl Scouts of the U.S.A., Independent Order of Odd Fellows, Knights of Columbus, Lions Clubs International, Moose International, National 4-H Council, National FFA Organization, National Masonic Foundation for Children, National Panhellenic Conference, Optimist International, Pilot International, Quota International, Rotary International, Ruritan National, Sertoma International, Soroptimist International of the Americas, Veterans of Foreign Wars, YMCA of the USA, YWCA of the USA, The LINKS, Inc., "Just Say No" International, Junior Chamber International, Inc., National Exchange Club, Benevolent and Protective Order of Elks.

coordinated the distribution of the *Prescription for Prevention*² pamphlet by fifteen pharmaceutical companies to primary-care physicians throughout the country. ONDCP will continue promoting the involvement of professional medical organizations in drug-prevention programs.

Working with the Child Welfare System

The safety of children and well-being of families are jeopardized by the strong correlation between chemical dependency and child abuse. For example, in 1997, an average of 67 percent of parents involved with the child welfare system needed substance-abuse treatment.³ If prevention and treatment are not provided to this high-risk population, the same families will remain extensively involved in the welfare and criminal-justice systems. With funding from ONDCP, the Office of Juvenile Justice and Delinquency Prevention (OJJDP), and SAMHSA, the Child Welfare League of America is developing resources and other tools for assessing and reducing substance abuse among parents and preventing drug use by abused children from substance-abusing families.

Preventing Alcohol Use and Drunk and Drugged Driving Among Youth

The *Strategy* strongly supports educating youth, their mentors, and the public about the dangers of underage drinking; limiting youth access to alcoholic beverages; encouraging communities to support alcohol-free behavior on the part of youth; and creating incentives as well as disincentives that discourage alcohol abuse by young people. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) and CSAP are examining possible relationships between exposure to alcohol advertising and alcohol consumption among youth. NHTSA and OJJDP are addressing alcohol and drug-related crashes among young people in support of the President's "Youth, Drugs, and Driving" initiative. NHTSA is providing law enforcement, prosecutors, and judges with training and education for detecting,

arresting, and imposing sanctions on juvenile alcohol and drug offenders. States are urged to enact zero-tolerance laws to reduce drinking and driving among teens. Civic and service organizations are encouraged to collaborate with organizations like Mothers Against Drunk Driving and Students Against Destructive Decisions.

Preventing Tobacco Use Among Youth

Several federal agencies are involved in increasing awareness among youth of the dangers of tobacco use. The Food and Drug Administration (FDA) is enforcing regulations that reduce youth access to cigarettes and smokeless tobacco products. The FDA also will conduct a publicity campaign in 1998 to encourage compliance by merchants. State enforcement of laws prohibiting sale of tobacco products to minors, as required by the Public Health Services Act, will be monitored by SAMHSA/CSAP. CDC supports the "Research to Classrooms" project to identify and expand school-based tobacco-prevention efforts; CDC also will fund initial research on tobacco-cessation programs for youth. The Administration is calling for tobacco legislation that sets a target of reducing teen smoking by 60 percent in ten years. Arizona, California, Florida, Massachusetts, and other states have ongoing paid anti-tobacco campaigns addressing underage use.

International Demand-Reduction Initiatives

Drug use has become a serious international problem requiring multi-disciplinary prevention. The United States supports demand-reduction efforts by the U.N. International Drug Control Programme (UNDCP), the European Union, the Inter-American Drug Abuse Control Commission (CICAD) of the Organization of American States, and other multilateral institutions. As part of our binational drug-control efforts, the United States and Mexico will conduct a demand-reduction conference in El Paso, Texas, in March 1998. Demand-reduction experts from Caribbean nations will consider regional responses to drug abuse during an ONDCP-hosted

conference in Miami this fall. Corporate sponsorship of drug education and prevention programs such as the *Alianza para una Venezuela sin Drogas*, *Parceria Contra Drogas* in Brazil, and *Alianza para un Puerto Rico sin Drogas* has heightened public awareness of drug abuse and fostered international demand-reduction.

2. INITIATIVES TO REDUCE DRUG-RELATED CRIME AND VIOLENCE

Community Policing

Our police forces continue to be the first line of defense against criminals. Men and women in uniform exhibit supreme dedication and face risks on a daily basis while confronting violent crime, much of it induced by drugs. In 1997, 142 police officers were killed in the line of duty; 117 were killed in 1996. Each year, more than fifty thousand police officers are assaulted.⁴ We are deeply indebted to all law-enforcement officers for their professionalism and courage.

The more we can link law enforcement with local residents in positive ways that create trusting relationships, the more secure our communities will be. Community policing is an operational philosophy for neighborhood problem-solving in which officers interact with residents on an ongoing basis regarding matters of public concern. Resources provided by DOJ's Community Oriented Policing Services (COPS) program are bringing a hundred thousand new police officers onto the streets. The strength of the COPS program is its emphasis on long-term, innovative approaches to community-based problems. This program reinforces efforts that are already reducing the incidence of drug-related crime in America.

Coordination Among Law-Enforcement Agencies

In unity there is strength. The more agencies and operations reinforce one another, the more

they share information and resources, the more they "deconflict" operations, establish priorities, and focus energies across the spectrum of criminal activities, the more effective will be the outcome of separate activities. Various federal, state, and local agencies have joined forces on national as well as regional levels, to achieve better results. The federal government provides extensive support to state and local law-enforcement agencies through the Edward Byrne Memorial State and Local Law Enforcement Assistance Program. Grants support multi-jurisdictional task forces, demand-reduction education involving law-enforcement officers, and other activities dealing with drug abuse and violent crime. Other major coordinating programs include:

High Intensity Drug Trafficking Area (HIDTA): HIDTAs are regions with critical drug-trafficking problems that harmfully affect other areas of the United States. These locations are designated by the ONDCP Director in consultation with the Attorney General, heads of drug-control agencies, and governors; there are currently seventeen HIDTAs. HIDTAs assess regional drug threats, design strategies to address the threats, and develop integrated initiatives. They provide federal resources to implement approved initiatives. HIDTA executive committees are composed primarily of local, state, and federal law-enforcement officials. HIDTAs facilitate cooperative investigations, intelligence sharing, and joint operations against trafficking organizations. Several HIDTAs, including Miami, Puerto Rico-U.S. Virgin Islands, and Washington-Baltimore, coordinate prevention and treatment initiatives in support of enforcement operations. The Department of Defense provides priority support to HIDTAs in the form of National Guard assistance, assignment of intelligence analysts, and technical training. In 1997, Southeastern Michigan and San Francisco were designated HIDTAs. In 1998, ONDCP will consider designating HIDTAs in central Florida (including Orlando and Tampa), the Milwaukee metropolitan area, and the marijuana-growing regions of Kentucky, Tennessee, and West Virginia.

Organized Crime Drug Enforcement Task Forces (OCDETF): Established in 1982, these task forces are an integral part of coordinated law-enforcement operations. OCDETFs target foreign and domestic trafficking organizations, money-laundering activities, gangs, and public corruption. A typical task force consists of agents, attorneys, and support personnel from eleven federal agencies and participating state and local entities. Task forces have been established across the nation, in both rural and urban areas, focusing on drug-trafficking networks.

A major 1997 OCDETF success was Operation META, which disrupted a large cocaine and methamphetamine organization active in California, North Carolina, and Texas. Centered in the Los Angeles HIDTA, this operation resulted in the apprehension of eighty criminals, 133 pounds of methamphetamine, ninety gallons of methamphetamine solution, 1,100 kilograms of cocaine, 1,300 pounds of marijuana, two million dollars, and a large quantity of firearms. OCDETF was also instrumental in successful operations against the Amado Carrillo Fuentes Mexican drug-trafficking organization. According to the Drug Enforcement Administration (DEA), this organization was responsible for smuggling approximately fifty tons of illegal drugs into the northeastern United States. As a result of these operations, charges were brought against more than a hundred people and 11.5 metric tons of cocaine were seized. Other OCDETF operations have targeted members of the Arellano Felix Mexican organization and Nigerian heroin-smuggling organizations active in Chicago, Detroit, Milwaukee, and Minneapolis.

The prosecution process: Another vehicle for law-enforcement coordination is the prosecution process. A wide range of federal efforts all join together through the U.S. Attorneys' Offices, which prosecute federal crimes. U.S. attorneys maintain close collaboration with various federal, state, and local law-enforcement entities operating within their jurisdictions. This broad perspective allows federal prosecutors to foster greater cooperation within the law-enforcement community. Involving federal prosecutors in the

development of cases and strategies improves coordination of counter-drug efforts. At the state and local levels, district attorneys and attorneys general also play critical roles in coordinating law-enforcement actions against drug dealers.

Targeting Gangs and Violence

Initiatives targeting gangs and violent crime have reduced drug trafficking. Gangs are active in drug-distribution chains operating in the United States, and drug organizations frequently use violence. The DEA and the Federal Bureau of Investigation (FBI) lead federal efforts to break up trafficking organizations. The FBI has established 157 Safe Street Task Forces to address violent crime, most of which is drug-related. The Bureau of Alcohol, Tobacco, and Firearms (ATF) targets armed traffickers through the Achilles Program which oversees twenty-one task forces in jurisdictions where drug-related violence is severe. ATF also conducts Gang Resistance Education and Training (GREAT) in schools. HIDTAs and OCDETFs also coordinate multi-agency attacks on criminal drug organizations.

Breaking the Cycle of Drugs and Violence

The correlation between drugs and crime is well established. Drug users are involved in approximately three to five times the number of crimes as arrestees who do not use drugs. Approximately three-fourths of prison inmates and over half of those in jails or on probation are substance abusers, yet only 10 to 20 percent of prison inmates participate in treatment while incarcerated. Simply punishing drug-dependent criminals is not enough. If crime is to be reduced permanently, addiction must be treated. Treatment while in prison and under post-incarceration supervision can reduce recidivism by roughly 50 percent. William L. Murphy, president of the National District Attorneys Association, makes this point: "Simply warehousing prisoners, without regard to addressing and dealing with the underlying problem of substance abuse, produces unending taxpayer costs. Longer prison terms—without treatment, training, and follow-up—make matters

even worse. Such practices breed the statistics that feed the system. They don't prevent or seek to put an end to crime."⁵

Clearly, the time in which drug-using offenders are in custody or under post-release correctional supervision presents a unique opportunity to reduce drug use and crime through effective drug testing, sanctioning and treatment programs. ONDCP, DOJ, and HHS will sponsor two conferences on treatment and the criminal justice system in March and October 1998 to consider how to further strengthen links between the criminal justice and substance abuse treatment systems. The following initiatives are expanding treatment availability within the criminal justice system:

Drug courts: Drug courts have channeled sixty-five thousand nonviolent drug-law offenders into tough, court-supervised treatment programs instead of prisons or jails. Participants who complete court-mandated treatment have charges dismissed; those who fail are referred to regular courts for prosecution and sentencing. The nation's first drug court opened in Miami in 1989. In 1997, approximately twenty thousand defendants appeared before the nation's 215 drug courts, and 160 drug courts are now in the planning stages. During the past three years, several jurisdictions have considered how the experience of adult drug courts can be adapted to deal more effectively with the increasing number of substance-abusing juvenile offenders. Juvenile drug courts face unique challenges not encountered in the adult court environment, and consequently their development has required special strategies. As of November 1997, twenty-seven juvenile drug courts were operational and forty-six were in the planning process. There are also special drug courts for women and drunk drivers.⁶ The National Drug Court Institute—established in 1997 with ONDCP funding and support of DOJ and the National Association of Drug Court Professionals—provides training for judges and professional staff.

Drug courts have been proven effective. On average, over 70 percent of drug-court participants stay in treatment. Among drug-court graduates, criminal recidivism ranges from 2 to 20 percent.

More than 95 percent of this recidivism is made up of misdemeanors. Estimated savings range from \$2,150,000 annually in Denver to an average of \$6,455 per client in Washington, D.C. (based on the cost of maintaining an individual in the drug-court program for a year, compared to the cost of incarceration). Since 1989, more than 450 drug-free infants were born to women receiving treatment through drug courts, producing an estimated savings of fifty million dollars in health-care costs.⁷

“Breaking the Cycle” demonstration program: Supported by ONDCP and DOJ, “Breaking the Cycle” is a comprehensive effort to sever the connections between illegal drug use and crime. Initiated in Birmingham, Alabama, in June of 1997, this program explores the viability of community-supervised rehabilitation instead of incarceration for drug-dependent offenders. Offenders are screened and tested for drugs when arrested. Treatment and sanctions regimes are fashioned by local officials for those offenders with drug abuse problems. Interventions are coordinated from the first day of detention throughout the individual's contact with the criminal justice system. During the first six months, 4,602 offenders were screened and 784 became active participants. The National Institute of Justice is evaluating the program to determine how this continuum of intervention and monitoring affects long-term drug use and crime.

Violent Offender Incarceration and Truth-in-Sentencing Incentive Grant Program:

The FY 1997 Appropriations Act requires states to implement drug testing, sanctions, and treatment programs for offenders under corrections supervision by September 1, 1998. On January 12, 1998, the President directed the Attorney General, through the Office of Justice Programs (OJP), to amend guidelines for prison construction grants and require state grantees to establish and maintain a system of reporting on their prison drug abuse problem. The President also instructed the Attorney General to draft and transmit to Congress legislation allowing states to use federal prison construction funds to provide a

full range of drug testing, sanctions, and treatment. A pilot drug-testing program is now underway in twenty-five of the ninety-four federal judicial districts. The program's intent is to allow federal judges to determine appropriate release conditions for defendants.

Criminal Justice Treatment Networks Program: This Center for Substance Abuse Treatment (CSAT) program supports planning, implementation, and evaluation of sophisticated criminal justice treatment networks in seven metropolitan jurisdictions. Each network is developing uniform screening and assessment procedures and a management information system to track clients throughout the criminal justice and treatment agencies. A distinctive feature of the program is its emphasis on high priority populations such as female offenders and juvenile justice clients.

Equitable Sentencing Policies

Community support is critical to the success of law enforcement. Sentencing structures that appear unfair undermine law enforcement. Consequently, the Administration supports revision of the cocaine penalty structure so that federal law enforcement will have additional incentive to target major distributors of crack and powder cocaine.

This change will improve law enforcement in several ways. First, the current sentencing structure for cocaine undermines the effective division of responsibility between federal, state, and local authorities. A defendant who trafficks in five grams of crack faces a five-year mandatory minimum sentence under federal law today. Five grams of crack is worth a few hundred dollars at most, and this sale is characteristic of a low-level dealer. A mid-level crack dealer typically handles ounce or multi-ounce quantities (one ounce equals twenty-eight grams). When federal law-enforcement resources are directed against lower-level street dealers, federal agents and prosecutors are diverted from large-scale drug trafficking operations

Second, a sentencing scheme that punishes crack offenses much more severely than powder offenses has fostered a perception of racial injustice in the court system. This perception arises from the fact that African-Americans make up a large majority of the people convicted of federal crack-cocaine trafficking. We cannot turn a blind eye to the corrosive effect this disparity has on respect for law enforcement in certain communities. When people lose confidence in the fairness of the law, our ability to enforce the law suffers. The closing of the sentencing gap between crack and powder cocaine will help eliminate the perception that these laws unfairly target a single racial group.

Model State Drug Laws

State drug laws play a critical role in the effort to reduce drug availability and use. In recognition of this fact, in 1988 Congress mandated the creation of a bipartisan, presidentially-appointed commission to develop model state drug legislation. The resulting President's Commission on Model State Drug Laws developed forty-four exemplary drug laws. Since 1993, the Alliance for Model State Drug Laws has been holding workshops throughout the country to focus attention on state policies and laws concerning drugs. The adoption of the Model State Drug Laws, and the continued efforts of the Alliance, are important to the success of the *National Drug Control Strategy*.

3. INITIATIVES TO REDUCE HEALTH AND SOCIAL PROBLEMS

Drug dependence is a chronic, relapsing disorder that exacts an enormous cost on the individual, families, businesses, communities, and the nation. Treatment can help individuals end dependence on addictive drugs, thereby reducing consumption. In addition, such programs can reduce the consequences of addictive drug use on the rest of society. Treatment's ultimate goal is to enable a patient to become abstinent. However, reducing drug use, improving the addict's ability to function, and minimizing medical consequences are interim and useful outcomes.

SAMHSA's 1997 *Services Research Outcome Study*, CSAT's 1997 *National Treatment Improvement Evaluation Study* (NTIES), the 1994 *California Drug and Alcohol Treatment Assessment*, and other studies demonstrate that treatment reduces drug use, criminal activity, high-risk behavior, and welfare dependency.⁸ NTIES' principal conclusions are that:⁹

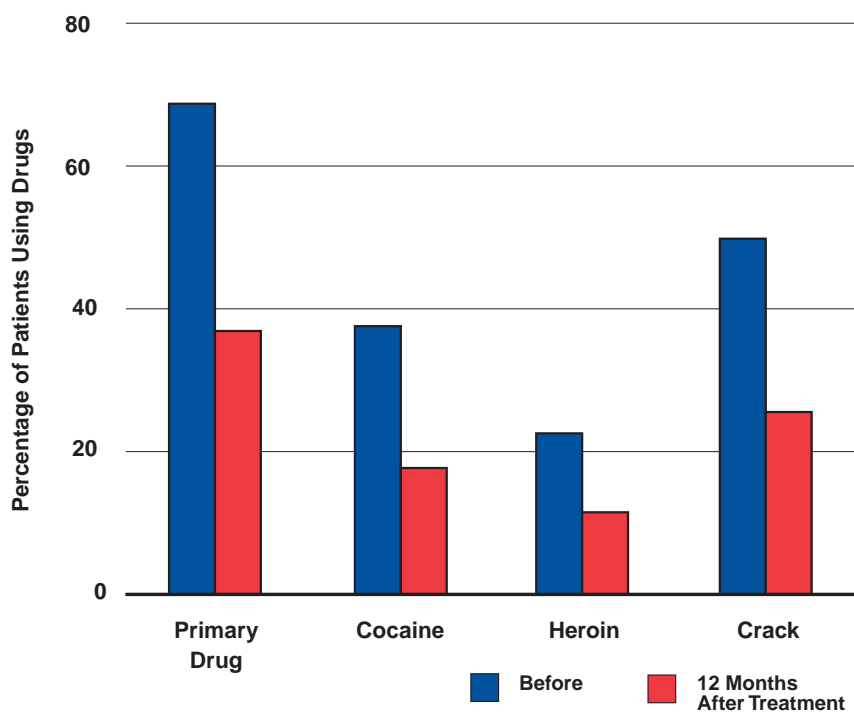
- **Treatment reduces drug use.** Clients reported reducing drug use by about 50 percent in the year following treatment.
- **All types of programs can be effective.** Methadone maintenance programs, non-methadone outpatient programs, and both short and long-term residential programs demonstrated an ability to reduce drug use among participants.
- **Criminal activity declines after treatment.** Approximately half (48.2 percent) of the NTIES respondents were arrested in the year before treatment and only 17.2 percent were arrested in the year after exiting treat-

ment. Similar decreases were observed in the proportion of respondents reporting that the majority of their financial support is derived from illegal activities.

- **Health improves after treatment.** Substance abuse-related medical visits decreased by more than 50 percent and in-patient mental health visits by more than 25 percent after treatment. So, too, did risk indicators of sexually-transmitted diseases.
- **Treatment improves individual well-being.** Following treatment, employment rates increased while homelessness and welfare receipts both decreased.

For prevention and treatment to be effective, we must address the unique needs of different populations. As a result of managed care and changes in the welfare and health care delivery system and other factors, needed services may be less available to such vulnerable populations as pregnant and parenting women, racial and ethnic minorities

Figure 4-1: Changes in drug use as a result of treatment



Source: National Treatment Improvement Evaluation Study

(such as African-Americans, Native Americans, Hispanics, and Asian/Pacific Islanders), the children of substance-abusing parents, the disabled, youth living in poverty, and substance abusers with co-occurring mental disorders. Recent studies have found that over 40 percent of persons with addictive problems also have co-occurring mental disorders. Our overall challenge is to help chronic drug users overcome their dependency so that they can lead healthy and productive lives and so that the social consequences of illegal drug abuse are lessened. Initiatives to achieve these ends include:

Improving Treatment

Effective rehabilitation programs characteristically differentiate by substances, cause addicts to change lifestyles, and provide follow-up services. However, all treatment programs are not equally effective. That is why efforts are underway to raise the standards of practice in treatment to ensure consistency with research findings. ONDCP and NIDA have focused on treatment in national conferences on marijuana, methamphetamine, heroin, and crack cocaine. Additional conferences on treatment modalities and treatment in the criminal-justice system are planned for the spring of 1998. CSAT continues to develop Treatment Improvement Protocols (TIPS), which provide research-based guidance for a wide range of programs. CSAT also supports eleven university-based Addiction Technology Transfer Centers, which cover twenty-four states and Puerto Rico. These centers train substance-abuse counselors and other health, social-service, and criminal-justice professionals.

Closing the Treatment Gap

Drug treatment is available for only 52 percent of people in immediate need of it, despite a 33 percent increase in federal expenditures for treatment since fiscal year 1993. The expansion of managed care and changes in eligibility requirements for Supplemental Security Income and Supplemental Security Disability Income are contributing factors to the continuing “treatment

gap.” It is essential to help the nation’s chronic users end drug dependence if drug use is to be reduced by 50 percent in the next ten years. ONDCP and HHS will use the substance-abuse block grant and other means to expand the nation’s treatment capacity. Special emphasis will be given to expanding treatment that meets the needs of young drug abusers, as well as women and intravenous drug users.

Expanding Opiate Treatment Programs

For heroin addicts, two modalities have been extensively documented as effective: methadone treatment and long-term residential drug-free therapeutic communities. When an adequate dose is used (generally 50 to 100 mg daily), methadone is highly effective; heroin addicts remain in treatment and eventually decrease or stop heroin use. However, only 115,000 of the nation’s estimated 810,000 heroin addicts are in methadone treatment programs. A major reason for this shortfall is over-regulation of methadone programs. In 1995, the Institute of Medicine (IOM) concluded that existing regulations could be safely reduced. ONDCP, together with HHS and DOJ, are developing guidelines to implement the IOM recommendations. This modality is also poorly understood by many clinicians and the general public, primarily due to the stigma associated with psychotropic therapies. The federal government also supports the use of other pharmacotherapies, like LAAM and buprenorphine, to treat opiate addiction.

Expanding Knowledge

In the past several years, significant strides have been made in drug abuse research: we have learned not only how drugs affect the brain in ways that affect behavior, but also that behavioral and environmental factors may influence brain function. One of the most significant breakthroughs has been the identification of areas of the brain that are specifically involved in craving, probably the most important factor that can lead to relapse. Working with modern, high resolution, neuro-imaging equipment, scientists discovered

many underlying causes of addiction. Research using positron emission tomography scans shows that when addicts experience cravings for a drug, specific areas of the brain show high levels of activation. Armed with this knowledge, scientists are now determining pre-addiction physiological and psychological characteristics so that “at risk” subjects can be identified *before* addiction or drug abuse takes place.

A major focus of NIDA’s research has been on developing new medications. During the past year, several compounds have been identified that show promise as long-acting cocaine treatment medications. One compound works on the dopamine system and reduces cocaine use in monkeys. Of significance, this compound suppresses the desire for cocaine, while not affecting other pleasurable activities controlled by the dopamine reward pathway, such as eating. Until there are viable medications, however, behavioral therapies will remain the principal treatment approach to most dependence problems.

Major progress in basic drug abuse research can only be exploited through dissemination and application of knowledge. To this end, NIDA and SAMHSA are working with ONDCP to ensure that proven, effective approaches to substance abuse prevention and treatment are adopted in the field.

Training in Substance-Abuse Issues for Health-Care Professionals

The recognition of substance abuse is the first step in treatment. Unfortunately, although most medical students are required to have some background in mental-health training, they receive little education regarding substance abuse. If physicians and other primary-care managers were more attuned to drug-related problems, abuse could be identified and treated earlier. In 1997, ONDCP and SAMHSA/CSAP co-hosted a conference for leaders of health-care organizations to address this issue. In addition, CSAT published *A Guide to Substance Abuse Services for Primary Care Clinicians*.

A related problem is that many competent community-based treatment personnel lack professional certification. The Administration supports a flexible system that would respect the experience of treatment providers while they earn professional credentials. *Addiction Counseling Competencies: The Knowledge, Skills and Attitudes of Professional Practice*, a CSAT publication, will help certify practitioners.

Drug-Free Work Place Programs

The *Strategy* encourages public and private-sector employers, including twenty-two million small businesses, to initiate comprehensive drug-free workplace programs. Effective programs include written anti-drug policies, education, employee-assistance programs featuring problem identification and referral for both employees and family members, drug testing, and training so that supervisors can recognize the signs of use reflected in job performance and refer employees to help. Workplace anti-drug policies also help prevent drug abuse among millions of young people who have part-time jobs. SAMHSA has awarded nine grants to study the impact of comprehensive drug-free workplace programs on productivity and health-care costs in major U.S. corporations. As the nation’s largest employer, the federal government sets the example. Currently, 120 federal agencies have drug-free workplace plans certified by the DHHS, Office of Personnel Management, and DOJ. These agencies represent about 1.8 million employees—the vast majority of the federal civilian workforce.

The Omnibus Transportation Employees Testing Act of 1991 requires the Department of Transportation (DOT) to prescribe regulations that require drug testing of approximately eight million safety-sensitive employees in the United States who work in regulated businesses in the aviation, motor, carrier, rail, transit, rail, pipeline, and maritime industries. Consequently, DOT oversees the nation’s largest workplace drug-testing program. DOT requires workers in safety-sensitive positions who test positive for drugs to be referred to substance-abuse professionals before

returning to work. If substance abuse is diagnosed, the employee must receive treatment before resuming duties. This program—which also requires drug testing for operators of commercial motor vehicles from Canada and Mexico—has become a model for non-regulated employers throughout the United States and in other countries around the world. It is important to note that there is no legitimate medical explanation for a safety-sensitive worker testing positive for marijuana in the DOT or any other federally-mandated drug-testing program. The Department of Labor's Working Partners program enlists trade associations in encouraging and assisting small businesses to implement programs and disseminates helpful information and materials through its Internet-based Substance Abuse Information Database.¹⁰

Welfare Reform and Drug Treatment

Recent legislation requires states to trim welfare roles. However, one in four recipients of Temporary Assistance to Needy Families, the federal-state welfare program, requires treatment for substance abuse.¹¹ Clearly, treatment opportunities must be provided to these individuals if they are to join the work force. CSAT conducted workshops in 1997 to develop solutions to this problem. The Department of Labor also recognizes this problem. Consequently, its Welfare-to-Work (WtW) initiative allows the provision of supportive services such as substance-abuse education, counseling, and non-medical treatment services to welfare recipients.

4. INITIATIVES TO SHIELD OUR FRONTIERS

Flexible, In-Depth Interdiction

Drug traffickers are adaptable, reacting to interdiction successes by shifting routes and changing modes of transportation. Large international criminal organizations have nearly unlimited access to sophisticated technology and resources to support their illegal operations. The United States must equal trafficker's

flexibility, quickly deploying resources to changing high threat areas.

Consequently, the U.S. government will conduct interdiction operations that anticipate shifting trafficking patterns in order to keep illegal drugs from entering our nation. Existing interagency organizations and initiatives will remain the building blocks for this effort. These include the Joint Inter-Agency task forces {East (Key West), West (Alameda, CA), South (Panama)} which coordinate interdiction in the transit zone; Customs' Domestic Air Interdiction Coordination Center (Riverside CA) which monitors air approaches to the United States; the Armed Forces' Joint Task Force-Six (El Paso) and Operation Alliance (the Justice and Treasury law-enforcement coordination element in El Paso) which coordinate drug-control activities along the Southwest Border; as well as ONDCP's seventeen HDTAs. International cooperation is also essential to U.S. success; therefore, bilateral and regional drug-control efforts will be expanded.

Interdiction of Drugs in the Transit Zone

Drugs coming to the United States from South America pass through a six-million square-mile area that is roughly the size of the continental United States. This transit zone includes the Caribbean, Gulf of Mexico, and eastern Pacific Ocean. In 1997, approximately 430 metric tons of cocaine passed through the transit zone toward the United States.¹² An estimated 32 percent of this amount was seized, 84 metric tons in the transit zone¹³ and 54 metric tons in the arrival zone.¹⁴ U.S. Coast Guard and Customs Service-led interagency surge operations reduced the flow of cocaine to Puerto Rico by 46 percent.¹⁵ To further disrupt the flow of drugs in transit to the United States we are:

Building international cooperation: The Justice and Security Action Plan agreed to at the Barbados Summit in May 1997 commits Caribbean nations and the United States to a broad drug-control agenda that includes modernizing laws, strengthening law-enforcement and judicial institutions, developing anti-corruption measures, opposing money laundering, and cooperative interdiction

Strategic Goals and Objectives of the *1998 National Drug Control Strategy*



Strategic Goals and Objectives of the

GOAL 1: Educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco.

Objective 1: Educate parents or other care givers, teachers, coaches, clergy, health professionals, and business and community leaders to help youth reject illegal drugs and underage alcohol and tobacco use.

Objective 2: Pursue a vigorous advertising and public communications program dealing with the dangers of illegal drugs, including alcohol, and tobacco use by youth.

Objective 3: Promote zero tolerance policies for youth regarding the use of illegal drugs, alcohol, and tobacco within the family, school, workplace, and community.

Objective 4: Provide students in grades K- 12 with alcohol, tobacco, and other drug prevention programs and policies that have been evaluated and tested and are based on sound practices and procedures.

Objective 5: Support parents and adult mentors in encouraging youth to engage in positive, healthy lifestyles and modeling behavior to be emulated by young people.

Objective 6: Encourage and assist the development of community coalitions and programs in preventing drug abuse and underage alcohol and tobacco use.

Objective 7: Create partnerships with the media, entertainment industry, and professional sports organizations to avoid the glamorization, condoning, or normalization of illegal drugs and the use of alcohol and tobacco by youth.

Objective 8: Support and disseminate scientific research and data on the consequences of legalizing drugs.

Objective 9: Develop and implement a set of principles upon which prevention programming can be based.

Objective 10: Support and highlight research, including the development of scientific information, to inform drug, alcohol, and tobacco prevention programs targeting young Americans.

GOAL 2: Increase the safety of America's citizens by substantially reducing drug-related crime and violence.

Objective 1: Strengthen law enforcement — including federal, state, and local drug task forces — to combat drug-related violence, disrupt criminal organizations, and arrest and prosecute the leaders of illegal drug syndicates.

Objective 2: Improve the ability of High Intensity Drug Trafficking Areas (HIDTA) to counter drug trafficking.

Objective 3: Help law enforcement to disrupt money laundering and seize and forfeit criminal assets.

Objective 4: Develop, refine, and implement effective rehabilitative programs — including graduated sanctions, supervised release, and treatment for drug-abusing offenders and accused persons — at all stages within the criminal justice system.

Objective 5: Break the cycle of drug abuse and crime.

Objective 6: Support and highlight research, including the development of scientific information and data, to inform law enforcement, prosecution, incarceration, and treatment of offenders involved with illegal drugs.

1998 National Drug Control Strategy

GOAL 3: Reduce health and social costs to the public of illegal drug use.

Objective 1: Support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse.

Objective 2: Reduce drug-related health problems, with an emphasis on infectious diseases.

Objective 3: Promote national adoption of drug-free workplace programs that emphasize a comprehensive program that includes: drug testing, education, prevention, and intervention.

Objective 4: Support and promote the education, training, and credentialing of professionals who work with substance abusers.

Objective 5: Support research into the development of medications and treatment protocols to prevent or reduce drug dependence and abuse.

Objective 6: Support and highlight research and technology, including the acquisition and analysis of scientific data, to reduce the health and social costs of illegal drug use.

GOAL 4: Shield America's air, land, and sea frontiers from the drug threat.

Objective 1: Conduct flexible operations to detect, disrupt, deter, and seize illegal drugs in transit to the United States and at U.S. borders.

Objective 2: Improve the coordination and effectiveness of U.S. drug law enforcement programs with particular emphasis on the Southwest Border, Puerto Rico, and the U.S. Virgin Islands.

Objective 3: Improve bilateral and regional cooperation with Mexico as well as other cocaine and heroin transit zone countries in order to reduce the flow of illegal drugs into the United States.

Objective 4: Support and highlight research and technology — including the development of scientific information and data — to detect, disrupt, deter, and seize illegal drugs in transit to the United States and at U.S. borders.

GOAL 5: Break foreign and domestic drug sources of supply.

Objective 1: Produce a net reduction in the worldwide cultivation of coca, opium, and marijuana and in the production of other illegal drugs, especially methamphetamine.

Objective 2: Disrupt and dismantle major international drug trafficking organizations and arrest, prosecute, and incarcerate their leaders.

Objective 3: Support and complement source country drug control efforts and strengthen source country political will and drug control capabilities.

Objective 4: Develop and support bilateral, regional, and multilateral initiatives and mobilize international organizational efforts against all aspects of illegal drug production, trafficking, and abuse.

Objective 5: Promote international policies and laws that deter money laundering and facilitate anti-money laundering investigations as well as seizure and forfeiture of associated assets.

Objective 6: Support and highlight research and technology, including the development of scientific data, to reduce the worldwide supply of illegal drugs.

activities. Central American nations and the United States similarly agreed at the San Jose, Costa Rica Summit to improve cooperative law-enforcement capabilities. The United States will work closely with the European Union and other donor nations to support these initiatives. We will also expand bilateral counterdrug agreements to assist partner nations enforce their laws, protect their sovereignty, and control their territorial seas and airspace.

Denying traffickers easy access to smuggling routes: Deploying technologically advanced, capable, and flexible interdiction forces can deny the use of high threat trafficking routes, especially those targeted at Mexico and Puerto Rico and the Virgin Islands. Once the threat is reduced, forces will be redeployed to emerging high threat areas, leaving an enhanced presence to deter subsequent smuggling.

Shielding the Southwest Border

The rapidly growing commerce between the United States and Mexico is good news for America. It also makes the two-thousand mile border between our two countries one of the busiest and most open in the world. During 1996, 254 million people, seventy-five million cars, and 3.5 million trucks and rail cars entered the United States from Mexico through thirty-nine crossings and twenty-four ports of entry (POEs). Unfortunately, more than half of the cocaine on our streets and large quantities of heroin, marijuana, and methamphetamine also enter the United States across this border. The Departments of Justice, Treasury, Transportation, and Defense, and other agencies that share responsibility for protecting our borders, are conducting a review of federal efforts to prevent drug trafficking across the Southwest Border. A detailed assessment and action plan will be completed this summer. Areas being examined include:

Improved coordination: The Departments of Justice and the Treasury and other agencies with responsibilities along the Southwest Border are working to enhance cooperation and planning.

Employment of technology: We must improve the capability to subject trucks and rail cars that cross the border into the United States to different non-intrusive inspections to detect illegal drugs. New technologies must be carefully cued to high-risk cargo by a more effective intelligence system which works closely with Mexican authorities.

Infrastructure improvements: Access roads, fences, lights, and surveillance devices can prevent the movement of drugs between ports of entry while serving the legal, economic and immigration concerns of both nations. For example, along the Imperial Beach, San Diego section of the border, sixty murders took place and ten thousand pounds of marijuana were seized three years ago. Last year, after the installation of fences and lights along with the assignment of more Border Patrol agents, no murders occurred and just six pounds of marijuana were seized. These new initiatives must create strong law-enforcement and Customs partnerships with Mexican authorities all along the border.

Reinforcement: Adding inspectors and agents and providing them with requisite technology can help reduce the flow of illegal drugs. We must create balanced packages of resources, technology, and personnel in the Border Patrol, Immigration and Naturalization Service, and U.S. Customs Service to ensure that we have the capacity to maintain appropriate inspections and vigilance.

Bilateral Cooperation with Mexico

The United States and Mexico have made significant progress against drug trafficking in recent years. President Zedillo identified drug trafficking as the principal threat to Mexico's national security. Mexico has criminalized money laundering, expanded law enforcement's ability to investigate organized crime, conducted coincidental maritime interdiction operations, maintained high levels of eradication and seizure, and addressed corruption. The Mexican Senate unanimously approved legislation to control precursor chemicals. Mexican law promotes international cooperation and authorizes the creation of information databases to enable companies to notify authorities about suspicious

chemical transactions. Last year, Presidents Clinton and Zedillo signed two major drug-control agreements: a Binational Drug Threat Assessment and an Alliance Against Drugs. These documents establish a comprehensive framework for cooperation under the aegis of the U.S. - Mexico High Level Contact Group on Drug Control.

This year, we will implement a binational drug-control strategy released in February 1998. Our two nations share a commitment to address drug challenges forthrightly while upholding the principles of sovereignty, mutual respect, territorial integrity, and nonintervention. Key areas of cooperation include border task forces; anti-corruption, anti-money laundering, and anti-weapons trafficking measures; asset forfeiture; interdiction; demand-reduction; information and technology sharing; joint training; precursor chemical identification; and prosecution and extradition of drug criminals.

Working with the Private Sector to Keep Drugs Out of America

Agreements with the private sector can deter drug smuggling via legitimate commercial shipments and conveyances. As the primary drug-interdiction agency on the border, the U.S. Customs Service is implementing innovative programs like the air, sea, and land Carrier Initiative Programs (CIP), the Business Anti-Smuggling Coalition (BASC), and the Americas Counter-Smuggling Initiative (ACSI) to keep illegal drugs out of licit commerce. These initiatives have resulted in the seizure of more than 100,000 pounds of drugs in the past three years.

5. INITIATIVES TO BREAK SOURCES OF SUPPLY

The United States' international drug-control strategy seeks to:

Promote international cooperation: The United States seeks to improve international cooperation to strengthen regional enforcement efforts and deny sanctuary to international

criminal organizations. Because traffickers do not respect national borders; no country can deal effectively with illicit drug trafficking alone. Multinational efforts are essential for making optimal use of limited assets.

Assist source and transit countries: In nations with the political will to fight drug-trafficking organizations, the United States will help provide training and resources so that these countries can reduce narcotics cultivation, production, trafficking, and consumption.

Support crop eradication and alternative development programs: The elimination of illicit coca and opium cultivation is the best way to reduce cocaine and heroin availability. Alternative development programs can provide farmers with incentives to abandon drug cultivation.

Destroy drug-trafficking organizations: U.S.-supported programs help disrupt and dismantle international drug organizations, including their leadership, trafficking, production, and distribution infrastructure and their financial underpinnings.

Stop money laundering: The United States shares expertise and assists producer and transit countries with training and equipment to foster coordination among investigators, prosecutors, and financial regulators.

Prevent chemical diversion: The production of illegal drugs requires enormous volumes of precursor chemicals. Limiting their diversion and tracking their movements can complement other drug-control measures.

Interdict drug shipments: Trafficker routes in source countries are linked to growing areas. Operations against cocaine HCl laboratories disrupt production operations at a critical stage. U.S.-supported source-country interdiction programs can break transportation links, disrupt drug processing, and depress drug-crop prices in support of alternative development programs.

Support democracy and human rights: Democratic principles, human rights, and international drug-control policies are mutually

supportive. Wherever drugs are grown or produced in volume, rule of law is corrupted by powerful criminal elements. Consequently, strengthening democracy is integral to international drug control.

Multilateral Drug Control Cooperation

The growing trend toward greater cooperation in the Western Hemisphere is creating unprecedented regional drug-control opportunities. The era in which the region's anti-drug efforts were largely driven by a series of distinct, bilateral initiatives between the United States and selected Latin American and Caribbean countries is giving way to one that increasingly includes multilateral approaches. The institutions and many of the mechanisms to have successful cooperation are in place or under development. It is in our interest—and the interests of the other countries in the region—to enhance these institutions and accelerate multilateral cooperation.

In the past several years, a multilateral framework for increased drug-control cooperation has been developed. Thirty-four democracies that attended the Miami Summit of the Americas in 1994 signed an action agenda that has been implemented over the past three years. All governments endorsed the 1996 Anti-Drug Strategy in the Hemisphere and the 1995 Buenos Aires Communiqué on Money Laundering, which specified principles for cooperation. In addition, all of the Summit countries have now ratified or acceded to the 1988 U.N. Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

Hemispheric anti-drug officials, working under the auspices of the Organization of American States (OAS), elaborated recommendations for implementing the principles outlined in the OAS's hemispheric anti-drug strategy. The OAS' Inter-American Drug Abuse Control Commission (CICAD) developed model legislation against money laundering and chemical diversion, as well as a system of data collection for supply and demand statistics. CICAD also sponsored several meetings and seminars on a range of issues and helped to conclude negotiation for a regional mutual legal-assistance agreement.

The United States will seek commitments from all nations at the Santiago, Chile Summit of the Americas (April 18-19, 1998) for a Hemispheric Anti-Drug Alliance. To be effective, the Alliance must include explicit goals and responsibilities and mechanisms to identify weaknesses and provide remedies. The United States also will expand the International Law-Enforcement Academy, which provides professional development for Central American officers and establish, in collaboration with other nations, a Judicial Center in Latin America to train judges and court personnel.

The U.S. process of annually certifying the counter-drug performance of narcotics-producing and transit countries will continue to encourage international cooperation. By law, the President is required to determine whether countries have cooperated fully with the United States or taken adequate steps to meet the counter-narcotics goals and objectives of the 1988 U.N. Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. Denial of certification involves foreign assistance sanctions, as well as a mandatory U.S. vote against multilateral development bank loans.

Targeting International Drug Trafficking

Pressure on illegal drug organizations is paying off. The Colombian National Police (CNP), working in cooperation with military counter-drug units, have arrested, incarcerated, or killed eight of the most important Colombian drug traffickers within the last two years. In Mexico, the leadership of two major organizations has been disrupted. Amado Carrillo Fuentes, the king-pin who organized multi-ton cocaine shipments using airliners, died following radical appearance-changing surgery. Juan Garcia Abrego, head of the Gulf Cartel and one of the FBI's "Ten Most Wanted" fugitives, has been convicted by U.S. courts and is serving a life sentence in a federal penitentiary. Over the past several years, more than twenty-five heroin traffickers have been arrested or extradited to the United States from Southeast and Southwest Asia. Thai law-enforcement agencies and military units, for example, helped dismantle the Mong Tai army which was a major heroin-trafficking organization.

Following the Money

The billions of dollars Americans spend on illegal drugs every year fuel the drug trade. They also generate enormous profits that are either invested within the United States or repatriated. In most cases, traffickers seek to disguise drug profits by converting (“laundering”) them into legitimate holdings. Trafficking organizations are vulnerable to enforcement actions because of the volume of money that must be processed. The retail value of the cocaine available for consumption in the United States each year is between forty and fifty-two billion dollars. Drug dealers seek to place these funds in the financial system as close to drug-dealing locations as possible.

The Department of Treasury works extensively with U.S. banks, wire remitters, vendors of money orders and travelers’ checks, and other money service businesses to prevent placement of drug proceeds. The federal government uses the provisions of the Bank Secrecy Act to detect suspicious transactions and prevent laundering. Federal, state, and local law-enforcement agencies also target individuals, trafficking organizations, businesses, and financial institutions suspected of money laundering. The Geographical Targeting Order issued by the Department of Treasury in 1996 to prevent drug-related wire transfers from the New York City area and DOJ’s prosecution of such cases are examples of effective interagency counter-measures. Private-sector support of anti-laundering measures is critical. Compliance with money-laundering regulations is essential for the credibility of financial institutions competing in a global economy.

The United States also is participating in global efforts to disrupt the flow of illicit capital, track criminal sources of funds, forfeit ill-gained assets, and prosecute offenders. For example, with the assistance of Colombian law enforcement and the private sector, the United States has imposed economic sanctions pursuant to the International Economic Emergency Powers Act against more than four hundred businesses affiliated with Colombian criminal drug organizations. Finally, U.S. experts have helped draft regulations to protect foreign financial sectors. Twenty-six nations are members of the

Financial Action Task Force, which develops international anti-money-laundering standards and helps member nations develop regulations to protect their financial sectors.

Drug profits can also be attacked by seizing and forfeiting illegally-gained assets (“asset forfeiture”). The DOJ consulted and assisted in the drafting of asset-forfeiture legislation in Bermuda, Bolivia, Brazil, Colombia, Mexico, South Africa, and Uruguay, and coordinates international forfeiture cases in Austria, Britain, Luxembourg, Mexico, Switzerland, and other countries. DOJ’s Criminal Division, for example, secured a commitment from the Swiss government to seize two hundred million dollars deposited in Swiss banks by a major cocaine trafficker.

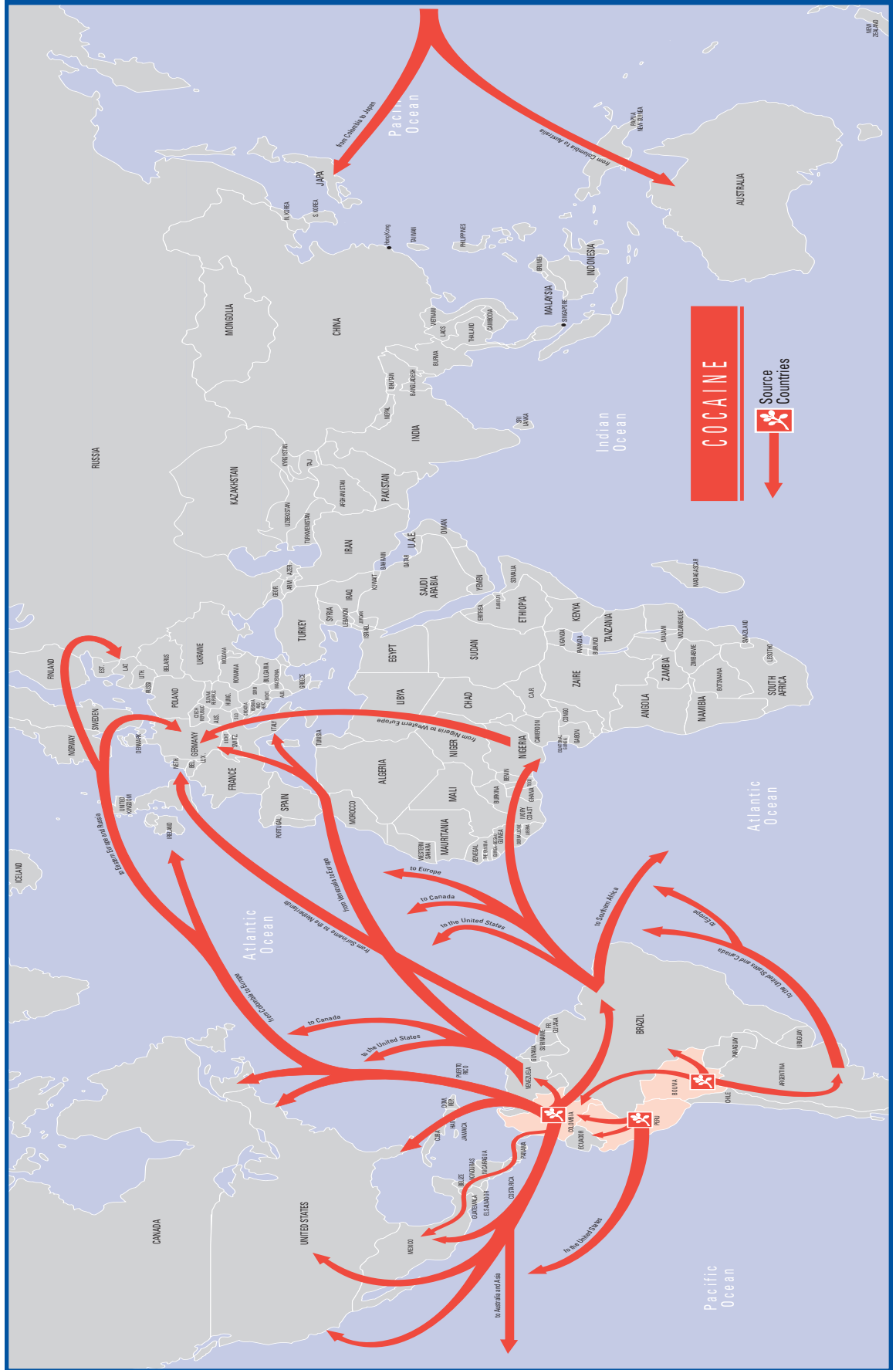
Controlling Precursor Chemicals

The twenty-two chemicals most commonly used in the production of cocaine have extensive commercial and industrial uses. Illegal drug production can be disrupted if essential chemicals are denied to drug producers. The importance of controlling precursor chemicals has been established in international treaties and laws. Article 12 of the 1988 U.N. Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, for example, establishes the obligation of parties to the treaty to institute controls to prevent the diversion of chemicals from legitimate commerce to illicit drug manufacture. The tracking of international shipment and the investigation of potentially illegal diversions is a demanding task. Yet, major strides have been made in international efforts to prevent the illegal diversion of chemicals. In 1997, the United States and the European Union signed an agreement to enhance cooperation in chemical diversion control. In Brazil, the government regulates the sale of gasoline, which can be used as a precursor chemical and to fuel trafficker aircraft and boats in the Amazon Region. The United States continues to urge the adoption and enforcement of chemical-control regimes by governments that do not have them or fail to enforce them. The goal is to prevent diversion of chemicals without hindering legitimate commerce.

Reducing Corruption

Corruption is a serious impediment to expanded bilateral and multilateral cooperation. The widespread existence of corruption engenders a lack of confidence among law-enforcement agencies in various countries that might otherwise be able to attack drug-trafficking organizations by sharing information and coordinating operations. Ruthless trafficking organizations, with deep pockets for bribes and a demonstrated readiness to use violence, have penetrated the highest reaches of government in some nations. Corruption weakens the rule of law, erodes democratic institutions, and sometimes threatens the lives of U.S. officials. A decade ago, corruption was all-too-often ignored or tolerated. Today, the world's democracies are beginning to take steps to confront the problem. The United States will continue supporting multilateral efforts to fight corruption such as the OAS Hemispheric Convention Against Corruption.

International Cocaine Trafficking Flows (Source: DEA)

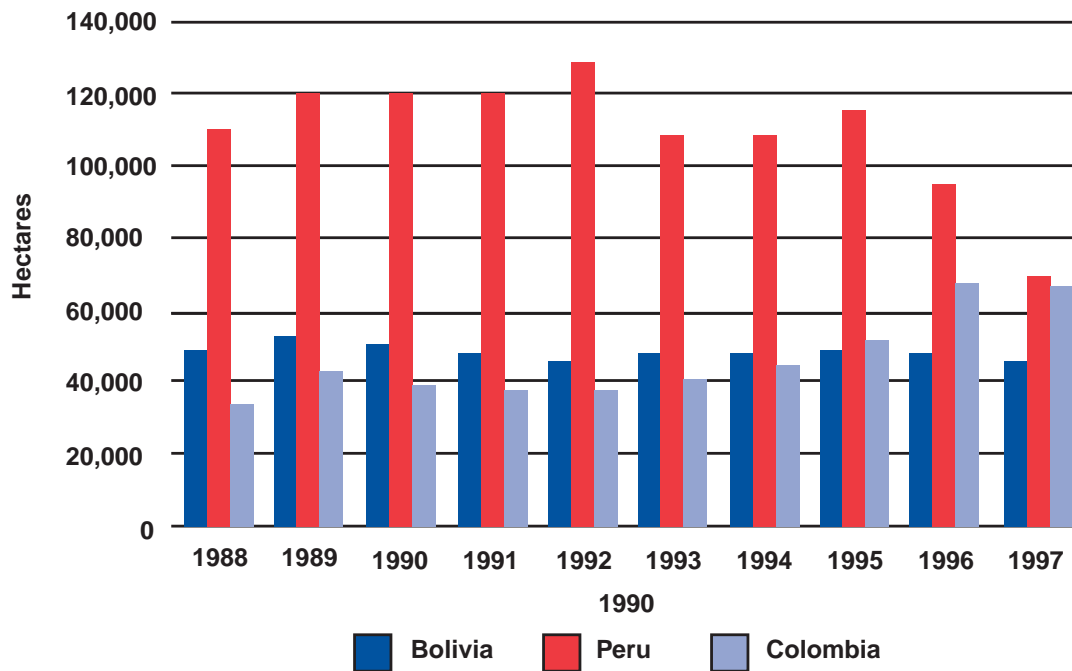


Breaking Cocaine Sources of Supply

Coca, the raw material for cocaine, is grown in the South American countries of Bolivia, Colombia, and Peru. Regional efforts have attained a 9.6 percent net reduction in total regional coca production over the last two years. For the past several years, the United States, Colombia, and Peru have targeted drug-laden aircraft flying between coca-growing regions of Peru and processing laboratories in Colombia. As a result of this campaign and development projects that provide economic alternatives to coca farmers, coca cultivation in Peru (once the source of over half the world's coca cultivation) decreased 40 percent during the last two years. Potential cocaine production also declined by 13 percent in Bolivia over the same period. U.S.-funded alternative development programs reinforced Bolivian coca-control efforts in the Chapare region. Hectarage now devoted to licit crops in the Chapare is 127 percent greater than in 1986.

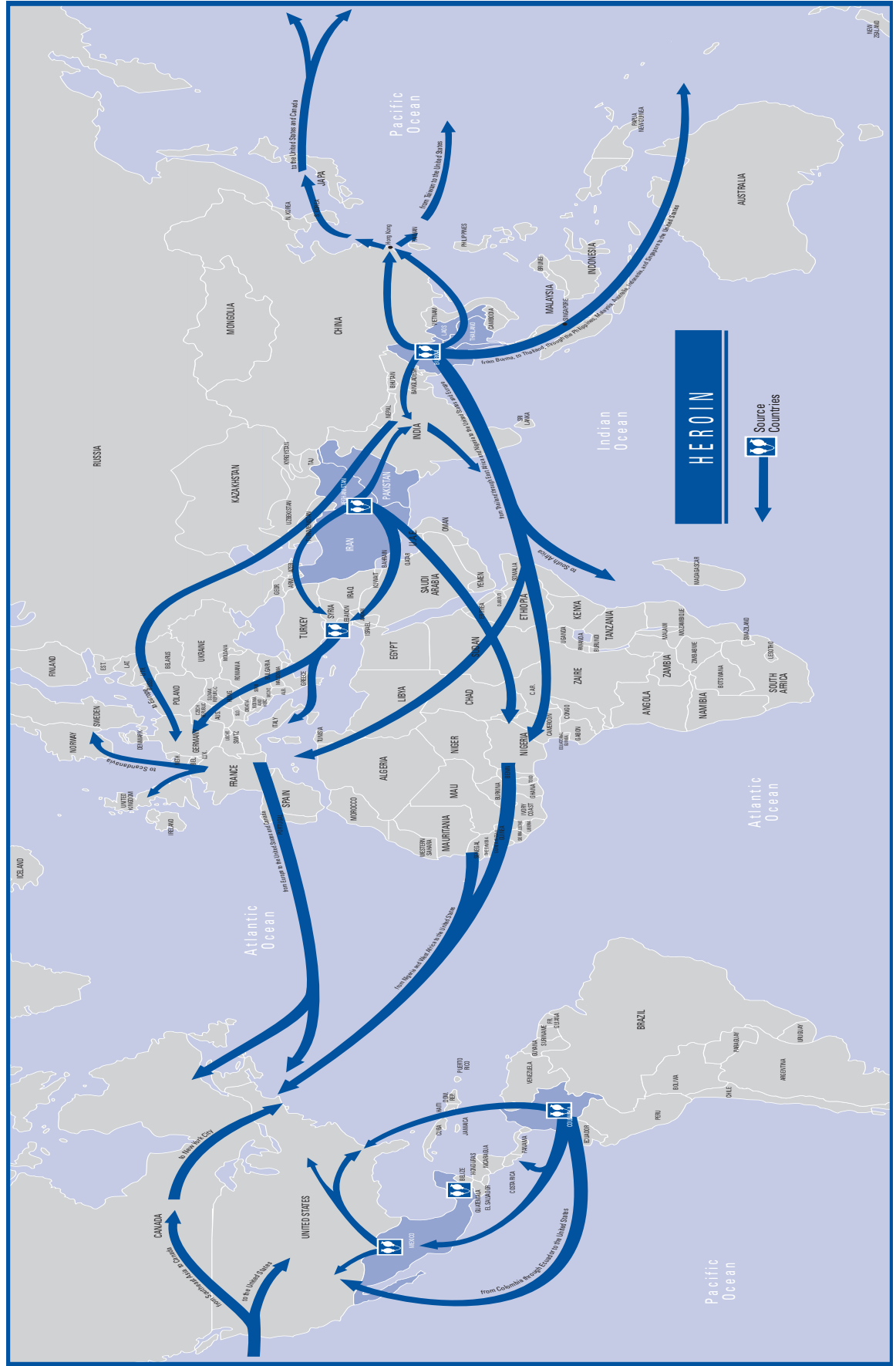
Progress in Bolivia and Peru over the last two years, however, has been offset by a 56 percent expansion in coca cultivation in Colombia in that same period. This expansion primarily occurred in areas controlled by guerrilla and paramilitary forces. Colombia is attacking this trend with a U.S. supported aerial herbicide spray campaign that has destroyed tens of thousands of hectares of illicit coca and poppy cultivation in recent years. During the next year, the United States will continue to support the eradication and regional air bridge interdiction campaigns, expand anti-trafficking efforts to maritime and riverine routes, support alternate development, provide training and equipment to judicial systems, law enforcement agencies, and security forces, and encourage greater regional cooperation.

Figure 3: Net Coca Cultivation (Global)



Source: U.S. Department of State, 1998

International Heroin Trafficking Flows (Source: DEA)



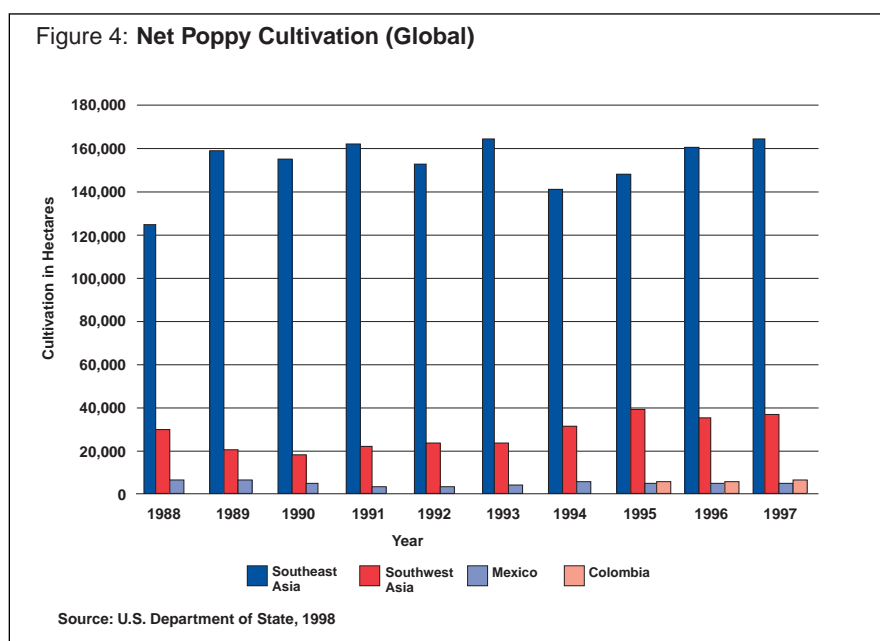
Breaking Heroin Sources of Supply

International efforts to reduce heroin availability in the United States face significant challenges. Worldwide illicit opium production was estimated at 4,100 metric tons in 1997, of which approximately 88 percent is produced in Burma and Afghanistan where the U.S. has limited access or influence. Moreover, the U.S. heroin market consumes perhaps only 3 percent of the world's production. The existence of widely dispersed organizations and diversified routes and concealment methods makes interdiction difficult without adequate intelligence and resources.

Still, progress is achievable if governments have access to the growing area and the commitment and resources to implement counternarcotics programs. U.S.-backed crop control programs have eliminated or are reducing illicit opium cultivation in countries such as Guatemala, Mexico, Pakistan, Thailand, and Turkey. In Afghanistan, the United States and UN are prepared to test the Taliban's commitment to narcotics control. The United States is funding a small alternative development project through a non-governmental organization and the UN is planning a larger one in return for a Taliban commitment to ban poppy cultivation. In Burma, the government has shown initial signs of a stronger counternarcotics interest. While legislation prohibits the use of U.S. Government resources to assist Burmese counternarcotics efforts,

we do support UN drug control programs there and encourage other countries to press the Government of Burma to take effective anti-drug action. In Colombia, U.S.-supported eradication efforts have stabilized poppy cultivation. The United States will also help strengthen law-enforcement efforts in heroin source and transit countries by supporting training programs, information sharing, extradition of fugitives, and anti-money laundering measures. Finally, the United States will work through diplomatic and public channels to increase international cooperation and support the ambitious UNDCP initiative to eradicate illicit opium poppy cultivation in ten years.

Domestic heroin demand-reduction programs are essential due to the difficulties in attacking heroin sources of supply. They will, nevertheless, be supported by domestic and international heroin-control measures. Coordinated federal, state and local anti-heroin efforts will be encouraged. The ad-hoc task force established in Plano, Texas is an excellent example of this approach. It consists of representatives from numerous area sheriffs' offices and police departments, as well as the Texas Department of Public Safety, the U.S. Attorneys' Offices, the U.S. Immigration and Naturalization Service, the FBI, and DEA. U.S. law-enforcement agencies will use strategic information about domestic heroin distribution rings to pursue international criminal organizations.



Denial of Safe Haven to Criminals and Fugitives

Extradition agreements are essential to international anti-trafficking efforts. The United States is currently party to more than a hundred such treaties, having signed seventeen new ones in 1997. The U.S. government will continue to expand these agreements and sign bilateral treaties where none exist. Extradition requests are becoming more frequent. In 1996, the U.S. government sought the extradition of 2,894 criminals, up from 1,672 in 1990. Extradition between domestic jurisdictions is also increasingly frequent as trafficking organizations operate across state lines. As an example, DOJ assisted in the extradition of more than 140 drug criminals in 1996.

Checking the Spread of Methamphetamine

The apparent decline in methamphetamine use may be the result of increased prevention, law enforcement, and regulatory efforts. However, domestic manufacture and importation of methamphetamine pose a continuing public-health threat. The manufacturing process involves toxic and flammable chemicals. Abandoned labs require expensive, dangerous clean-up. Between January 1, 1994 and September 30, 1997, the DEA was involved in the seizure of over 2,400 methamphetamine laboratories throughout the country, including 946 labs in the first nine months of 1997. State and local law-enforcement authorities, especially in California but increasingly in other states, were involved in thousands of additional clandestine lab seizures.

The 1996 National Methamphetamine Strategy (updated in May of 1997) established the federal response to this problem. It was buttressed by the Comprehensive Methamphetamine Control Act of 1996, which increased penalties for production and trafficking while expanding control over precursor chemicals (like ephedrine, pseudoephedrine, and phenylpropanolamine). Federal, state, and local investigators and prosecutors are targeting methamphetamine-dealing organizations and companies that supply

precursor chemicals. The DEA also supports state and local law-enforcement agencies by conducting training in Kansas City and San Diego. Many retailers are adopting tighter controls for over-the-counter drugs containing ingredients that can be made into methamphetamine. Useful actions include educating employees, limiting shelf space, and capping sales.

Internationally, the United States is promoting controls of precursor chemicals. For both methamphetamine and the related stimulant amphetamine, cooperation with Mexico is crucial because powerful methamphetamine trafficking organizations are based there. A bilateral chemical-control working group oversees cooperative investigation of cases of interest to both countries and exchanges information on legal and regulatory matters. In late 1997, Mexico passed a comprehensive chemical-control law which, once implemented, should bring the country into compliance with the 1988 U.N. Convention Against Traffic in Narcotic Drugs and Psychotropic Substances.

With regard to reduction of the demand for methamphetamine, efforts are underway to develop effective treatment and prevention regimes for methamphetamine. DHHS has embarked on a Methamphetamine Research Initiative to advance our knowledge of the drug and the effects of its use. In 1998, a search will begin for alternative treatment for methamphetamine users.

6. OTHER INITIATIVES

Review of Drug-Intelligence Architecture

Intelligence collection, analysis, and dissemination are essential for effective drug-control. An ongoing, comprehensive, interagency review of counterdrug-intelligence missions, activities, functions, and resources is determining how federal, state, and local drug-control efforts can be better supported by intelligence. This review is being conducted by the White House Task Force on the Coordination of Counterdrug Intelligence

Centers and Activities. The Attorney General, The Director, ONDCP, and Director of Central Intelligence are co-chairs of this critical study. The Task Force will make specific organizational and procedural recommendations to improve intelligence support to the national counterdrug effort.

Countering Attempts to Legalize Marijuana

Marijuana is a “Schedule I” drug under the provisions of the Controlled Substance Act, Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 because of its high potential for abuse and lack of accepted medical use. Federal law prohibits the prescription, distribution, or possession of marijuana and other Schedule I drugs like heroin and LSD and strictly controls Schedule II drugs like cocaine and methamphetamine. Federal law also prohibits the cultivation of *Cannabis sativa*, the marijuana plant. Marijuana is similarly controlled internationally through inclusion on Schedule I of the U.N. Single Convention on Narcotic Drugs.

In response to anecdotal claims about marijuana’s medicinal effectiveness, NIDA sponsored conferences in 1997, involving leading researchers and is supporting peer-reviewed research on the drug’s effects on the immune system. ONDCP also is supporting a major study of existing research on marijuana’s potential benefits and harms. This eighteen-month study, conducted by the National Academy of Science’s Institute of Medicine, is considering scientific evidence on several topics related to the use of marijuana, including: marijuana’s pharmacological effects; the state of current scientific knowledge; the drug’s psychological or physiological dependence liability; risks posed to public health by marijuana; its history and current pattern of abuse; and the scope, duration, and significance of abuse.

The U.S. medical-scientific process has not closed the door on marijuana or any other substance that may offer potential therapeutic benefits. However, both law and common sense dictate that the process for establishing substances

as medicine be thorough and science-based. By law, laboratory and clinical data are submitted to medical experts in the DHHS including the FDA for evaluation of their safety and efficacy. If the scientific evidence is sufficient to demonstrate that the benefits of the intended use of a substance outweigh associated risks, the substance can be approved for medical use. This rigorous process protects public health. Allowing marijuana or any other drug to bypass this process is unwise.

Permitting hemp cultivation would result in *de facto* legalization of marijuana cultivation because both hemp and marijuana come from the same plant—*Cannabis sativa*. Chemical analysis is the only way to differentiate between cannabis variants intended for hemp production and hybrids grown for their psychoactive properties.¹⁶ According to the Department of Agriculture, hemp is not an economically-viable crop. For every proposed use of industrial hemp, there already exists an available product, or raw material, which is cheaper to manufacture and provides better market results. The ready availability of other lower-cost raw materials is a major reason for a 25 percent drop in worldwide hemp production over the past three decades.

Ten-Year Counterdrug Technology Plan

ONDCP’s Counterdrug Technology Assessment Center (CTAC) was established by the Counter-Narcotics Technology Act of 1990 (P.L. 101-510). CTAC is the federal government’s central drug-control research and development organization and coordinates the activities of twenty federal agencies. CTAC identifies short, medium, and long-term scientific and technological needs of federal, state, and local drug-enforcement agencies including surveillance; tracking; electronic support measures; communications; data fusion; and chemical, biological, and radiological detection. CTAC also participates in addiction and rehabilitation research and the application of technology to expand the effectiveness of treatment. Research and development in support of the *Strategy* is being conducted in the following areas:

Demand reduction: to support education and information dissemination in support of prevention and neuroscience research and medications development in support of treatment.

Non-intrusive inspection: to rapidly inspect people, conveyances, and large shipments at ports-of-entry for the presence of hidden drugs.

Wide-area surveillance: to reduce the supply of illegal drugs by detecting, disrupting, and interdicting drug growth and production facilities, and drug trafficking in source countries, the transit zone, and the United States.

Tactical technologies: to ensure that new technology is quickly assimilated into drug-control operations of federal, state, and local law enforcement agencies.

Specific initiatives include: research on artificial enzyme immunizations to block the effects of cocaine; positron emission tomography scanning to understand the process of addiction; information analysis in support of juvenile diversion programs within the criminal justice system; installation of non-intrusive inspection systems for trucks and rail cars along the Southwest Border; and deployment of relocatable over the horizon radars to monitor drug flights in Central and South America.

Endnotes

- 1 National Institute on Drug Abuse, National Institutes of Health, *Preventing Drug Use Among Children and Adolescents* (Rockville, Md.: National Institutes of Health, 1997).
- 2 Available from the ONDCP Clearinghouse (1-800-666-3332) as publication PK-40.
- 3 Child Welfare League of American, *Child Welfare and Chemical Dependency Fact Sheet*, n.d.
- 4 Kathleen Maguire and Ann L. Pastore, eds., *Sourcebook of Criminal Justice Statistics 1996* (Washington, D.C.: U.S. Department of Justice, 1997), 357.
- 5 National District Attorneys Association press release, January 8, 1998.
- 6 Further information on drug courts may be found on the Web site of the Office of Drug Court Programs, Office

of Justice Programs, U.S. Department of Justice (<http://www.ojp.usdoj.gov/dcpo/>), or from the Drug Court Clearinghouse (<http://gurukul.ucc.american.edu/justice/drugct.htm>) or (800)203-2671.

- 7 American University OJP Drug Court Clearinghouse and Technical Assistance Project, *Summary Assessment of the Drug Court Experience* (Washington, D.C.: American University, 1997), 4.
- 8 Substance Abuse and Mental Health Services Administration, *Services Research Outcomes Study (SROS)* (Bethesda, Md.: U.S. Department of Health and Human Services, 1997); National Institute on Drug Abuse, *Drug Abuse Treatment Outcome Study (DATOS)* (Bethesda, Md.: U.S. Department of Health and Human Services, 1997), and D. R. Gerstein et al., *Evaluating Recovery Services: The California Drug and Alcohol Treatment Assessment (CALDATA)* (Sacramento, Calif.: California Department of Alcohol and Drug Programs, 1994).
- 9 Center for Substance Abuse Treatment, *The National Treatment Improvement Evaluation Study. Preliminary Report: The Persistent Effects of Substance Abuse Treatment - One Year Later* (Rockville, Md.: Substance Abuse and Mental Health Services Administration, September 1996).
- 10 U.S. Department of Labor, *Working Partners for an Alcohol and Drug-Free Workplace* (<http://www.dol.gov/dol/asp/public/programs/drugs/main.htm>).
- 11 Center on Addiction and Substance Abuse at Columbia University, *Substance Abuse Among the Recipients of Public Assistance* (New York, N.Y.: Center on Addiction and Substance Abuse at Columbia University, 1995).
- 12 Defense Intelligence Agency, "Semiannual Interagency Assessment of Cocaine Movement Estimates for Jan-Sep 97," unpublished briefing, January 1997.
- 13 U.S. Coast Guard Representative to the Office of National Drug Control Policy, unpublished memorandum, January 27, 1998.
- 14 El Paso Intelligence Center, Summary of Internal Data Base Records, unpublished memorandum, January 28, 1998.
- 15 Office of Law Enforcement, Commandant U.S. Coast Guard, unpublished memorandum, January 27, 1998.
- 16 E.P.M. de Meijer, H.J. vander Kamp, and F.A. Ewuwijk, "Characterization of Cannabis Accessions with Regard to Cannabinoid Content in Relation to Other Plant Characteristics," *Euphytica*, 62 (1992): 187-200.