

# NATIONAL DRUG CONTROL STRATEGY

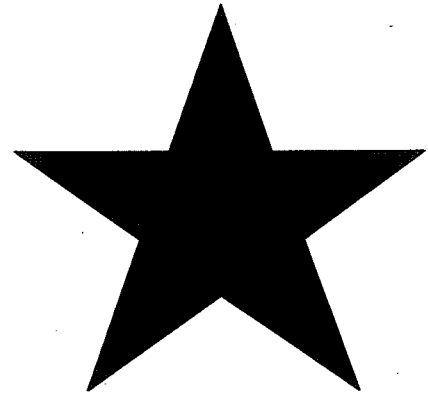
*Executive Summary*

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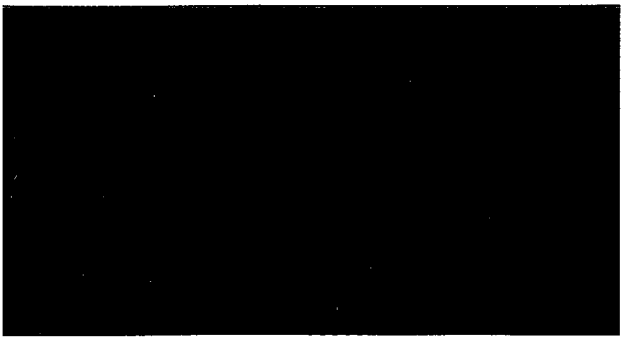
*April 1995*  
*The White House*





# **NATIONAL DRUG CONTROL STRATEGY**

*Executive Summary*







## MESSAGE FROM THE DIRECTOR

**This** *Executive Summary* of the 1995 *National Drug Control Strategy* highlights the key points of President Clinton's plan to reduce illicit drug use and drug trafficking in the United States. First, it presents an overview of the *Strategy* that includes the Administration's principles for responding to the drug problem. Next, it outlines the current drug situation, providing the latest statistics on drug use, the consequences of such use, and illicit drug availability. Then it summarizes the *Strategy's* four Action Plans, which contain the Administration's vision of how the Nation can achieve its goals in the areas of demand reduction, domestic law enforcement, and international affairs. Finally, it presents Federal drug control resource priorities for Fiscal Year 1996.

I wholeheartedly support President Clinton in his commitment to ensure that this Nation remains the strongest country in the world, as well as a profound force for peace and freedom. This vision for America depends on our ability to reduce drug use and the violence it generates within neighborhoods and countries around the world. As long as drug use and drug traf-

ficking continue, attempts at democracy in the international community will be threatened, and citizens here at home will be deprived of their sense of security.

Drug use and the crime it generates are turning the American dream into a national nightmare for millions of Americans. Many citizens, most of them working-class people, live in neighborhoods where drive-by shootings, street-corner drug sales, and drug-related assaults occur on a daily basis. These Americans fear for their lives as well as for the lives of their children. The *Strategy* responds to their plight with a comprehensive approach to reducing drug use and its related crime and violence.

The 1995 *National Drug Control Strategy* provides a concise, action-oriented approach to drug prevention and drug treatment, law enforcement, local program implementation, and international/interdiction. Furthermore, the Administration's Action Plans are grounded in four basic convictions. First, young people need positive alternatives to drug use. Second, chronic, hardcore drug use, which fuels drug-related crime, must be reduced through drug treatment efforts at every possible juncture,

especially in coordination with the criminal justice system. Third, the flow of drugs into the United States can be disrupted most effectively through innovative international programs and strong interdiction capabilities in both the source countries and the transit zones. Fourth, communities must be empowered in their responses to drug use and drug trafficking with programs that are less bureaucratic and provide maximum flexibility for efficiently delivering services.

The Administration will work with a range of partners to reduce drug use and its consequences. The U.S. Congress must do its part by funding the President's request for \$14.6 billion in drug control resources. Each Federal agency must ensure that its antidrug programs are operating in coordination with the antidrug efforts of other agencies. There also must be support for and participation in the *Strategy* from State and local officials involved in domestic drug control activities and from foreign governments. Finally, the success of this *Strategy* can only occur when each of us asks, "What role can I play to stop drug use and violence in my neighborhood and throughout the Nation?"

Lee P. Brown  
Director, Office of National Drug  
Control Policy



# TABLE OF CONTENTS

I. <i>STRATEGY</i> OVERVIEW.....	1
Principles for Responding to Illicit Drug Use .....	1
Action Plans for Responding to America's Drug Problem.....	2
II. THE CURRENT DRUG SITUATION.....	5
Casual Drug Use .....	5
Chronic Hardcore Drug Use .....	7
Emerging Drug Use Trends.....	8
Drugs, Crime, and Violence.....	11
Drugs and Health.....	13
The Case for Treating Hardcore Drug Users.....	17
Illicit Drug Availability.....	18
III. 1995 <i>STRATEGY</i> ACTION PLANS .....	21
Action Plan for Reducing the Demand for Illicit Drugs .....	21
• Reducing Demand Through Treatment.....	21
• Reducing Demand Through Prevention.....	23
• 12-Month Action Plan for Reducing the Demand for Illicit Drugs .....	26
Action Plan for Reducing Crime, Violence, and Drug Availability.....	27
• Domestic Law Enforcement Efforts.....	28
• 12-Month Action Plan for Reducing Crime, Violence, and Drug Availability.....	30

Action Plan for Enhancing Domestic Drug Program Flexibility and Efficiency at the Community Level.....	31
• 12-Month Action Plan for Enhancing Domestic Drug Program Flexibility and Efficiency at the Community Level.....	31
Action Plan for Strengthening Interdiction and International Efforts.....	33
• International Cocaine Strategy .....	33
• International Cooperation.....	33
• The International Heroin Strategy .....	34
• Certification Process .....	34
• 12-Month Action Plan for Strengthening Interdiction and International Efforts .....	34
<b>IV. FEDERAL DRUG CONTROL RESOURCE PRIORITIES .....</b>	<b>37</b>
Major Drug Control Budget Initiatives in FY 1996 .....	37
• Empowering Communities to Respond to Their Drug Problems.....	37
• Improving Drug Treatment and Prevention Through Grant Consolidation .....	38
• Reducing Chronic, Hardcore Drug Use Through Drug Treatment.....	40
• Increasing Source Country Program Effectiveness Focusing on Priorities .....	40
<b>CONCLUSION .....</b>	<b>41</b>



# I. STRATEGY OVERVIEW

No community in America can escape the problems surrounding illicit drug use and its consequences. Despite years of concentrated effort by all levels of government and by numerous antidrug organizations, the cycle of drug use continues. According to the most recent National Household Survey on Drug Abuse, roughly one in three Americans has used an illicit drug sometime in his or her lifetime, and roughly one in nine Americans has tried cocaine at least once. The Monitoring the Future study indicates that nearly half of the Nation's high school seniors—regardless of gender, race, or location—have tried an illicit drug, and 20 percent have used illicit drugs on a regular basis. Furthermore, chronic, hard-core drug use is widespread, and casual drug use is increasing among the Nation's youth.

## PRINCIPLES FOR RESPONDING TO ILLICIT DRUG USE

The *National Drug Control Strategy* is built on the following principles:

- Because it is linked to the Nation's efforts to promote economic growth, empower communities, curb youth violence, preserve families, and improve access to health care for all Americans, drug policy is a cornerstone of U.S. domestic policy in general and U.S. social policy in particular.
- A key response to drug use and drug trafficking is an aggressive and coordinated law enforcement effort. Americans have the right to feel safe in their homes and secure in their communities.
- The Nation must address drug-related violence by expanding community policing, putting more police on the streets, and removing guns from the hands of criminals.
- To ensure the safety of the Nation's communities, there must be certainty of punishment for all drug offenders—particularly young offenders. All offenders must receive appropriate punishment when they first encounter the criminal justice system.

- Prevention programs must reach all youth and target special populations that are at risk, such as inner-city youth, pregnant women, and women of childbearing age.
- Drug treatment must target chronic, hardcore drug users—both within and outside the criminal justice system—to reduce their drug use.
- Antidrug strategies must be supported by knowledge gained from research.
- International narcotics control is a major foreign policy objective, and the international commitment to narcotics control must be expanded. The United States must work with other nations that demonstrate the political will to attack illegal drug production and drug trafficking.
- Legalization does not provide an answer to the problems of drug use and crime. Rather, it is a formula for self-destruction. The Administration is unequivocally opposed to any “reform” that is certain to increase drug use.

### **ACTION PLANS FOR RESPONDING TO AMERICA'S DRUG PROBLEM**

The Office of National Drug Control Policy (ONDCP) will

continue to coordinate a range of Federal prevention, treatment, law enforcement, and international efforts to address America's drug problem. Over and above these efforts, ONDCP will spearhead four Action Plans during the 1995 calendar year for (1) reducing the demand for illicit drugs; (2) reducing crime, violence, and drug availability; (3) enhancing domestic drug program flexibility and efficiency at the community level; and (4) strengthening interdiction and international efforts aimed at disrupting the production and flow of drugs into the United States.

These Action Plans are designed to achieve the following objectives:

- Combat drug traffickers who prey on people for the sake of money and power;
- Use the authority of the criminal justice system to require drug-using offenders to stop taking drugs;
- Punish the criminal activities of drug users and drug sellers;
- Support the efforts of source and transit nations against illicit narcotics trafficking;
- Interdict illicit drugs en route to America;
- Provide treatment for those addicts who want to reform

their lives, employing forced abstinence where possible;

- Raise public awareness of two facts—that relapse is not an indication of treatment failure when the consequences of drug use are lessened, and that law enforcement sanctions can motivate addicts to enter and complete treatment;
- Protect each generation by ensuring that children understand and appreciate the dangers of intermittent or hardcore drug use so that fewer children will initiate illicit drug use;
- Support research efforts to develop new knowledge about the causes, consequences, prevention, and treatment of drug abuse; and
- Persuade the American people that everyone must be involved in solving the drug problem because drug use and its related crimes affect everyone.

Last year the Administration established 14 goals for achieving the reduction of drug use and its consequences. Table I-1 presents these goals, which still stand as valid measures of progress in the Nation's effort to successfully address its drug-related problems.

**TABLE I-1 GOALS OF THE 1995 NATIONAL DRUG CONTROL STRATEGY**

**OVERARCHING GOAL**

**Goal 1:** Reduce the number of drug users in America.

**DEMAND REDUCTION GOALS**

**Goal 2:** Expand treatment capacity and services and increase treatment effectiveness so that those who need treatment can receive it. Target intensive treatment services for hardcore drug-using populations and special populations, including adults and adolescents in custody or under the supervision of the criminal justice system, pregnant women, and women with dependent children.

**Goal 3:** Reduce the burden on the health care system by reducing the spread of infectious disease related to drug use.

**Goal 4:** Assist local communities in developing effective prevention programs.

**Goal 5:** Create safe and healthy environments in which children and adolescents can live, grow, learn, and develop.

**Goal 6:** Reduce the use of alcohol and tobacco products among underage youth.

**Goal 7:** Increase workplace safety and productivity by reducing drug use in the workplace.

**Goal 8:** Strengthen linkages among the prevention, treatment, and criminal justice communities and other supportive social services, such as employment and training services.

**DOMESTIC LAW ENFORCEMENT GOALS**

**Goal 9:** Reduce domestic drug-related crime and violence.

**Goal 10:** Reduce all domestic drug production and availability, and continue to target for investigation and prosecution those who illegally import, manufacture, and distribute dangerous drugs and who illegally divert pharmaceuticals and listed chemicals.

**Goal 11:** Improve the efficiency of Federal drug law enforcement capabilities, including interdiction and intelligence programs.

**INTERNATIONAL GOALS**

**Goal 12:** Strengthen international cooperation against narcotics production, trafficking, and use.

**Goal 13:** Assist other nations to develop and implement comprehensive counternarcotics policies that strengthen democratic institutions, destroy narcotrafficking organizations, and interdict narcotrafficking in both the source and transit countries.

**Goal 14:** Support, implement, and lead more successful enforcement efforts to increase the costs and risks to narcotics producers and traffickers to reduce the supply of illicit drugs to the United States.



## II. THE CURRENT DRUG SITUATION

**Illicit** drugs continue to present the Nation with a host of serious problems. While efforts to curb the flow of drugs to the United States have met with some success, the Nation must meet the challenge of developing and implementing even more effective demand and supply reduction strategies. Although considerable progress has been made in reducing the number of casual drug users, illicit drug use among adolescents is increasing. Chronic, hardcore drug use, which fuels crime and health problems, remains widespread. One estimate places the costs of drug use to the Nation's taxpayers at nearly \$67 billion.

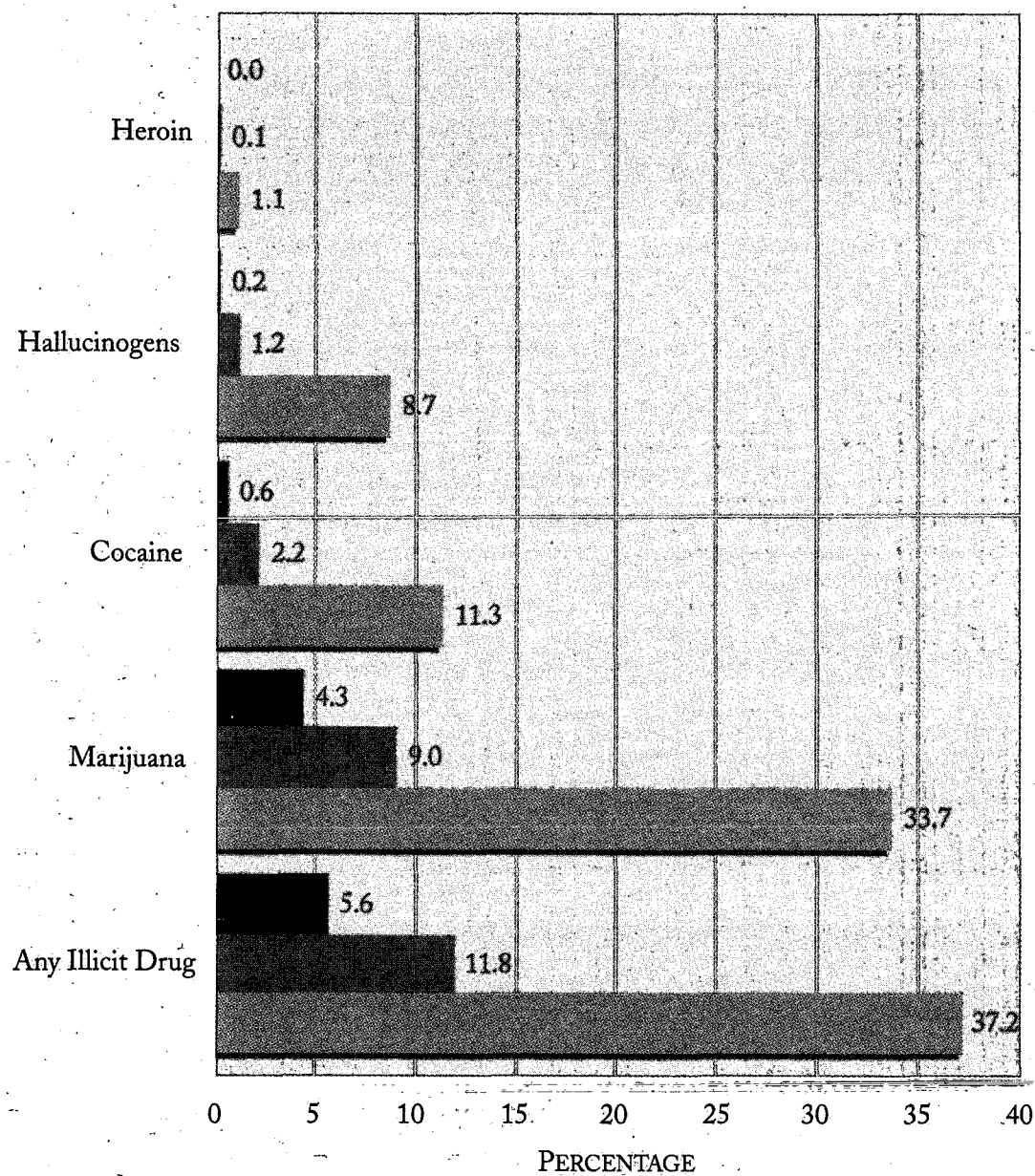
### CASUAL DRUG USE

According to the 1993 National Household Survey on Drug Abuse (NHSDA), more than 77 million people reported that they had used illicit drugs at some time during their lives. Almost 70 million of these people reported using marijuana, 23 million reported using

cocaine, 4 million reported using crack-cocaine, 18 million reported using hallucinogens, and more than 2 million reported using heroin. **Figure II-1** shows that in 1993, 37.2 percent of the civilian noninstitutionalized population ages 12 and older reported illicit drug use in their lifetimes. Almost 11.8 percent reported using illicit drugs within the past year, and 5.6 percent reported using illicit drugs within the past month.

**Figure II-2** shows that past-month use of illicit drugs has declined significantly since 1985. The total number of individuals from the NHSDA reporting current illicit drug use has declined one-half, from 22.3 million users in 1985 to 11.7 million users in 1993. A decline in marijuana use that began after 1979 accounts for most of this success. The total number of current marijuana users has declined from 22.5 million users in 1979 to 9 million users in 1993. During that same period, current cocaine use declined from 4.2 million to 1.3 million users. Although this long-term trend is encouraging, the

**FIGURE II-1 PERCENTAGES OF INDIVIDUALS IN HOUSEHOLDS REPORTING LIFETIME, PAST YEAR, AND PAST MONTH USE OF ILLICIT DRUGS, 1993**



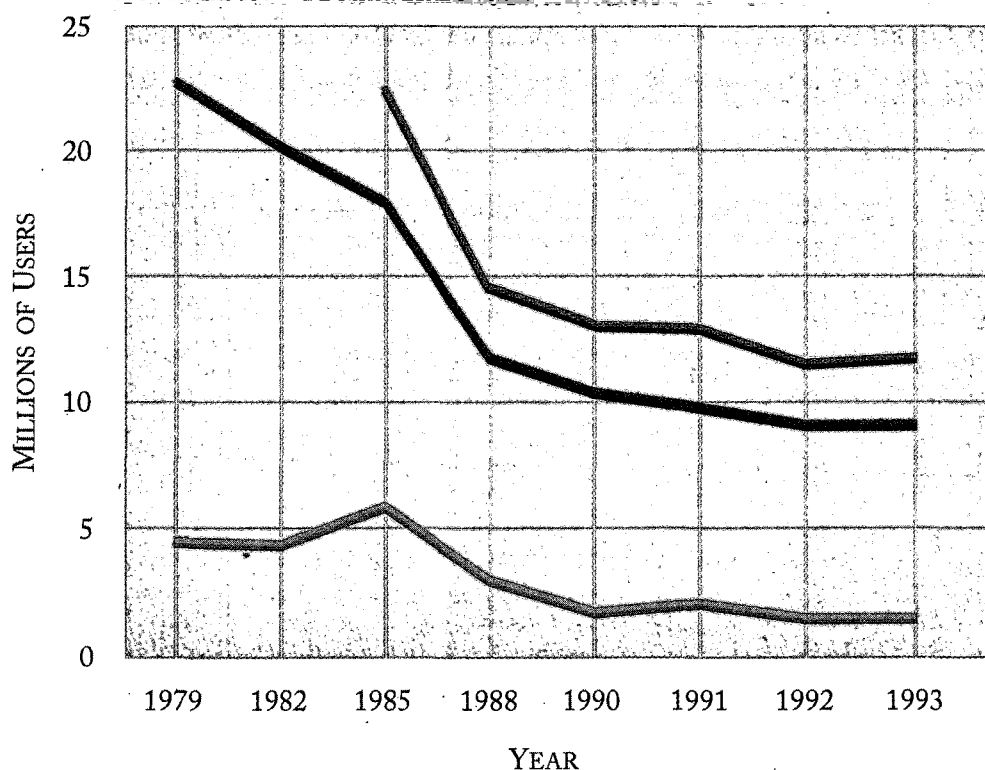
**LEGEND**

- Lifetime
- Past Year
- Past Month

**SOURCE**

National Household Survey on  
Drug Abuse, Substance Abuse,  
and Mental Health Services  
Administration, 1993

**FIGURE II-2 PAST MONTH USE OF ANY ILLICIT DRUGS, MARIJUANA/HASHISH, AND COCAINE, 1979-93**



#### LEGEND

- Any Illicit Drug
- Cocaine
- Marijuana

#### SOURCE

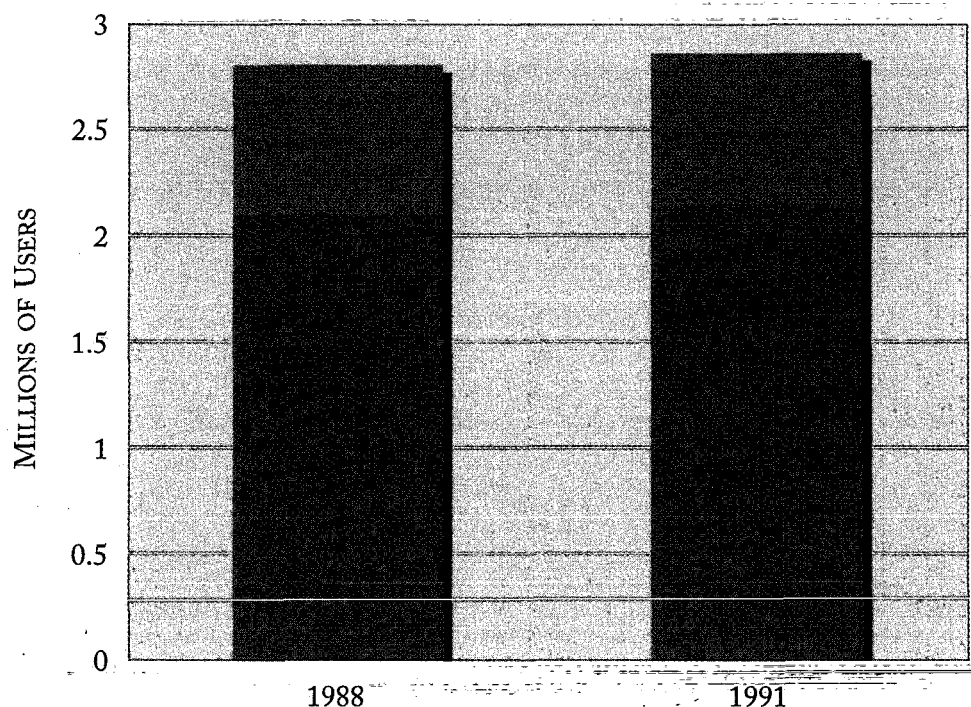
National Household Survey on Drug Abuse, National Institute on Drug Abuse, 1979-91, Substance Abuse and Mental Health Service Administration, 1992-93

results from the 1993 NHSDA suggest that the general decline may have ended. No significant changes in illicit drug use, up or down, were reported in 1993, compared with 1992. The net effect is that current drug use appears to have stabilized in the general population during 1993, with the exception of illicit drug use by adolescents, which is on the increase.

### CHRONIC HARDCORE DRUG USE

Until the results of the Hardcore User Survey Pilot Study are available in the fall of 1995, the Office of National Drug Control Policy (ONDCP) is estimating the size of the chronic, hardcore drug user population with a statistical estimation technique that uses data

drawn from several sources. The results indicated by this method suggest that the numbers of chronic, hardcore drug users of cocaine and heroin have remained relatively unchanged since 1988—the total population was 2.7 million in 1993 with about 2.1 million people using primarily cocaine and 600,000 using primarily heroin (see Figure II-3).

**FIGURE II-3 NUMBER OF HARDCORE USERS UNCHANGED****LEGEND**

Heroin  
 Cocaine

**SOURCE**

Abt Associates

**NOTE**

Hardcore users include individuals who use illicit drugs at least weekly and exhibit behavioral problems stemming from their drug use

Chronic, hardcore drug users continue to be responsible for the bulk of illicit drug consumption in America today. **Figure II-4** illustrates the disproportionate amount of drugs they consume. For example, chronic users—only one-fifth of the drug-using population—consume about two-thirds of the total amount of cocaine in this country. The large amount of cocaine consumed by a minority of users makes one thing clear: The goal of reducing the overall rates of illicit drug use in this country can-

not be achieved without targeting chronic, hardcore drug users with intensified programmatic efforts.

**EMERGING DRUG USE TRENDS**

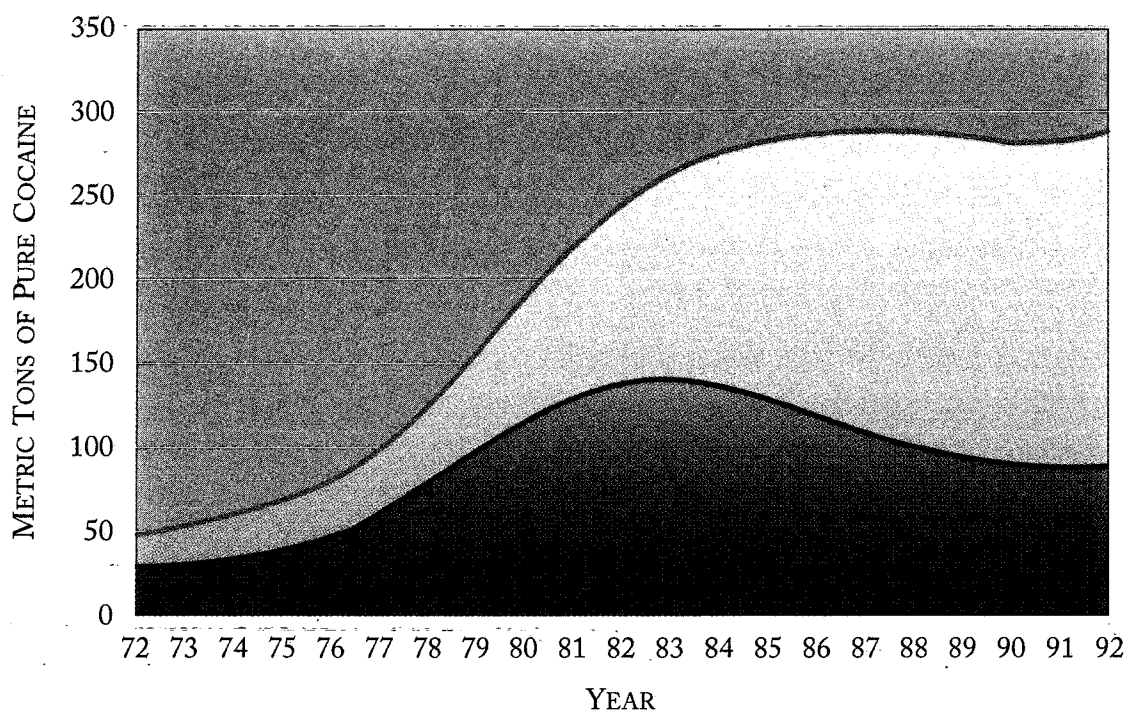
Today there is increasing evidence of two disturbing trends. First, rates of illicit drug use are rising among the Nation's youth, and second, rates of heroin use are increasing, particularly because existing drug users are adding heroin to the list of drugs they consume. In addition, there are

new users of heroin, many of them youth. The increase of drug use among youth threatens previous progress made against casual drug use and ultimately could lead to an upsurge in the number of chronic, hardcore drug users and the problems they create.

Antidrug messages are losing their potency among the Nation's youth. Drug use surveys report that adolescents are increasing their use of illicit drugs, particularly marijuana and hallucinogens. **Figure II-5** shows drug use trends among the



FIGURE II-4 ANNUAL U.S. CONSUMPTION OF COCAINE BY TYPE OF USER, 1972-92



## LEGEND

- Hardcore User
- Casual User

## SOURCE

Modeling the Demand for Cocaine, RAND Corporation, 1994

adolescent population. The data are from the Monitoring the Future (MTF) study, which provides information on drug use trends and patterns by students in the 8th, 10th, and 12th grades. The 1991 MTF study found evidence that attitudes against regular use of marijuana were weakening among youth. This attitude change was followed by an increase in reported drug use in the 1992 MTF study, a trend that is continuing into the present. For the second year in a row, past-month use of marijuana—as well as other drugs, such as stim-

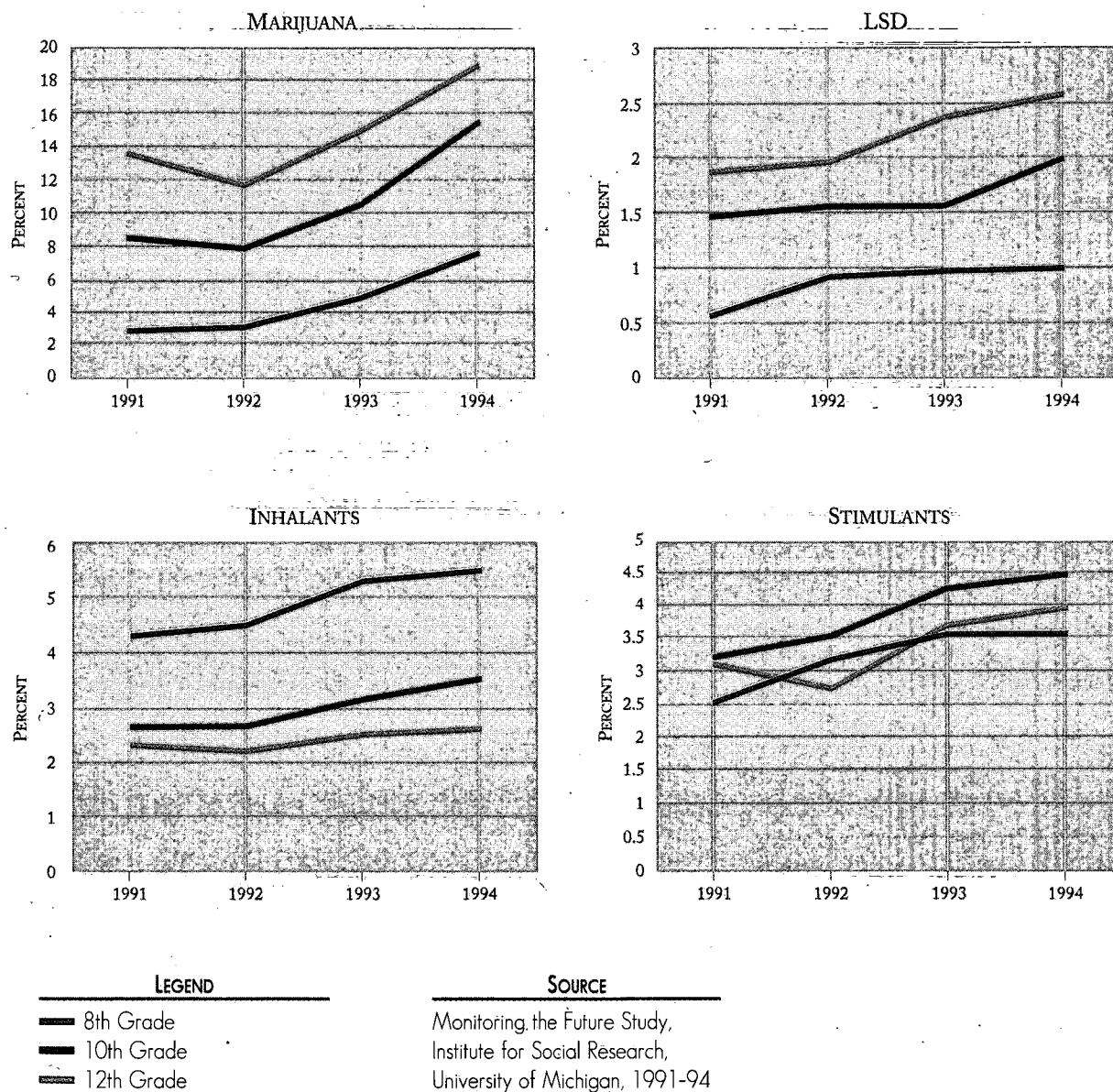
ulants, hallucinogens, and inhalants—continued to increase among this population.

Upsurges in illicit drug use among adolescents are linked to their use of alcohol and tobacco. The Center on Addiction and Substance Abuse at Columbia University performed a study that found evidence to suggest consistent statistical relationships between (1) adolescents smoking tobacco cigarettes and drinking alcohol and their subsequent smoking of marijuana and (2) adolescent use of cigarettes,

alcohol, and marijuana and their subsequent use of illicit drugs such as cocaine and heroin.

Unless the increased marijuana use by the Nation's youth is reversed, it is likely that new, younger users will progress into more severe and debilitating drug use. ONDCP's *Pulse Check*, a quarterly research report on trends in drug use—as observed by drug ethnographers, epidemiologists, treatment providers, and police—has noted the beginnings of this process.

FIGURE II-5 DRUG USE AMONG YOUNG PEOPLE IS INCREASING



There are clear indications that heroin consumption is increasing, especially among existing heroin users (i.e., the amount consumed per user is going up). This trend is expected among older, long-term heroin users because they need

more to achieve the desired result; this can explain some consumption rate increases. However, heroin use also is on the rise among drug users whose prime drug of use is not heroin. The heroin-cocaine link is especially strong for long-

term cocaine users, particularly long-term crack-cocaine users. These users often move into combined use with heroin because they find that it softens the impact of the "crash" that often follows a crack-cocaine binge.

TABLE II-1 DRUG-RELATED MURDERS: UNITED STATES, 1986-93

	1986	1987	1988	1989	1990	1991	1992	1993
TOTAL MURDERS	19,257	17,963	17,971	18,954	20,273	21,676	22,540	24,526
MURDER RELATED TO NARCOTIC DRUGS LAWS	751	880	1,006	1,403	1,358	1,344	1,285	1,287
PERCENT OF ALL MURDERS	3.9	4.9	5.6	7.4	6.7	6.2	5.7	5.2

## SOURCE

Bureau of Justice Statistics, Drug  
and Crime Facts, 1993-94

*Pulse Check* reported that heroin use nationwide is still low but is increasing. Heroin use is generally greater in most areas of the Northeast and Midwest than in portions of the South and West. In addition, an increasing number of adolescents and young adults are beginning to use heroin, and some are shifting from inhaling to injecting the drug. Heroin dealers are trying to encourage this trend by packaging heroin in different ways for those who inject and for those who inhale.

Throughout the country, drug treatment providers are reporting an increase in persons seeking treatment for heroin, with most new clients being males older than 30 years of age who inject the drug. (The majority of heroin users inject the drug and are reported to be in their 30s or older.) *Pulse Check's* observations are supported by another ONDCP report, *Tracking the Incidence of*

*Heroin Use*, which found evidence of increased heroin use among the same populations.

*Pulse Check* has reported that the use of other illicit drugs also is on the rise in certain areas of the country. For example, hallucinogens are increasingly popular in some cities, including Atlanta and New York. In other cities—including San Francisco, Denver, and Los Angeles—there are reports that amphetamine use, especially in combination with other drugs, is becoming a significant problem. In Florida and Texas, teenagers and college students are reported to be using ephedrine, a chemical precursor of an amphetamine and a component of over-the-counter cold medications. It often is taken as a substitute for amphetamines, and its use could presage an increase in amphetamine use. Nearly all illicit drug users continue to combine alcohol with other drugs.

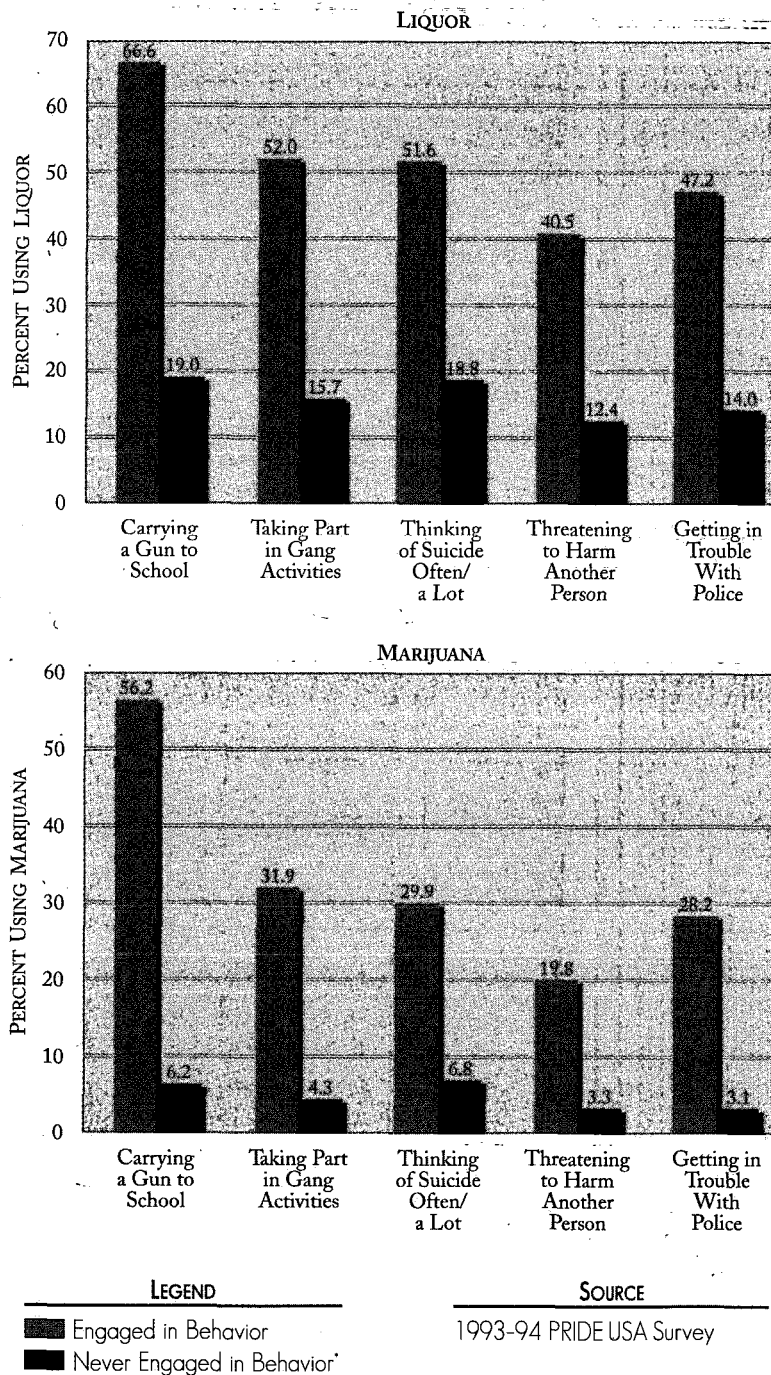
## DRUGS, CRIME, AND VIOLENCE

Nowhere are the consequences of illicit drug use and drug trafficking more visible than in the magnitude and patterns of drug-related violence. Nationally the number of drug-related murders has risen steadily since the mid-1980s, peaking at 7.4 percent of all murders in 1989 (see Table II-1). Since then, the rate has declined to 5.2 percent of all murders, but this level of drug-related violence is still unacceptable.

More troubling is the change in the age-specific pattern for murders during this period. A recent study on youth, violence, and the illicit drug industry identified two major changes that have occurred between 1985 and 1992:

- The number of homicides committed by youth ages 18 and younger has more than doubled, while there has been no growth in homicide rates by adults ages 24 and older, and

**FIGURE II-6 USE OF LIQUOR AND MARIJUANA AMONG 6TH-8TH GRADERS ACCORDING TO ENGAGEMENT IN VIOLENT BEHAVIOR, 1993-94**



\*For "Thinking of Suicide Often/a Lot," the responses are never, seldom, and some

- The number of homicides committed by juveniles involving guns has more than doubled, while there has been no change in the number of homicides committed by juveniles not involving guns.

The Parent Resource Institute for Drug Education (PRIDE) has investigated the correlation between violent behavior and the use of various drugs. The most recent PRIDE survey demonstrated strong supporting evidence for a link between drug use and violent crime among the Nation's youth (see Figures II-6 and II-7). The survey reported that students who bring guns to school, participate in gang activities, threaten a teacher or another student at school, contemplate suicide, or are in trouble with the police are more likely to use drugs than are students who do not engage in these behaviors.

Reducing drug use will have a direct and positive impact on reducing criminal activity. Drug users often commit criminal offenses, such as theft and prostitution, to support an existing drug habit. Of those incarcerated for violent offenses in Federal and State prisons in 1991, 55 percent of Federal inmates and 57 percent of State inmates reported regular use of an illicit drug at some point in their past. One-quarter of inmates in prison for violent offenses committed the offenses while under the influence of drugs. Many of these inmates reported committing crimes to obtain money for drugs.

The National Institute of Justice's Drug Use Forecasting (DUF) program also has demonstrated

the strength of the relationship between drugs and crime (see Figure II-8). The DUF program assesses drug use among those arrested and charged with crimes by taking urine specimens from a sample of arrested individuals and testing the specimens for the presence of 10 drugs. In 1993 the 23 DUF sites around the Nation reported that more than 50 percent of arrestees tested positive for an illicit substance. Among the 23 sites, positive tests for cocaine ranged from 19 to 66 percent in males and from 19 to 70 percent in females.

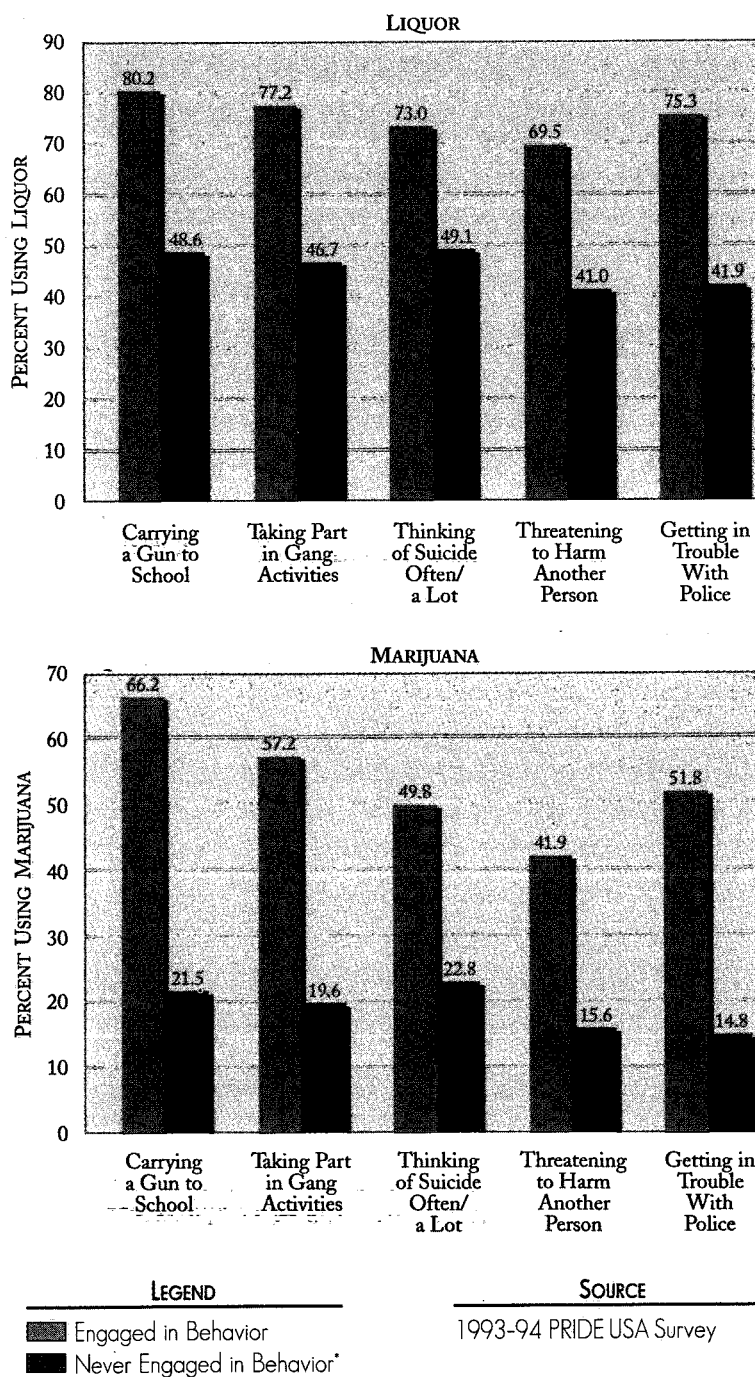
An independent study by the National Institute on Drug Abuse also presents data on the extent of illegal activity among drug users. Figure II-9 indicates a high incidence of criminal activity among drug users who are not in treatment. Approximately one-half of respondents in the study reported legal sources of income, but one-half also reported illegal sources, including income from drug-dealing activities, property crimes, and prostitution.

## DRUGS AND HEALTH

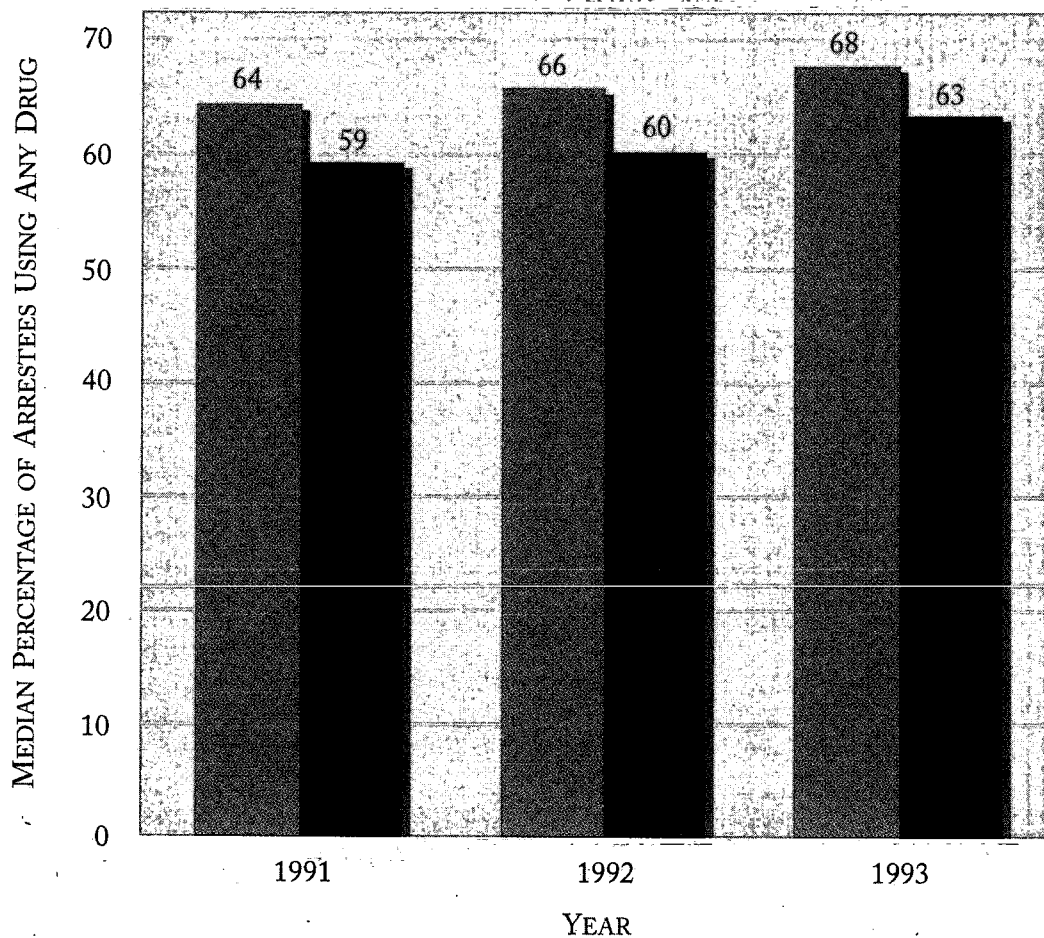
The health costs of drug use are growing quickly, especially as an increasing number of chronic, hardcore drug users seek medical attention for health problems related to their long-term drug use. Health costs are clearly visible in the Nation's hospitals. For example, 466,900 drug-related hospital emergency room (ER) episodes were reported to the Drug Abuse Warning Network (DAWN) in 1993.

Figure II-10 shows that in 1993 the most frequently cited reason

**FIGURE II-7 USE OF LIQUOR AND MARIJUANA AMONG 9TH-12TH GRADERS ACCORDING TO ENGAGEMENT IN VIOLENT BEHAVIOR, 1993-94**



**FIGURE II-8 THERE IS A CLEAR LINK BETWEEN DRUGS AND CRIME**



**LEGEND**

 Females  
 Males

**SOURCE**

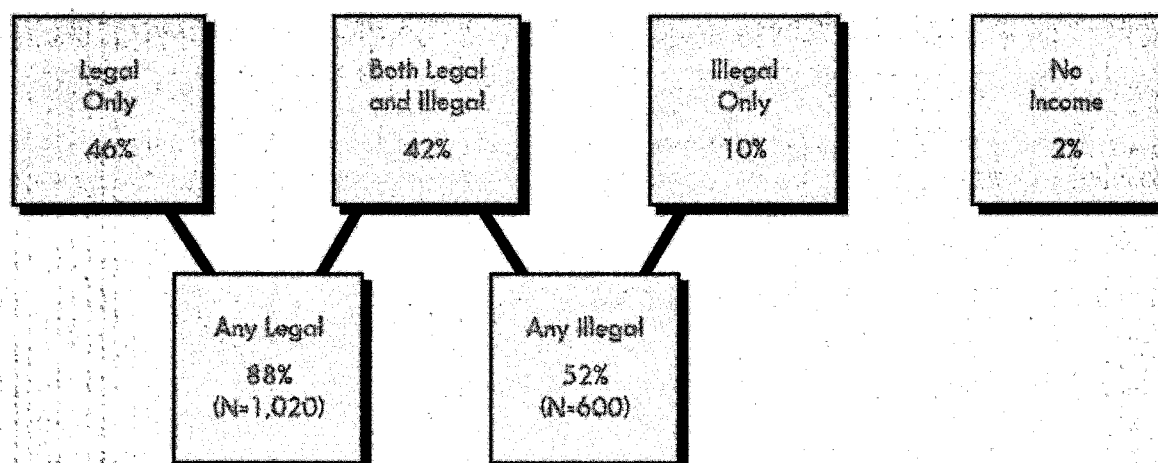
Drug Use Forecasting, National Institute of Justice, 1992-94

**NOTE**

Percentage of arrestees is the median of the percentage of arrestees reported by city nationwide. In 1991 and 1992, 24 cities reported data on male arrestees, and 21 cities reported data on female arrestees. In 1993, 23 cities reported data on male arrestees, and 20 cities reported data on female arrestees.



**FIGURE II-9 SOURCES OF INCOME<sup>1,2,3</sup> IN THE PAST 30 DAYS AMONG DRUG USERS NOT IN TREATMENT (N=1,154)**



#### LEGAL SOURCES

(of those with any legal income)

Public assistance	47%
Paid job, salary, self-employment	46%
Family, friends	38%
Social Security, disability	13%
Unemployment	2%

#### ILLEGAL SOURCES

(of those with any illegal income)

Drug-related (Median amount of drug-related income, \$450)	42%
Property crimes (Median amount of property crime income, \$450)	30%
Commercial sex (Median amount of commercial sex income, \$300)	42%
Violent crimes	2%

#### MEDIAN INCOME AMOUNTS (past month)

##### Total Sample:

Median legal income	\$320
Median illegal income	\$35
Median total income	\$630

##### Of Those Reporting Illegal Income:

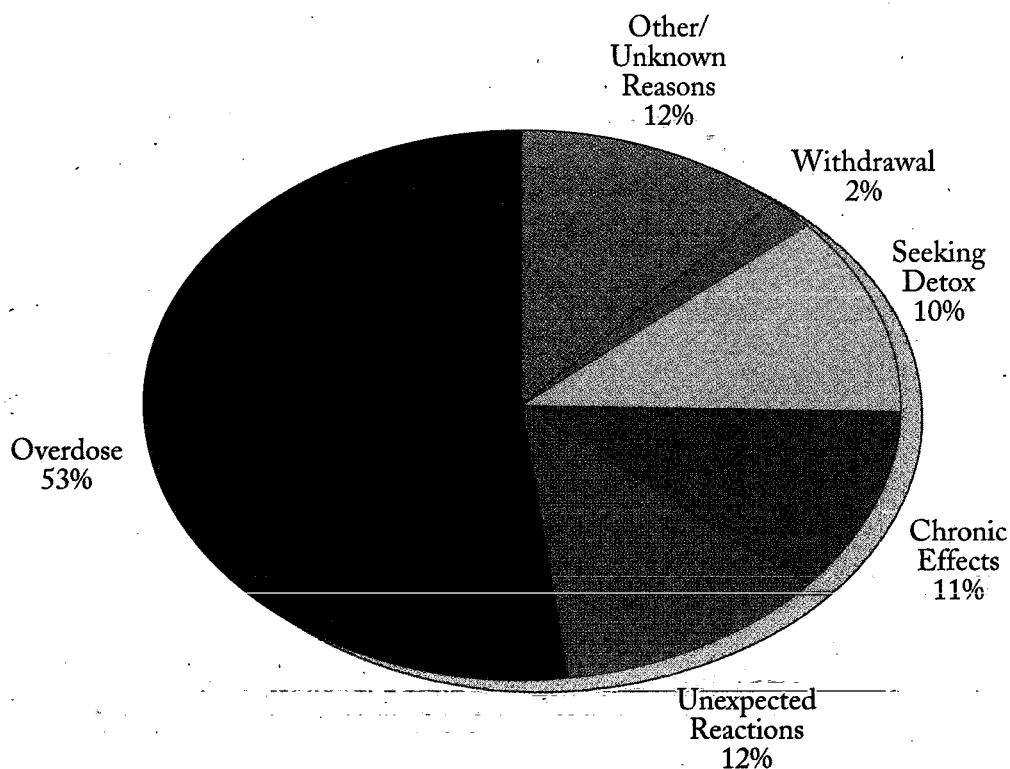
Median legal income	\$280
Median illegal income	\$448
Median total income	\$900

<sup>1</sup> All percentages are adjusted for missing responses due to recall or refusal.

<sup>2</sup> "Paid job, salary, self-employment" may include hustling or day work paid in cash; not all of this income is likely to be legal.

<sup>3</sup> Due to skewed distributions for income amounts, median legal and illegal income do not add to median total income.

FIGURE II-10 REASON FOR EMERGENCY ROOM CONTACT, 1993



## SOURCE

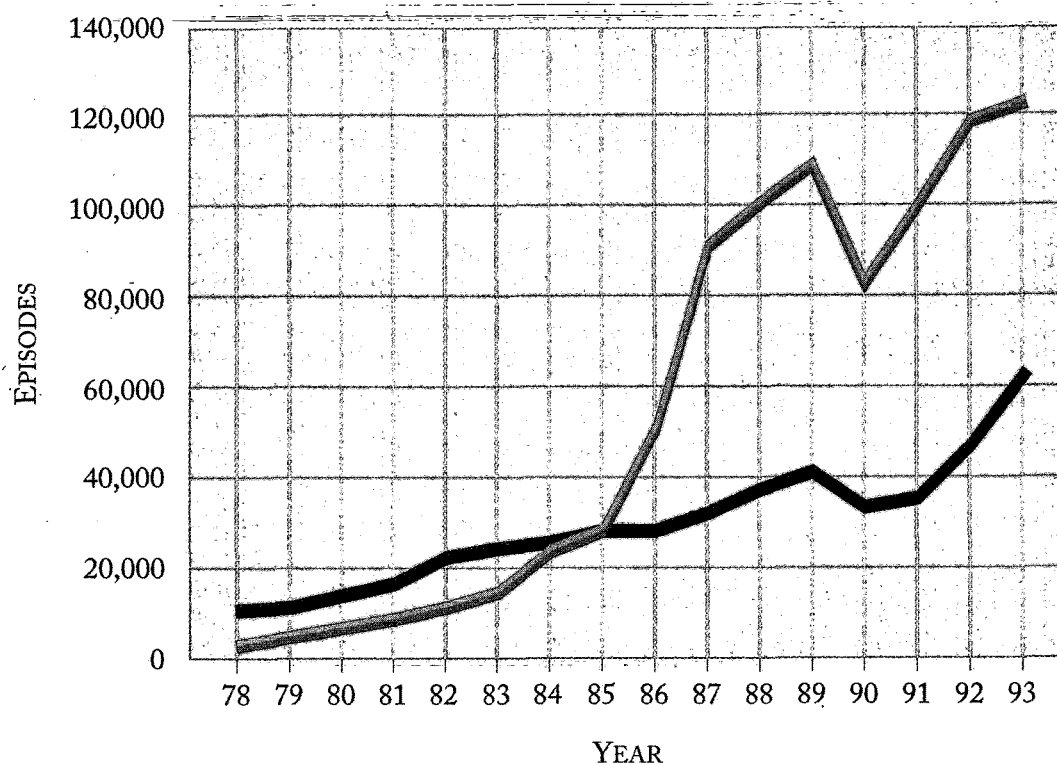
Drug Abuse Warning Network,  
Substance Abuse and Mental  
Health Services Administration,  
1993

for a drug-related ER visit was "overdose," accounting for 53 percent of all drug-related ER episodes. "Unexpected reaction" and "chronic effects" were the next most frequently cited reasons. The rate of drug-related ER episodes per 100,000 of the total U.S. population increased 22 percent, from 167 in 1990 to 204 in 1993. Nearly one-half of all episodes involved the use of two or more drugs.

Figure II-11 shows recent trends in heroin- and cocaine-related ER episodes. Heroin-related episodes have been increasing steadily since the early 1980s; they reached their highest level in 1993. DAWN reports that the strong upward trend in cocaine-related ER episodes has stabilized, but the episodes remain at record levels. For example, an estimated 123,300 cocaine-related episodes were reported in 1993.

Intravenous (IV) drug use and the behaviors related to it expose users, their children, and other innocent victims to HIV (Human Immunodeficiency Virus) and other diseases. Chronic, hardcore drug users frequently engage in high-risk sexual behaviors that promote the transmission of certain diseases. A recent study comparing crack-cocaine users with nonusers found that the users' high-risk sexual practices account-



**FIGURE II-11 HEROIN AND COCAINE HOSPITAL EMERGENCY ROOM EPISODES, 1978-93****LEGEND**

— Cocaine  
— Heroin

**SOURCE**

Drug Abuse Warning Network,  
National Institute on Drug Abuse,  
1978-91; Substance Abuse and  
Mental Health Service Admin-  
istration, 1992-93

ed for their having higher rates of HIV infection. According to the Centers for Disease Control and Prevention (CDC), almost one-third of AIDS (Acquired Immune Deficiency Syndrome) cases were associated with IV drug use. The CDC also reports that almost 60 percent of children under age 13 with AIDS contracted the disease from mothers who were IV drug

users or who were sex partners with IV drug users.

### THE CASE FOR TREATING HARDCORE DRUG USERS

Even if incarcerating drug addicts on a long-term basis were feasible or affordable for States and localities, such a measure would not address the addict's drug habit

and its destructive consequences. What is best for the addict and for society is treatment for the addict. Numerous studies confirm that when drug-dependent individuals receive appropriate treatment, they decrease their drug use, decrease their criminal activity, increase their employment, improve their social and interpersonal functioning, and improve their physical health.

Treatment of chronic, hardcore addicts also is a cost-effective course of action. The most compelling demonstration of the cost-effectiveness of treatment is from a recent California study assessing drug and alcoholism treatment effectiveness. This study found that in 1992 alone, the cost of treating approximately 150,000 drug users in California was \$209 million. Approximately \$1.5 billion was saved while these individuals were in treatment and during the first year after their treatment. Most of these savings were in the form of reductions in drug-related crime (a two-thirds decline in the level of criminal activity among these drug users was observed from pretreatment to posttreatment). Clearly, the Nation must utilize every opportunity to direct chronic, hardcore drug users into treatment both within correctional and community-based settings.

The most recent DUF data indicate that the criminal justice system offers an opportunity to identify individuals who need treatment and to match their specific needs with appropriate drug treatment programs. On any given day, more than 4 million people are under the care or custody of a correctional agency, either on probation, on parole, in jail, or in Federal or State prisons.

Managed care has shown that treatment capacity can be allocated more efficiently. For example, managed care efforts in both Massachusetts and Minnesota have demonstrated that the more efficient the use of drug treatment resources, the greater the number of individuals that can be served—and at low cost.

The United States lacks adequate drug treatment capacity to treat all the individuals who need drug treatment. The U.S. Department of Health and Human Services estimates that more than 1 million chronic, hardcore users currently are caught in the "gap" of available treatment services. Furthermore, many available programs do not address the drug users' problems (e.g., health, unemployment). If this treatment shortfall remains unaddressed, the economic, health care, and social problems created by chronic, hardcore users will become even more expensive and complex in the years to come.

### ILLICIT DRUG AVAILABILITY

The efforts of the U.S. Government to reduce the availability of drugs have produced some measure of success. An ONDCP study found that between 1989 and 1991, U.S. cocaine availability declined and cocaine prices increased, resulting in fewer drug use consequences. Furthermore, coca cultivation declined somewhat between 1991 and 1992, then decreased dramatically in 1993 because of a fungus affecting the coca plant in Peru. While there should have been a resulting decline in the supply of cocaine reaching the United States, U.S. cocaine availability in 1993 remained unchanged compared with 1992 levels. Independent evidence suggests that cocaine producers drew upon stockpiles of the drug located in the United States and Mexico to cover the market shortfalls that would normally have resulted in higher cocaine retail prices.

During the past few years, coca producers have increased their production, both to replace losses due to increased seizures and to provide for a growing worldwide demand. There also is evidence that the amount of marijuana and heroin available in the United States for domestic consumption may have increased in 1993. Clearly, reducing drug availability remains a critical mission, with much yet to be accomplished.

One of the most promising means of reducing the supply of drugs is a strong source country strategy. This strategy capitalizes on the fact that it is potentially easier and more practical to attack drug traffickers at the source, where they are most visible and most vulnerable to counternarcotics efforts.

Another important means of reducing the supply of drugs is through domestic law enforcement activities. By stepping up high-visibility enforcement operations on the street and within known drug markets, domestic law enforcement programs can, in effect, reduce drug consumption rates and help to further reduce profits for drug traffickers and drug dealers.

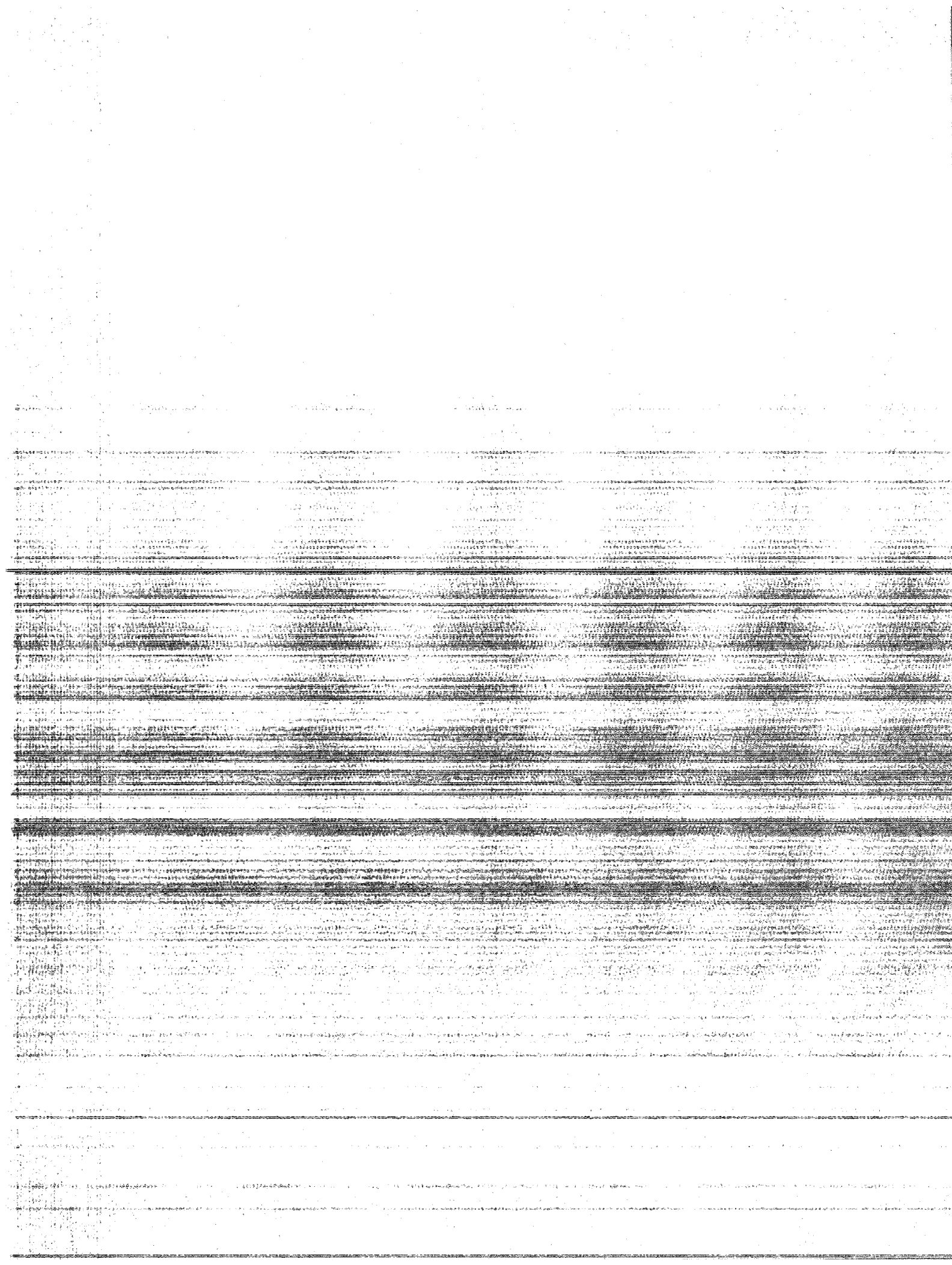
Although cocaine poses the greatest threat to this Nation and must remain its most immediate concern, the Administration also is concerned about heroin availability and use. During the past 8 years, reports of heroin's increasing purity, lower prices, and dramatic increases in seizures appear to indicate that heroin availability in the United States is on the rise. Heroin prices declined throughout the 1980s and increased slightly in 1989 and 1990. Since then prices have again declined and are now at

their lowest levels ever. Along with this decline in price has come an increase in purity. Increased availability of higher purity heroin enables users to inhale or smoke the drug rather than inject it. This may result in attracting users who would not have used heroin if the only method of administration were injection.

Marijuana continues to be readily available, and its use appears to be on the rise. A continued increase in shipments from South American countries, and possibly Jamaica, was noted in 1993, along with an increase in marijuana produced domestically. Outdoor marijuana production is reported to be

especially prevalent in the western and southeastern United States. In addition, the Drug Enforcement Agency has reported an increasing trend toward indoor domestic marijuana production.

One way U.S. supply reduction programs work to reduce drug availability is by increasing the difficulty for drug traffickers shipping drugs. In this regard, the United States has posted an impressive record, at least for cocaine. By most accounts, almost one-third of the potential supply of cocaine ultimately is seized worldwide, with U.S. efforts accounting for about one-third to one-half of these seizures.



### III. 1995 STRATEGY ACTION PLANS

**This** year's *Strategy* presents a new and key element to respond to America's drug problem—an action-oriented approach. It presents four Action Plans that address two basic rights of all Americans—the right to feel safe in one's home and community and the right to have one's children learn, grow, and prosper in a safe and drug-free school and neighborhood. These four Action Plans address the demand, law enforcement, community program, and international program areas of the drug problem. Each Action Plan includes specific target steps and is grounded in the *Strategy* goals presented in Section I (Strategy Overview) of this document (see Figure III-1).

#### **ACTION PLAN FOR REDUCING THE DEMAND FOR ILLICIT DRUGS**

The Office of National Drug Control Policy (ONDCP) will continue to work closely with Federal departments and agencies to reduce the demand for drugs by coordinating and improving ongoing

prevention, treatment, research, and law enforcement efforts. These efforts involve a range of comprehensive initiatives, including (1) a treatment improvement protocol initiative to improve treatment capacity in the Nation's drug abuse service system; (2) a multisite study to investigate the consequences of prenatal drug exposure; (3) a new National Resource Center to provide information to the public on issues relating to women and substance abuse; and (4) a nine-State demonstration program to provide treatment for substance-abusing women and their children. Over and above these efforts, the Administration will implement a targeted 12-Month Action Plan for Reducing the Demand for Illicit Drugs.

#### **Reducing Demand Through Treatment**

The best way to reduce the overall demand for illicit drugs is to reduce the number of chronic, hardcore drug users. To accomplish this,

**FIGURE III-1 NATIONAL DRUG CONTROL STRATEGY ACTION PLANS****I. REDUCE THE DEMAND FOR ILLICIT DRUGS**

- Develop the National Drug Prevention System
- Develop model provider training and certification guidelines for treatment and prevention professionals
- Launch a "Save Our Children--Save Our Future" media campaign

**II. REDUCE CRIME, VIOLENCE, AND DRUG AVAILABILITY**

- Develop Domestic Law Enforcement Plan
- Expand efforts to address money laundering
- Expand border control efforts

**III. ENHANCE DOMESTIC DRUG PROGRAM FLEXIBILITY AND EFFICIENCY AT THE COMMUNITY LEVEL**

- Expand and improve data collection and distribution efforts at the local level
- Simplify Federal drug grant applications
- Fund a pilot program to develop comprehensive community-based approaches in select communities
- Facilitate delivery and linkage of community-based services

**IV. STRENGTHEN INTERDICTION AND INTERNATIONAL EFFORTS**

- Coordinate the completion and implementation of a Presidential Decision Directive (PDD) on heroin
- Develop measures of effectiveness for international, host country, and interdiction programs
- Follow up on the Summit of the Americas
- Continue implementation of the PDD on cocaine
- Expand international public diplomacy

communities, jails, and prisons must provide effective drug treatment. Current treatment capacity, however, falls well below the level of resources needed to address the problems of chronic, hardcore drug use. To increase treatment capacity, State and local officials must more effectively use available Federal treatment funds to direct drug users into treatment, and the criminal justice system must use the sanctions at its disposal to provide treatment to as many chronic, hardcore users under their authority as possible.

**Managed Care and State Health Care Reform.** Managed care firms have been able in many cases to (1) reduce “per person” costs for substance abuse treatment, (2) increase the percentage of people who receive care, (3) maintain high levels of satisfaction with care, and (4) achieve positive treatment outcomes. States are expanding managed care and are requesting waivers of Medicaid regulations to experiment with numerous strategies for reducing unnecessary and costly care. The Administration encourages States to experiment with managed care so that funds for treatment can be used as efficiently as possible. The Substance Abuse and Mental Health Services Administration (SAMHSA) will assist States in evaluating the impact of State health care reforms, including managed care, to identify effective strategies for reducing treatment costs and improving treatment outcomes.

**Linking Criminal Justice and Treatment.** The number of drug-related arrests made each year is staggering (see Figure III-2). Drug abuse continues to burden the Nation’s prison system because

the majority of Federal prisoners are drug offenders as well as criminals (see Figure III-3). The courts and the correctional system must use their power to convince drug-using offenders to “clean up their act”—to the fullest extent possible for the benefit of all citizens. Studies have demonstrated that when drug addicts within the criminal justice system receive effective treatment, they commit fewer crimes; in turn, Americans enjoy safer streets and neighborhoods. The Violent Crime Control and Law Enforcement Act of 1994 (hereafter referred to as the Crime Control Act) formalizes the linkage between criminal justice and treatment systems and empowers judges to use a valuable range of treatment and punishment options.

**Drug Courts.** The Crime Control Act authorizes \$1 billion over 6 years for the Administration’s Drug Courts initiative to provide competitive grant assistance to jurisdictions planning, establishing, or improving judicially supervised, integrated sanctions and services for nonviolent offenders. Such programs free up jail and prison space for violent, predatory criminals. To be effective, drug courts and offender management programs must provide integrated services and sanctions that include continuing close supervision; mandatory periodic drug testing, treatment, and aftercare services; and a system of escalating sanctions for those who fail to meet program requirements. This reasonable but tough treatment for drug offenders can help ensure that drug-addicted criminals do not revert to the same criminal activity and continue to pass through the criminal justice

system. In addition, the role of structured aftercare in reducing rates of recidivism is becoming increasingly important.

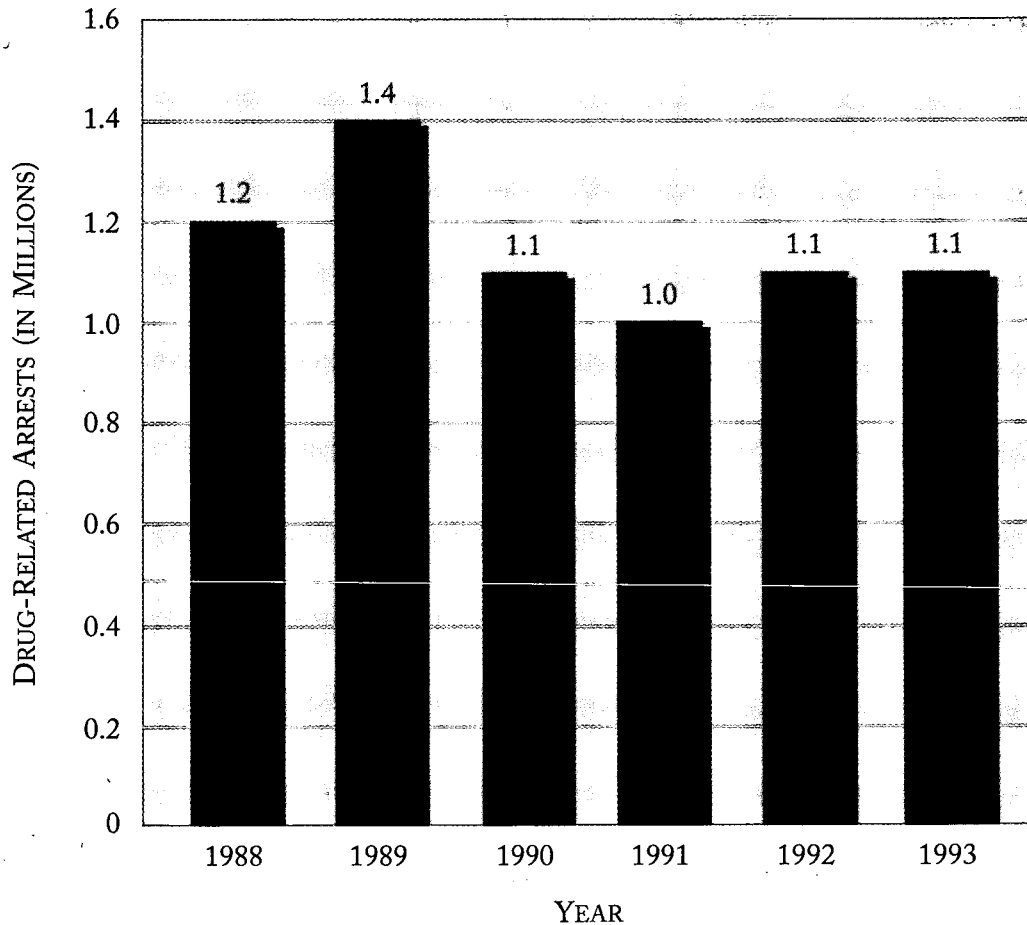
**Treatment Research.** Effective treatment is grounded in solid research. The Treatment, Prevention, and Medical Research Subcommittee, under ONDCP’s Research, Data, and Evaluation Advisory Committee, will pursue a range of research priorities in the coming year, including the following:

- The development of effective recruitment and retention strategies (i.e., ways to direct those who need treatment to enter and stay in treatment);
- The enhancement of outcome studies comparing various modalities of treatment;
- Rigorous evaluation of behavioral and counseling approaches;
- Development, testing, and dissemination of specialized treatment interventions for such populations as adolescents, women, and minorities;
- Pharmacologic research focusing on the development of new medications for cocaine and heroin addiction; and
- Investigation of the integration of behavioral and pharmacologic approaches to treatment.

### Reducing Demand Through Prevention

Ultimately it is prevention efforts that will bring about a long-term solution to the Nation’s drug abuse problem. Prevention is critically important to keeping new users from entering the pipeline to chronic, hardcore drug use and breaking the intergenerational

### EXHIBIT III-2 THERE ARE OVER 1 MILLION DRUG-RELATED ARRESTS EACH YEAR



#### SOURCE

Uniform Crime Reports, Federal  
Bureau of Investigation, 1988-93

cycle through which many children of addicts become users. The Administration is committed to a range of prevention initiatives, especially in light of the increasing use of drugs among the adolescent population.

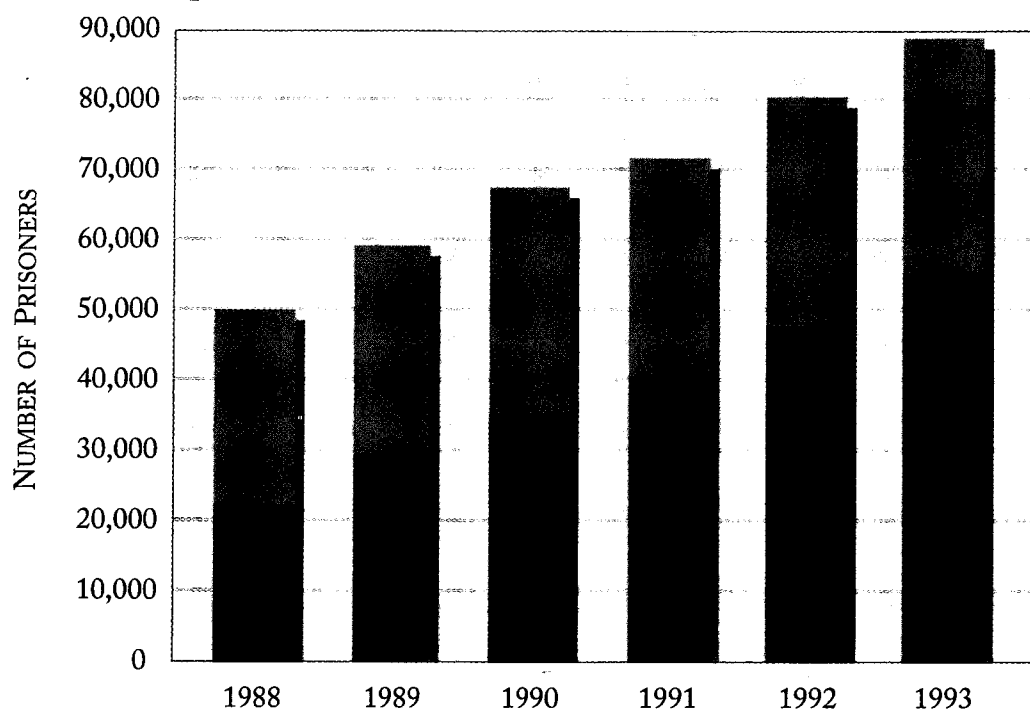
**Alcohol Abuse by Minors.** Alcohol is the single most abused substance throughout the Nation, especially

among young people in secondary schools, colleges, and universities. Because underage drinking is frequently a forerunner or companion to illicit drug use, and because it is so harmful to the health and safety of young people, the *Strategy* includes a strong alcohol prevention component in the 12-Month Action Plan for Reducing the



Demand for Illicit Drugs (see the media campaign discussed in Target No. 3 below). Furthermore, the Departments of Health and Human Services (HHS), Education, Transportation, and Treasury will continue to place a high priority on programs that discourage the use of alcohol and tobacco by minors.



### EXHIBIT III-3 DRUG ABUSE BURDENS THE NATION'S PRISON SYSTEM



#### LEGEND

-  Total Prisoners
-  Drug Offenders

#### SOURCE

National Drug Control Strategy,  
February 1995

#### Safe and Drug-Free Schools.

School-based drug prevention programs, such as those supported through the Safe and Drug-Free Schools and Communities Act (SDFSCA), help stop young people from using drugs. Recently authorized, the SDFSCA has been expanded to address the prevention of violence, provide better accountability and enhanced coordination and community linkages, and improve the targeting of funding to areas in need. The Department of Education also will implement the new Family and Community Endeavor Schools grant program,

which will support programs in high-poverty and high-crime areas to improve the academic and social development of at-risk students. HHS will implement the Community Schools and Youth Services and Supervision grant program, which will support similar activities in areas of high poverty and juvenile delinquency.

**Community Collaboration With Law Enforcement.** One key initiative at the local level is the Administration's Community Oriented Policing Services (COPS) program to put 100,000 new police officers "on the beat." For this initiative,

police officers will work to identify drug use and drug trafficking trouble spots, coordinate crisis intervention services, and encourage community residents to come forward with information pertinent to criminal investigations and transfer intelligence information to drug enforcement personnel. These officers also will participate in education and prevention programs including Project D.A.R.E. (Drug Abuse Resistance Education). Another key initiative at the local level is Operation Weed and Seed, which integrates law enforcement and criminal justice efforts at all

levels of government. The program has been successful in allocating resources and maximizing the impact of existing programs and resources.

**Anti-Drug Coalitions and Partnerships.** To assist the comprehensive and coordinated antidrug responses at the community level, the Administration will focus on achieving a range of goals, including (1) forming partnership with such coalition-building efforts as the Robert Wood Johnson Foundation's "Fighting Back" initiative and the Community Anti-Drug Coalitions of America; (2) targeting resources and programs towards high-risk youth; and (3) developing effective models for community action.

**Drug-Free Workplace Programs.** Many drug users in the workplace can be identified and motivated to stop using drugs through employee assistance programs that offer cost-effective prevention and intervention services. To encourage drug-free workplace programs, ONDCP has established a Drug-Free Workplace Working Group composed of representatives from Federal agencies to recommend actions providing employers with (1) incentives to adopt drug-free workplace policies and programs, (2) information on model programs shown to be effective, and (3) specific knowledge that can support efforts to establish and maintain drug-free environments.

**Faith Community Involvement.** The faith community can help prevent drug use and serve as a familiar community advocate against violence. The Administration encourages community partnerships and coalitions to work closely with members of the faith commu-

nity to develop strategies that will reduce alcohol and drug abuse. Specialized technical support and training have been provided to faith community leaders and seminaries to identify Federal resources and pertinent information about the relationship between substance abuse and violence.

**The African American Male Initiative.** ONDCP has established an initiative to study the special problems facing African American males, especially issues related to drugs and violence. During 1995 ONDCP will coordinate a series of meetings to develop an action agenda to address these special problems. Representatives from the academic, research, public sector, and business industry will be included in the meetings.

**National Service Program.** The Corporation for National Service, now in its second year, is harnessing the energy, enthusiasm, and commitment of young people to provide service to their Nation, community, and fellow youth. The Administration's National Service Program has resulted in thousands of young people working with local programs that assist high-risk youth to withstand the lure of drug and gang involvement.

**Prevention Research.** Because of the long-term goal of behavior change, prevention efforts are especially difficult to evaluate. The National Structured Evaluation (NSE), a recently concluded comparative analysis of hundreds of prevention efforts, provides much-needed guidance for prevention practitioners. The findings will be further evaluated, combined with other relevant findings, and shared systematically with local communi-

ties. This information dissemination effort is one of the objectives of the National Drug Prevention System (NDPS) discussed below.

**National Drug Prevention System.** The Administration supports the development of an NDPS built on the knowledge gains of the past several years and designed to leverage Federal resources and promote strong prevention partnerships among Federal, State, and local entities. The NDPS will unite drug prevention sectors and serve as a comprehensive system to address the drug abuse prevention needs of the Nation's diverse population. The development of the NDPS is a major objective of the 12-Month Action Plan for Reducing the Demand for Illicit Drugs.

### 12-Month Action Plan for Reducing the Demand for Illicit Drugs

The 12-Month Action Plan for Reducing the Demand for Illicit Drugs consists of three targets that will be spearheaded by ONDCP:

#### Target No. 1 Develop the National Drug Prevention System (NDPS)

Steps:

- Identify key personnel from Federal agencies with drug prevention responsibilities and initiate the NDPS by convening these personnel in monthly meetings (Completion Date: February 1995).
- Develop a plan to use previously planned national conferences and workshops in the drug abuse prevention field to discuss and develop the NDPS (Completion Date: March 1995).

- Perform an inventory of federally sponsored substance abuse prevention efforts to promote initiatives involving program coordination, streamlining, and interaction at these monthly meetings (Completion Date: July 1995).
- Develop common themes that Federal agencies will carry forward in their projects to prevent drug abuse (Completion Date: July 1995).
- Encourage technology transfer among private-sector organizations working in the drug abuse prevention field (Completion Date: August 1995).
- Support annual workshops to enhance the state of the art and national awareness of applied prevention programming (e.g., a research and evaluation workshop to assess the prevention knowledge base and to recommend directions for new studies, or a public awareness workshop to assess current public messages and to recommend new themes based on current national interests) (Completion Date: December 1995).
- Encourage substance abuse prevention conferences to enhance the prevention field (Completion Date: December 1995).

#### **Target No. 2**

##### **Develop Model Provider Training and Certification Guidelines for Treatment and Prevention Professionals**

This target is intended to enhance the level of excellence among drug abuse prevention and treatment professionals, with the goal of engendering and maintaining consumer confidence in the quality of

services delivered by the prevention and treatment systems.

Several States have skills-based certification processes, and others have education- or credential-based systems. This target will identify the state of the art in provider training and certification and, using models from across the Nation, will develop model provider training and certification guidelines for treatment and prevention professionals.

#### **Steps:**

- Expert advice will be sought to identify and define the current provider training and certification systems. Recommended guidelines for providers to use in the training and certification process will be provided.
- Federal agencies will solicit input on the guidelines.
- A provider preparation document will be produced and disseminated to the field.

Completion Date:

December 1995

#### **Target No. 3**

##### **Launch a Save Our Children, Save Our Future Media Campaign**

This campaign will consist of two components: media messages and the Media Literacy Program. ONDCP will invite major media organizations to join ONDCP and the Partnership for a Drug-Free America to develop several media messages intended to discourage youth from using drugs. The Media Literacy Program trains young people to analyze media messages critically, whether commercial or entertainment, with the

theme that one can and should think for oneself.

#### **Steps:**

- Deglamorize drug use (including tobacco and alcohol) in the minds of American children. The Administration will target cable television networks, major television networks, corporations and industries, and other media organizations.
- Disseminate to parents, community partnerships, antidrug coalitions, and other community groups the information provided to media leaders as well as a report on the response of the media.
- Recognize media programs and messages that honestly and thoughtfully instruct and challenge children regarding drug use.
- Work with SAMHSA to implement the Media Literacy Program.
- Encourage SAMHSA to develop specific plans to train youth workers enrolled in the Job Opportunities and Basic Skills program in drug prevention strategies.

Completion Date:

December 1995

### **ACTION PLAN FOR REDUCING CRIME, VIOLENCE, AND DRUG AVAILABILITY**

The Action Plan for Reducing Crime, Violence, and Drug Availability emphasizes the importance of strong linkages among all elements of the criminal justice system and prevention, education, and treatment efforts. Particular

emphasis is given to interventions designed for those at risk of violence—children; youth; and chronic, hardcore drug users.

The Nation took a major step forward in reducing drug-related crime and violence when it passed the Crime Control Act (see **Figure III-4**), which builds on the essential elements of the President's National Drug Control Strategy by authorizing additional police officers, police sanctions, and treatment and prevention programs. It also includes an assault weapons ban that increases the safety of police officers and citizens by banning 19 listed weapons; copycat weapons; and other clearly defined semiautomatic assault weapons—the weapons of choice for drug dealers, gang members, and mass murderers.

### **Domestic Law Enforcement Efforts**

The domestic law enforcement response to the drug problem must be predicated on a coordinated attack on drug trafficking organizations. These efforts are not limited to law enforcement operations against the upper echelons of the organizations; rather, they include investigative approaches that work to disrupt, dismantle, and eventually destroy entire organizations.

**Border Control.** Current estimates indicate that as much as 70 percent of all cocaine coming into the United States is trans-shipped through Mexico and then across the Southwest U.S.–Mexico border. Because protecting the Southwest Border is so important in the fight against drug trafficking, the Administration will continue to improve Federal efforts in this region. During Fiscal Year

(FY) 1995, the number of Border Patrol agents will increase by about 700, and the U.S. Customs Service will continue to expand its efforts to better address the flow of drugs through U.S. ports of entry.

**Investigation of Drug Trafficking Organizations.** Federal investigations must focus on those organizations that account for the largest quantities of drugs, that traffic in the most dangerous drugs, and whose activities are accompanied by the most violence. By working together, all levels of law enforcement can make maximum use of Federal investigative tools such as court-authorized electronic surveillance, analysis of compulsory financial reporting, investigative grand juries, and Federal evidentiary rules and criminal statutes.

**Investigation of Money Laundering and Financial Institutions.** Despite the enormous size and complexity of the U.S. financial system that complicates the prevention and detection of money laundering, U.S. law enforcement and bank regulators have experienced success in clamping down on drug-related money laundering at financial institutions. This has not only forced money launderers to move to less regulated areas (e.g., nonbank financial institutions), it appears to have caused drug traffickers to diminish, or at least to compartmentalize, their involvement in the money laundering business. Federal law enforcement agencies will continue to conduct undercover money laundering operations and employ an array of investigative techniques to identify the personnel, sites, methods, and assets of the target group as efficiently as possible. Furthermore, the Treasury Department will continue to invig-

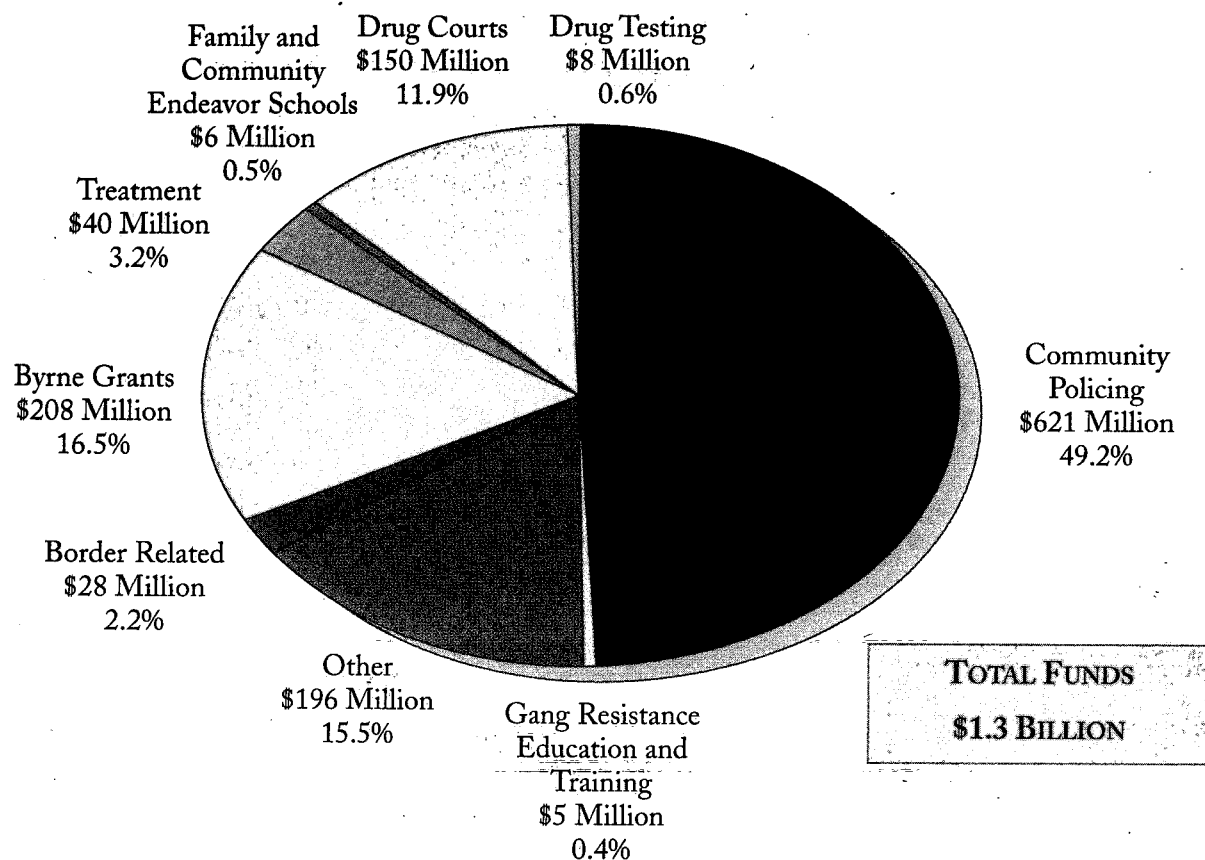
orate its partnership with financial institutions and other elements of the private sector by streamlining and retooling existing anti-money laundering regulations.

**Collection and Dissemination of Drug Law Enforcement Intelligence and Information Sharing.** The Administration has taken steps to significantly improve information sharing among Federal law enforcement agencies. With the creation of the Office of Investigative Agency Policies, the Department of Justice (DOJ) has made significant strides in facilitating the sharing, and often the integration, of important investigative information among its principal law enforcement agencies. Other developments, such as the establishment of the National Drug Intelligence Center, have significantly increased the sophisticated technical and analytic support available to develop a comprehensive understanding of major drug trafficking organizations. The technical and analytic capabilities of the multiagency El Paso Intelligence Center also have been significantly upgraded.

**Community Policing.** However diligent their efforts, police alone, using only traditional policing techniques, will be unable to eliminate drug trafficking and its related crime from the Nation's communities. Community policing offers the collaboration that is needed between police and the community to identify and solve community problems. Because it combines the efforts of law enforcement and other organizations and individuals, community policing is a critical part of this Nation's antidrug effort. As a result of the Crime Control Act, DOJ has awarded

**FIGURE III-4 FY 1996 CRIME CONTROL ACT FUNDS A VARIETY OF DRUG-RELATED ACTIVITIES**

**DRUG CONTROL RESOURCES FUNDED BY THE CRIME CONTROL ACT**



**SOURCE**

ONDCP analysis of Crime Control Act, February 1995

392 grants totaling \$200 million to counties, cities, and towns across the country to hire more than 2,700 additional officers. In addition, DOJ has approved the hiring and training of more than 4,600 officers in 631 large police jurisdictions (those serving populations of more than 50,000), as well as a hir-

ing program for smaller jurisdictions (those serving populations of less than 50,000).

**Reducing Gun-Related Crime and Violence.** The Administration intends to immediately implement an aggressive gun reduction program in communities across the Nation. DOJ,

through the COPS office, will provide support and followup consultation so that communities can identify suitable strategies and implement programs modeled after a Kansas City Police Department initiative, which draws its resources from DOJ's Operation Weed and Seed.

**Multijurisdictional Task Forces.**

Federal, regional, and other multijurisdictional task forces play significant roles in reducing drug availability in communities. These programs combine the resources of Federal, State, and local law enforcement investigative and prosecutorial authorities to eliminate drug trafficking from street corner retailers to international wholesalers. Federal grant programs, such as the Edward Byrne Memorial State and Local Law Enforcement Assistance Program, provide seed money to start task force operations in many jurisdictions and to continue the operation of existing programs. The Crime Control Act authorized \$1 billion for 25 categories of law enforcement, including State and local drug task force efforts through the year 2000.

**High Intensity Drug Trafficking Areas.** Since 1990 seven regions have been designated critical drug trafficking areas—or High Intensity Drug Trafficking Areas (HIDTAs): Houston; Los Angeles; Miami; New York; Puerto Rico/U.S. Virgin Islands; Washington, D.C./Baltimore, Maryland; and the Southwest Border. The HIDTAs of large metropolitan areas focus on dismantling the most significant drug trafficking and drug money laundering organizations operating at the National, regional, and local levels. The Southwest Border and Puerto Rico/U.S. Virgin Islands HIDTAs concentrate on interdiction systems, which include interdiction operations, intelligence, investigations, and prosecution. The Washington, D.C./Baltimore, Maryland, HIDTA—coming online now—will address both the

drug distribution networks and their chronic, hardcore clientele simultaneously.

### **12-Month Action Plan for Reducing Crime, Violence, and Drug Availability**

The 12-Month Action Plan for Reducing Crime, Violence, and Drug Availability consists of three targets that will be spearheaded by ONDCP:

#### **Target No. 1 Develop a Domestic Law Enforcement Plan**

Step:

- ONDCP will coordinate and oversee the development of a Domestic Drug Law Enforcement Plan in collaboration with Federal, State, county, and local law enforcement agencies. The plan will build on existing efforts and address the full range of domestic drug law enforcement issues and problems. Specific issues addressed will include the following:
  - Review the current structure of multijurisdictional task forces throughout the Nation to increase efficiency and eliminate duplication of effort;
  - Articulate the role of Federal drug law enforcement in local community policing efforts;
  - Identify steps to enhance coordination of regional law enforcement, treatment, and prevention resources;
  - Develop a comprehensive initiative to decrease the cultivation and use of marijuana; and

- Assess the intelligence, technology, and advanced officer training needs of State and local enforcement.

Completion Date: May 1995

#### **Target No. 2 Expand Efforts To Address Money Laundering**

Steps:

- ONDCP will coordinate and oversee development of a money laundering Action Plan. This plan will be developed through the collaboration of the Treasury and Justice Departments. Development of this plan will be coordinated with other appropriate Federal, State, and local government agencies, as well as private organizations, such as banks and other financial institutions.
- This Action Plan will provide a framework for coordinating domestic drug law enforcement, regulatory, and private industry efforts to accomplish the following:
  - Arrest and prosecute those who launder the ill-gotten proceeds of drug trafficking;
  - Reduce the amount of drug-related proceeds laundered domestically; and
  - Increase the amount of drug-related proceeds interdicted prior to their leaving the United States.
- Coordinated law enforcement efforts and private industry initiatives will aim to reduce overall drug-related proceeds laundered in the United States by creating regulatory, enforcement, and industry barriers to this activity. In addition, Federal, State, and

local law enforcement agencies will refocus their efforts to dismantle the money laundering components of drug trafficking organizations by arresting and prosecuting those who are involved in money laundering and to identify and interdict a larger percentage of drug-related proceeds.

- This Action Plan will include performance measures for anti-money laundering efforts.

Completion Date: June 1995

### **Target No. 3**

#### **Expand Border Control Efforts**

Steps:

- ONDCP will coordinate and oversee a review of current drug enforcement efforts at the Southwest Border and determine the steps law enforcement should take to effect a measurable reduction in the amount of illegal drugs smuggled across the border and a measurable reduction in incidence of border violence.
- The U.S. Customs Service will maintain the reduction of drug smuggling across the Southwest Border as a top priority. The U.S. Customs Service will devote increased resources to seizing illegal drugs, arresting drug smugglers, reducing acts of border violence, and installing and testing cargo inspection technology at appropriate locations. Through proactive and reactive drug investigations, the U.S. Customs Service will launch a reinvigorated effort to fully identify and dismantle the organizations involved in these struggling ventures.

Completion Date: August 1995

## **ACTION PLAN FOR ENHANCING DOMESTIC DRUG PROGRAM FLEXIBILITY AND EFFICIENCY AT THE COMMUNITY LEVEL**

The key objective of the Action Plan for Enhancing Domestic Drug Program Flexibility and Efficiency at the Community Level is to remove Federal and State restrictions and regulations that hamper the effective delivery of programs and services at the community level. The Action Plan includes targeted efforts to expand and improve data collection and distribution at the local level; identify community-based programs whose efficacy is substantiated by evaluation efforts; simplify Federal drug grant applications; conduct a deregulation campaign to improve community-based service delivery; and create a pilot project to enable select communities to develop a systematic response to the problems of chronic, hardcore drug use.

**Streamlining Federal Drug Control Grants.** To empower State and local governments to provide more effective services at the community level, as well as to reduce administrative burdens, the Administration is proposing a consolidation and restructuring of public health programs. This proposal includes streamlining prevention and treatment funding provided through SAMHSA. Consolidation and restructuring will give States and localities more flexibility in addressing local problems while maintaining the needed focus on nationwide priorities and eliminate Federal mandates and restrictions. This proposal would give States the needed flexibility to target funding to high-priority communities (those

most in need of drug control programs) and to programs of proven effectiveness. This proposal also would shift the focus from regulatory compliance to outcome and performance measures.

### **ONDCP-Requested Audit of Federal Drug Control Programs.**

To improve and enhance program efficiency, ONDCP, in consultation with the Federal drug control departments and agencies and through the President's Council on Integrity and Efficiency, also will recruit agency Inspectors General to conduct program performance evaluations during FY 1995 of their efforts.

## **12-Month Action Plan for Enhancing Domestic Drug Program Flexibility and Efficiency at the Community Level**

The 12-Month Action Plan for Enhancing Drug Program Flexibility and Efficiency at the Community Level consists of four targets that will be spearheaded by ONDCP:

### **Target No. 1**

#### **Expand and Improve Data Collection and Distribution Efforts at the Local Level**

Steps:

- ONDCP's Data and Evaluation Subcommittee of the Research, Data, and Evaluation Advisory Committee will conduct an inventory of, evaluate, and make recommendations on improving Federal drug-related data systems for drug policy purposes. This effort will include convening a national Drug Prevalence

Estimation Conference to identify public concerns and recommendations on needed improvements to Federal drug-related data systems for local policy and analysis purposes.

- The Research, Data, and Evaluation Subcommittee will strive to provide the widest possible distribution of drug-related data to the community level. Central to this effort is identifying the titles of upcoming Federal reports that will benefit the data collection and analysis efforts of local communities. A Federal directory will be produced that lists titles and descriptions of Federal drug-related data systems.
- ONDCP will promote *Pulse Check* as a policy and planning tool and suggest that local communities use a similar approach. This effort will culminate in a manual on how communities can better assess their local drug situations.

Completion Date:  
September 1995

### **Target No. 2** **Simplify Federal Drug Grant Applications**

There are numerous sources of Federal grants-in-aid to support drug control efforts. To access these, States must submit plans to HHS, the Department of Education, or DOJ, depending on the drug grants for which the State is applying. Each application contains common reporting requirements. During the consultation that ONDCP held with State and local antidrug professionals and public interest groups to develop the National Drug Control Strategy, it

became clear that there was considerable interest in simplifying Federal drug grant applications. ONDCP will work with HHS, the Department of Education, and DOJ to identify options for simplifying applications.

Step:

- ONDCP will convene a Common Grant Application (CGA) Working Group to examine the advantages of a universal grant application for community-based organizations. The objective of this working group will be to formulate a universal grant application. One example of the advantage of a universal grant application is that one-stop grant shopping may increase access to resources and reduce administrative costs through universal forms, measures, and reporting procedures. Recommendations from the CGA Working Group will be provided to the Director of ONDCP for action.

Completion Date:  
September 1995

### **Target No. 3** **Fund a Pilot Program To Develop Comprehensive Community-Based Approaches in Select Communities**

Steps:

- ONDCP will implement a Break the Cycle of Drug Abuse pilot program to enable select communities to develop comprehensive community-based approaches to confronting the problem of drug abuse. This pilot effort will encourage a systematic response to the problems of chronic, hardcore drug

use by integrating local health, education, housing, labor, and justice systems. Funds to establish local infrastructure and coordinate the program will be obtained from the widest possible range of sources, including forfeiture and gift authorities. This pilot effort will be a national demonstration of a systems approach to managing the drug problem at the local level. ONDCP will produce a manual titled *How To Break the Cycle of Drug Abuse* to assist community-based organizations in their efforts against drug abuse and crime. Key elements of the pilot effort include the following:

- Target City sites will use forfeiture laws to reclaim neighborhoods taken over by drug traffickers.
- Law enforcement officials and local health officials, especially those in the treatment community, will work together to manage nonviolent drug users inside and outside the criminal justice system.
- Every arrestee entering the criminal justice system will be tested for drug use. Tests will be presented to the court that will assist determination of whether treatment is warranted. Treatment will be offered independent of the court's decision regarding pretrial release. Aftercare will include drug testing to identify individuals who relapse.
- Local prevention providers will be encouraged to serve children of addicted parents to stop the intergenerational nature of addiction.



- Sanctions will be developed for those individuals who are enrolled in a criminal justice system treatment program and who fail to move toward abstinence.
- Those not involved in the criminal justice system will be identified through various outreach programs (e.g., AIDS [Acquired Immune Deficiency Syndrome] outreach) for drug treatment. A neutral party will monitor the individual to ensure that all services are being used to assist him or her in becoming drug free.
- ONDCP will produce and distribute a directory titled *Anti-Drug Programs That Work at the Community Level*.

Completion Date:  
September 1995

#### Target No. 4

#### Facilitate Delivery and Linkage of Community-Based Services

##### Steps:

- ONDCP will conduct a Cut the Red Tape campaign to examine possible regulation deletions or waivers to improve community-based service delivery. New deregulation guidelines will be distributed to community-based entities by the appropriate agencies. Options to be considered include the following:
  - Identify Federal obstacles that impede drug program delivery;
  - Consider revisions to the Food and Drug Administration regulations for methadone and LAAM

(levo-alpha-acetylmethadol-hydrochloride) in favor of clinical protocols, standards, or guidelines; and

- Encourage States to adopt the Federal Controlled Substances Act to facilitate timely availability of addiction treatment medications.

Completion Date:  
December 1995

### ACTION PLAN FOR STRENGTHENING INTERDICTION AND INTERNATIONAL EFFORTS

The Action Plan for Strengthening Interdiction and International Efforts gives priority to international drug control efforts. Federal enforcement agencies will intensify their efforts to dismantle drug trafficking organizations, combat money laundering, and work with units of State and local law enforcement in task force operations to attack illicit drug gangs. The Administration also has issued the National Interdiction Command and Control Plan to enhance interdiction command and control functions and created the U.S. Interdiction Coordinator position within ONDCP to optimize program effectiveness.

#### International Cocaine Strategy

In 1993 ONDCP and the National Security Council (NSC) conducted a comprehensive interagency review of the international cocaine situation. This review resulted in a Presidential Decision Directive (PDD) that directed a three-pronged international drug control strategy that emphasized

assisting institutions of nations showing the political will to combat drug trafficking, destroying drug trafficking organizations, and interdicting drug trafficking in both the source countries and the transit zones. The PDD also called for a controlled shift in the focus of cocaine interdiction operations from the transit zones to source countries. The controlled shift underscores the commitment to maintain a tough stance against the international drug trade in an era of tighter budgets and changing trafficking patterns.

#### International Cooperation

The United States has sought to enhance international cooperation in Peru; Colombia; Bolivia; Mexico; and Caribbean, Central American, and spillover countries.

**Peru.** Peru is central to the illegal cocaine industry; more than 60 percent of the world's supply of coca is grown there. Peru has adopted a comprehensive national drug control strategy and outlawed the cultivation of opium poppy. The government of Peru is working to address the problem of corruption and has taken actions against several senior military officers involved in corruption.

**Colombia.** Colombia, an important ally of the United States in the fight against the cocaine cartels, is now at a crossroads and must intensify its efforts. Colombia recently stepped up its poppy eradication program, began an aerial coca eradication program, and took positive steps to develop a chemical control program. However, drug-related corruption remains a major concern in Colombia, and the Colombian Supreme Court

decided to, in effect, legalize the use and possession of user amounts of some drugs. The new Colombian Administration has stated its intention to continue a vigorous campaign against the illicit drug industry.

**Bolivia.** The situation in Bolivia remains mixed. The country was granted a "vital national interest" certification in 1994 because of the United States' assessment that some key counternarcotics performance deficiencies precluded a "full" certification.

**Mexico.** Mexico is a key gateway for illicit drugs entering the United States. The new Zedillo Administration has stated its intention to resume Mexico's vigorous campaign against the illicit drug industry, and anticorruption efforts must be an integral part of this campaign.

**Caribbean, Central America, and Spillover Countries.** The pressures applied to the illicit drug industry in the source countries of Bolivia, Colombia, and Peru have caused illicit drug cartels to look to neighboring countries (principally Brazil, Ecuador, and Venezuela) for a political atmosphere that is more conducive to their trade. Central America and the Caribbean continue to be key links in the trans-shipment of cocaine and the laundering of drug profits. The United States must continue to work with these nations to strengthen their political will to fight drug trafficking, to enhance their domestic capabilities to interdict cocaine, to prosecute money launderers, and to create environments hostile to illicit drug activities.

## The International Heroin Strategy

International opium and heroin control must remain a major foreign policy objective of the United States. Worldwide use of opium and heroin is increasing, opium poppy-growing areas are expanding, global production is at record levels, and there is some indication that criminal groups are moving larger quantities of heroin to the United States. The magnitude of the heroin trade, together with limited U.S. influence in heroin-producing areas and constrained financial resources, require that the Administration's heroin strategy be carefully targeted. The United States focuses efforts in Southeast Asia; the Middle East and Southwest Asia; Latin America; Africa; and Russia, Eastern Europe, and the newly independent states.

The key elements of the heroin strategy are as follows:

- Expand and intensify contacts with foreign leaders in the principal source, transit, and consuming countries to mobilize an international attack on opium and heroin production, trafficking, and use;
- Gain greater access to opium-producing regions through bilateral and multilateral political and economic initiatives;
- Dismantle illicit heroin trafficking organizations by prosecuting their leaders and seizing profits and assets;
- Promote diplomacy, public awareness, demand reduction, and other initiatives to strengthen political will to combat drug production, traf-

ficking, and use in key countries; and

- Maximize counterdrug intelligence and investigative capabilities in all major source and transit countries.

## Certification Process

To ensure that all drug producing and drug transit countries meet their antidrug obligations, the Administration will continue the aggressive use of the certification process. The President's 1994 decision to deny certification to four countries and grant only national interest certification to six countries reflects this tough approach. The President made his decision based on recommendations developed by the Department of State, the NSC, and ONDCP.

## 12-Month Action Plan for Strengthening Interdiction and International Efforts

The 12-Month Action Plan for Strengthening Interdiction and International Efforts consists of five targets that will be spearheaded by ONDCP:

### Target No. 1

#### *Coordinate the Completion and Implementation of a PDD on Heroin*

Steps:

- Prepare a draft PDD on heroin based on the heroin section of this document, and coordinate it through the NSC process for the President's approval.
- Coordinate with the Counternarcotics Interagency Working Group (CN-IWG) for full and timely implementation of the PDD on heroin.

- Coordinate U.S. Government efforts to engage Burma on counternarcotics.

Completion Date:  
September 1995

#### **Target No. 2**

##### ***Develop Measures of Effectiveness for International, Host Country, and Interdiction Programs***

Step:

- Work with Federal drug control agencies to develop proposed measures of effectiveness.

Completion Date:  
September 1995

#### **Target No. 3**

##### ***Follow Up on the Summit of the Americas***

Steps:

- Facilitate a ministerial conference to coordinate hemispheric response to money laundering.
- Organize a conference of donors, multinational development banks, and the United Nations to seek resources for alternative development programs.

Completion Date:  
September 1995

#### **Target No. 4**

##### ***Continue Implementation of the PDD on Cocaine***

Steps:

- Aggressively pursue congressional support for the PDD on cocaine and the resulting international strategy.

- Clearly describe the institution-building program to the Congress and the American people as one of long-term commitment and effort.

- Ensure an effective interdiction capability exists and is maintained in the transit zone.

- Coordinate with the CN-IWG to do the following:

- Improve host nation "end-game" capabilities;

- Recognize Peru's willingness to expand its counterdrug efforts by removing any self-imposed barriers and increasing U.S. counternarcotics support and assistance to it;

- Assist Colombia in its efforts to control and stop traffickers' use of Colombian air space and to aerially eradicate coca and poppy cultivation;

- Assist the Government of Bolivia in expanding its interdiction capabilities and to completely eliminate the cultivation of illegal coca;

- Fully support (including intelligence and technical assistance) Mexico's efforts to dismantle drug organizations and to eradicate poppy and marijuana cultivation;

- Recognize the positive steps taken by the new Panamanian Administration and provide full support and assistance to their drug program;

- Develop regional counternarcotics alliances in the source region and Caribbean Basin; and

- Continue to apply across-the-board pressure on Colombia's Cali-based organization (including their domestic and regional associates) to break their control over the cocaine trade and destroy their ability to undermine the will and ability of regional governments to reduce drug trafficking.

Completion Date:  
December 1995

#### **Target No. 5**

##### ***Expand International Public Diplomacy***

Step:

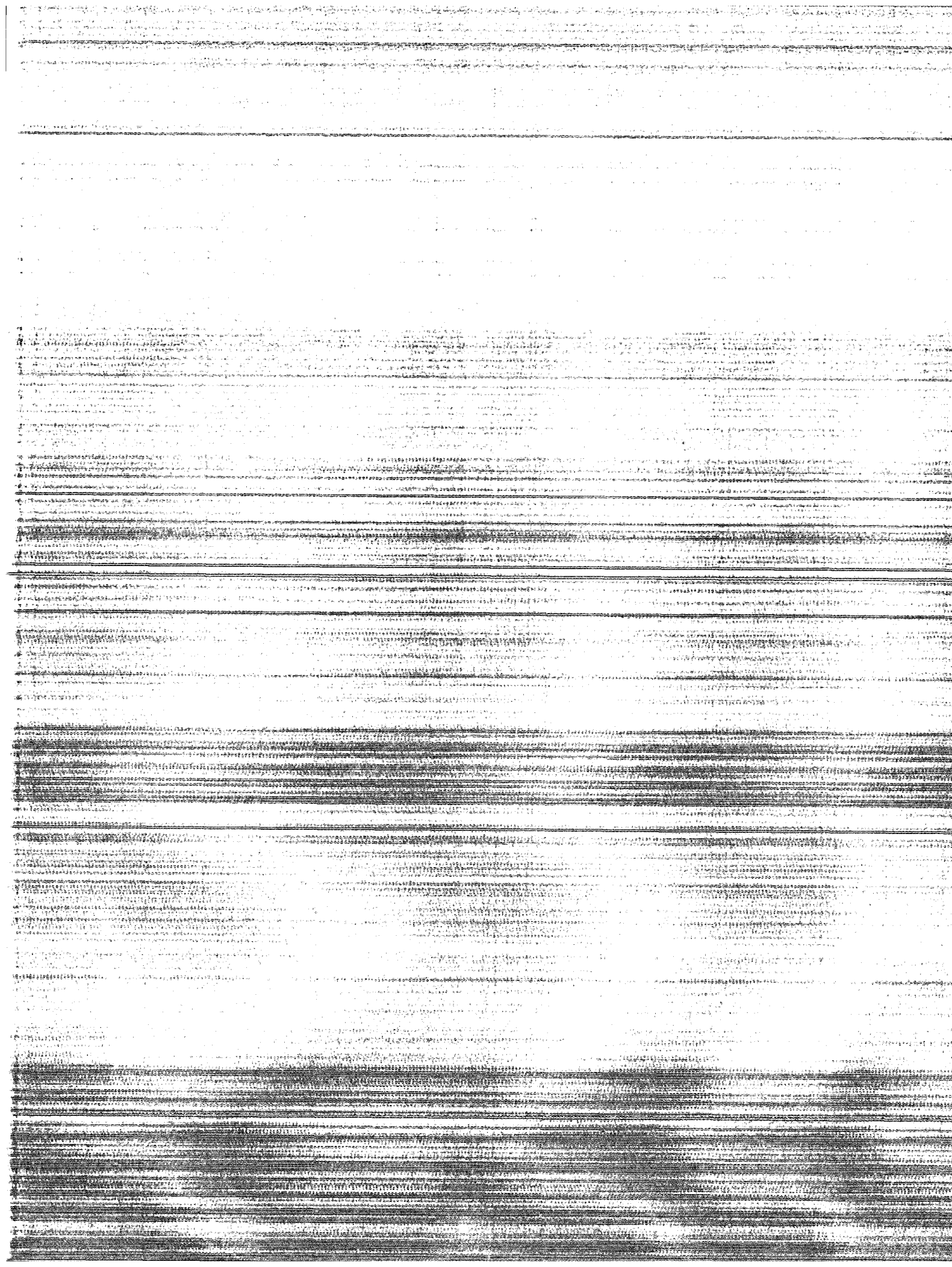
- U.S. agencies involved in international drug control efforts will work with others to communicate U.S. sincerity in antidrug activities and increase public support for drug programs in source and transit countries by the following U.S. agency actions:

- Develop a mechanism to communicate and encourage support for policies abroad;

- Publicize and inform the public and the Congress about the full range of U.S. international counternarcotics efforts; and

- Develop broad themes consistent with major *Strategy* objectives for universal attention.

Completion Date:  
December 1995



## IV. FEDERAL DRUG CONTROL RESOURCE PRIORITIES

**The** President's Fiscal Year (FY) 1996 drug control budget will achieve the goals, priorities, and objectives of the National Drug Control Strategy. The request for \$14.6 billion includes resources for drug treatment, drug prevention, research, law enforcement, intelligence, interdiction, and international programs (see **Figure IV-1**). This request represents an increase of \$1.3 billion, which is 9.7 percent over the FY 1995 enacted level of \$13.3 billion.

Of the total \$14.6 billion request for FY 1996, \$9.3 billion is earmarked for supply reduction programs, and \$5.3 billion is earmarked for demand reduction programs. Resources for supply reduction represent 64 percent of total resources, and resources for demand reduction represent 36 percent. This percentage split reflects the impact on the drug control budget of the Violent Crime Control and Law Enforcement Act of 1994 (hereafter referred to as the Crime Control Act), which greatly increased resources for law enforcement pro-

grams. In fact, the FY 1996 drug control budget request includes \$1.3 billion for programs authorized by the Crime Control Act.

The FY 1996 budget request includes important increases in all major program areas except interdiction. **Table IV-1** illustrates Federal drug control spending among the functions tracked in the Federal drug control budget. **Table IV-2**, shows the dramatic increases in the Government's drug control spending since 1988.

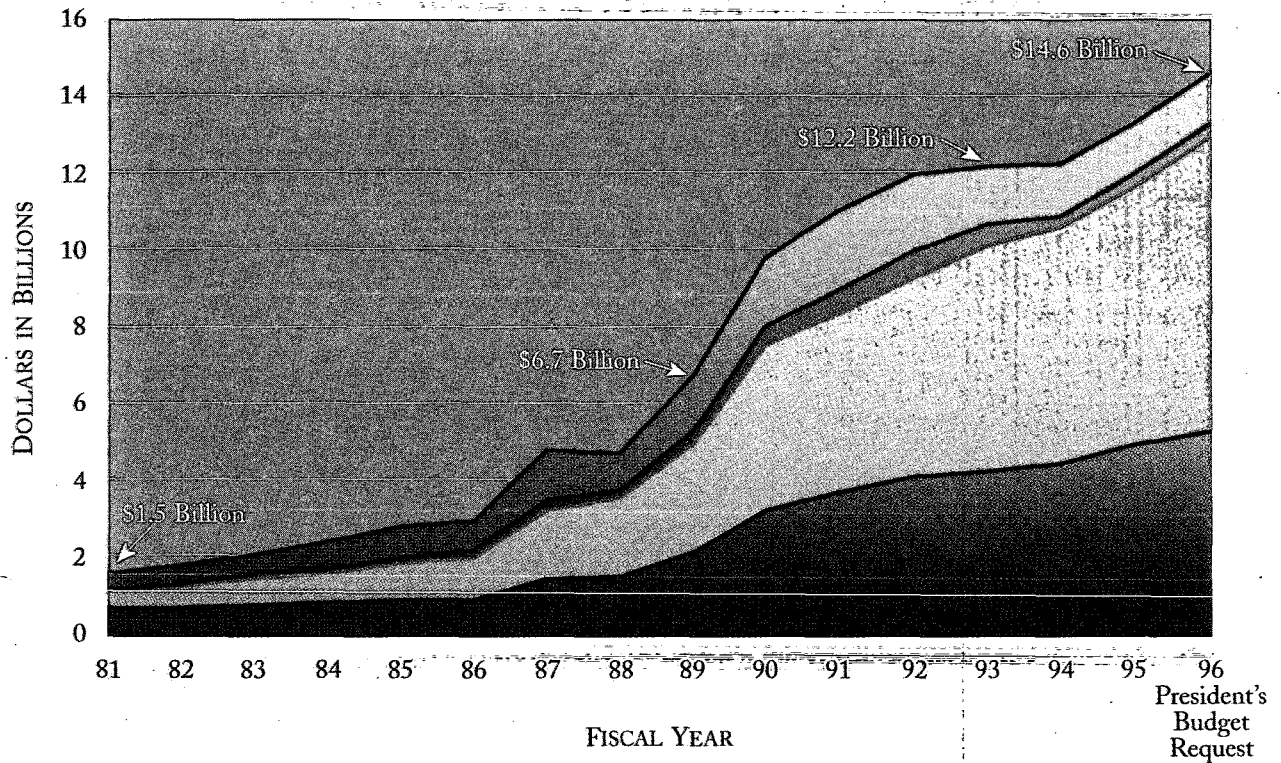
### MAJOR DRUG CONTROL BUDGET INITIATIVES IN FY 1996

The following four sections list the major budget initiatives included in the FY 1996 National Drug Control Strategy budget request.

#### **Empowering Communities to Respond to Their Drug Problems**

A total of \$621.1 million in drug-related resources is requested for the drug-related portion of the

FIGURE IV-1 FEDERAL DRUG CONTROL SPENDING BY FUNCTION, 1981-96



## LEGEND

- Demand Reduction
- Domestic Law Enforcement
- International
- Interdiction

## SOURCE

National Drug Control Strategy,  
February 1995

Community Policing program authorized by the Crime Control Act. More than 1,200 grants that put almost 10,000 more police on the streets already have been awarded. The goal is to bring the total to more than 40,000 officers by the end of 1996. In addition, a total of \$500 million is requested for the Safe and Drug-Free Schools and Communities program, an increase of \$18 million over FY 1995.

### Improving Drug Treatment and Prevention Through Grant Consolidation

The proposed budget restructures the Substance Abuse and Mental Health Services Administration (SAMHSA) by proposing a new partnership block grant and a single substance abuse demonstration and training authority. This new Substance Abuse Performance Partnership removes most of the

earmarks and mandates of the former Substance Abuse Block Grant, except for the 20-percent set aside for drug abuse prevention services. The total request for this new Substance Abuse Performance Partnership is \$1.3 billion, which funds \$919.8 million in drug-related treatment and prevention services, including an additional \$60.0 million over the FY 1995 level, with the States encouraged to use these funds to treat chronic, hardcore

TABLE IV-1 FEDERAL DRUG CONTROL SPENDING BY FUNCTION, FY 1994-FY 1996

(Budget Authority in Millions)					
Drug Function	FY 1994 Actual	FY 1995 Estimate	FY 1996 President's Request	FY95-FY 96 Change \$	%
Criminal Justice System	5,735.4	6,313.3	7,166.7	853.5	13.5%
Drug Treatment	2,398.7	2,646.6	2,826.6	180.0	6.8%
Education, Community Action, and the Workplace	1,597.4	1,847.6	1,974.9	127.3	6.9%
International	329.4	309.9	399.1	89.1	28.8%
Interdiction	1,311.6	1,293.3	1,278.4	(14.9)	-1.2%
Research	520.3	538.2	570.7	32.5	6.0%
Intelligence	291.7	316.0	334.0	18.1	5.7%
<b>Total</b>	<b>12,184.4</b>	<b>13,264.9</b>	<b>14,550.4</b>	<b>1,285.5</b>	<b>9.7%</b>
<b>Four-Way Split</b>					
Demand Reduction	4,424.5	4,934.5	5,256.5	321.9	6.5%
	36.3%	37.2%	36.1%		
Domestic Law Enforcement	6,118.9	6,727.1	7,616.4	889.4	13.2%
	50.2%	50.7%	52.3%		
International	329.4	309.9	399.1	89.1	28.8%
	2.7%	2.3%	2.7%		
Interdiction	1,311.6	1,293.3	1,278.4	(14.9)	-1.2%
	10.8%	9.7%	8.8%		
<b>Total</b>	<b>12,184.4</b>	<b>13,264.9</b>	<b>14,550.4</b>	<b>1,285.5</b>	<b>9.7%</b>
<b>Supply/Demand Split</b>					
Supply	7,759.9	8,330.3	9,293.9	963.6	11.6%
Demand	4,424.5	4,934.5	5,256.5	321.9	6.5%
<b>Total</b>	<b>12,184.4</b>	<b>13,264.9</b>	<b>14,550.4</b>	<b>1,285.5</b>	<b>9.7%</b>
<b>Demand Components</b>					
Prevention (w/o research)	1,597.4	1,847.6	1,974.9	127.3	6.9%
Treatment (w/o research)	2,398.7	2,646.6	2,826.6	180.0	6.8%
Research	428.4	440.3	455.0	14.7	3.3%
<b>Total, Demand</b>	<b>4,424.5</b>	<b>4,934.5</b>	<b>5,256.5</b>	<b>321.9</b>	<b>6.5%</b>
(Detail may not add to totals due to rounding)					



**TABLE IV-2 FEDERAL DRUG CONTROL BUDGET, 1988-96 (IN MILLIONS)**

	1988	1989	1990	1991	1992	1993	1994	1995	1996
<b>Funds</b>	\$4707.8	\$6663.7	\$9758.9	\$10957.6	\$11910.1	\$12177.6	\$12184.4	\$13264.9	\$14550.4

**SOURCE**

Office of National Drug Control  
Policy

drug users. A total of \$452.8 million is requested for the consolidation of SAMHSA's demonstration and training programs into one Substance Abuse Demonstration and Training Cluster.

### **Reducing Chronic, Hardcore Drug Use Through Drug Treatment**

The total budget request for drug treatment is \$2.8 billion, \$180.0 million more than FY 1995. The major funding components include the following:

- Within the \$919.8 million requested for the drug portion of the Substance Abuse Performance Partnership is \$60.0 million more than FY 1995.
- The total FY 1996 request for drug courts is \$150.0 million, an increase of \$121.0 million over the \$29.0 million in FY 1995.
- Authorized by the Crime Control Act, a total of \$13.5

million is requested for substance abuse treatment in Federal prisons, and a total of \$26.7 million in new funds is requested for substance abuse treatment in State prisons.

### **Increasing Source Country Program Effectiveness**

The President's budget request includes \$213.0 million for international drug control efforts within the Department of State. This is an increase of \$108.0 million over the FY 1995 level of \$105.0 million. In FY 1996 this program will continue the implementation of the President's directive to place more emphasis on source countries, focus on programs to achieve democratic institution building, dismantle narcotics trafficking organizations, and interdict drugs. It will also allow a greater emphasis on multilateral efforts to strengthen democratic institutions, making them more effective in fighting international drug trafficking organizations.

### **FOCUSING ON PRIORITIES**

Recognizing the importance of focusing the FY 1996 drug control budget spending plan on initiatives that address the most critical drug control program priorities, the President's budget directs resources toward empowering communities to respond to their drug problems; improving drug treatment and prevention through grant consolidation; reducing chronic, hardcore drug use through treatment; and increasing source country program effectiveness. For the first time—as part of a new partnership between the Federal Government and States and localities—communities will have much greater flexibility in how they manage Federal resources for drug control purposes. At the same time, the Federal role in drug control—attacking drug organizations and traffickers, interdicting drugs both in the United States and abroad, developing and sharing intelligence, conducting national research, and improving prevention and treatment efforts—will be vigorously pursued.



# CONCLUSION

The 1995 *National Drug Control Strategy* provides specific Action Plans for reducing drug use and drug trafficking in the United States: an Action Plan for Reducing the Demand for Illicit Drugs; an Action Plan for Reducing Crime, Violence, and Drug Availability; an Action Plan for Enhancing Domestic Drug Program Flexibility and Efficiency at the Community Level; and an Action Plan for Strengthening Interdiction and International Efforts.

The Action Plan for Reducing the Demand for Illicit Drugs seeks to reverse the recent increase in adolescent drug use by enhancing national drug abuse prevention efforts that target young people. The proposed development of a National Drug Prevention System will effectively link public and private drug abuse prevention efforts and allow community coalitions and grassroots efforts throughout the Nation to access the necessary Federal prevention resources programs for combating adolescent drug and alcohol use. Through a range of initia-

tives, including the creative use of drug courts and drug treatment in correctional institutions, the Administration will make every effort to target chronic, hardcore users and break the insidious cycle of drug use and crime.

The Action Plan for Reducing Crime, Violence, and Drug Availability emphasizes the importance of strong linkages among all elements of the criminal justice system and prevention, education, and treatment efforts. Particular emphasis is given to interventions designed specifically for those at risk of violence—children; youth; and chronic, hardcore drug users. In addition, the 1994 passage of the Violent Crime Control and Law Enforcement Act is resulting in the hiring of additional police officers to patrol neighborhoods, the banning of the sale of assault weapons—the weapons of choice for drug gangs, tough new sentencing laws to get violent and repeat offenders off America's streets, and the expansion of prison capacity. This Action Plan will enhance the coordination of

domestic law enforcement efforts as well as expand border control and money laundering initiatives.

The Action Plan for Enhancing Domestic Drug Program Flexibility and Efficiency at the Community Level expands and improves data collection and distribution at the local level, identifies community-based programs whose efficacy is substantiated by evaluation efforts, simplifies Federal drug grant applications, provides for the conduct of a deregulation campaign to improve community-based service delivery, and creates a pilot project to enable select communities to develop a systematic response to the problems of chronic, hardcore drug use.

The Action Plan for Strengthening Interdiction and International Efforts gives priority to international narcotics control efforts. Federal enforcement agencies will intensify their efforts to dismantle drug trafficking organizations, combat money laundering, and work with units of State and local law enforcement in task force operations to attack drug gangs.

Key to this Action Plan is the controlled shift from past efforts that focused primarily on interdiction in the transit zones to new efforts that focus on interdiction in and around source countries. The Administration also has issued the National Interdiction Command and Control Plan to enhance interdiction command and control functions and has created the United States Interdiction Coordinator position within the Office of National Drug Control Policy (ONDCP) to optimize program effectiveness. In addition, ONDCP is developing a new heroin control strategy to expand and

intensify heroin control efforts in key opium-producing and trans-shipment nations.

To be successful, this *Strategy* must be supported by the level of drug control resources requested by the President in his Fiscal Year 1996 budget. The *Strategy* also depends on the collective refusal of individual Americans to tolerate the dealing and using of illicit drugs. All segments of society—communities, schools, religious groups, law enforcement, health care systems, business, labor, and government—must work together to free America of drug use, trafficking, and related violence.





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