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102D CONGRESS
2d Session

HOUSE OF REPRESENTATIVES

REPORT
102-1070

153682

ANNUAL REPORT
FOR THE YEAR 1991

REPORT

OF THE

SELECT COMMITTEE ON NARCOTICS ABUSE
AND CONTROL

ONE HUNDRED SECOND CONGRESS

FIRST SESSION

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SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL

(102d CONGRESS)

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(II)

153682

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LETTER OF TRANSMITTAL

HOUSE OF REPRESENTATIVES,
SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL,
Washington, DC.

The Honorable Donald K. Anderson, *Clerk*
United States House of Representatives,
Washington, DC. 20515-6601

DEAR MR. ANDERSON: I am pleased to transmit the enclosed report entitled "Annual Report for the Year 1991 of the Select Committee on Narcotics Abuse and Control, 102d Congress, First Session."

This report sets forth the activities of the Committee for calendar year 1991 in accordance with section 306(a)(2) of House Resolution 51.

Respectfully submitted.

Sincerely,

CHARLES B. RANGEL,
Chairman.

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Union Calendar No. 605

102D CONGRESS
2d Session

HOUSE OF REPRESENTATIVES

REPORT
102-1070

ANNUAL REPORT FOR THE YEAR 1991 OF THE SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL

DECEMBER 14, 1992.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. RANGEL, from the Select Committee on Narcotics Abuse and Control, submitted the following

REPORT

COMMITTEE JURISDICTION, AUTHORITY, FUNDING, AND ORGANIZATION

INTRODUCTION

The House of Representatives in the 102d Congress¹ continued the mandate of the Select Committee on Narcotics Abuse and Control which was first enacted in the 94th Congress.² From its inception more than 15 years ago, the committee's primary mandate from the House has remained basically the same: "to conduct continuing oversight and review of the problems of narcotics, drug and polydrug abuse and control." The committee was first established by the House in 1976 and has been reconstituted by the 95th, 96th, 97th, 98th, 99th, 100th, 101st and 102d Congresses.³

The Select Committee on Narcotics Abuse and Control is unique because it is the only congressional committee with the expertise and the broad responsibility and authority to examine the problems of drug abuse and drug trafficking prevention and control in their entirety. The issues involved are extremely complex and cut across a wide range of public policy concerns including law enforcement, the administration of criminal justice, health and health

¹ H.Res. 51, Title III, 102d Congress, adopted February 6, 1991.

² H.Res. 1350, 94th Congress, adopted July 26, 1976.

³ H.Res. 77, 95th Congress, adopted Jan. 11, 1977; H.Res. 3, 96th Congress, adopted March 21, 1979; H.Res. 13, 97th Congress, adopted Feb. 25, 1981; H.Res. 49; 98th Congress, adopted Feb. 8, 1983; H.Res. 22, 99th Congress, adopted March 7, 1987; H.Res. 26, Title III, 100th Congress, adopted Jan. 8, 1987; H. Res. 84, Title III, 101st Congress, adopted February 28, 1989.

care delivery, environmental safety, education, international relations, national security, and government organization.

The Select Committee on Narcotics Abuse and Control possesses oversight, but no legislative jurisdiction. The committee is both a fact-finding and coordinating body. Through its hearings and other activities, the committee provides an overview of drug abuse problems, focuses congressional and public attention on critical drug-related issues, and supports actions by the standing committees of the House with legislative jurisdiction for narcotics abuse and control. Although not empowered to report legislation, the select committee recommends legislative initiatives to the appropriate standing committees and assists their legislative efforts. To facilitate a coordinated approach to drug abuse issues by the House, the select committee's membership includes representatives from nine standing committees with jurisdiction over various aspects of drug abuse prevention and control.

RECONSTITUTION OF THE SELECT COMMITTEE (H. RES. 51)

The text of House Resolution 51, Title III, providing for the continuation of the Select Committee on Narcotics Abuse and Control during the 102d Congress is reproduced on the following pages. Title III of the resolution passed by voice vote on February 6, 1991.

TITLE III—SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL

ESTABLISHMENT

SEC. 301. There is hereby established in the House of Representatives a select committee to be known as the Select Committee on Narcotics Abuse and Control (hereinafter in this title referred to as the "select committee").

FUNCTIONS

SEC. 302. The select committee shall not have legislative jurisdiction. The select committee shall have authority—

(1) to conduct a continuing oversight and review of the problems of narcotics, drug, and polydrug abuse and control, including (but not limited to) the study and review of (A) the abuse and control of opium and its derivatives other narcotic drugs, psychotropics, and other controlled substances, as defined in the Comprehensive Drug Abuse Prevention and Control Act of 1970, and any such drug or substances when used in combination with any other substances; (B) domestic and international trafficking, manufacturing, and distribution; (C) treatment, prevention, and rehabilitation; (D) narcotics-related violations of the Internal Revenue Code of 1954; (E) international treaties and agreements relating to the control of narcotics and drug abuse; (F) the role of organized crime in narcotics and drug abuse; (G) problems of narcotics and drug abuse and control in the Armed Forces of the United States; (H) problems of narcotics and drug abuse and control in industry; and (I) the approach of the criminal justice system with respect to narcotics and drug law violations and crimes related to drug abuse;

(2) to review any recommendations made by the President, or by any department or agency of the executive branch of the Federal Government, relating to programs or policies affecting narcotics or drug abuse or control; and

(3) to recommend to the appropriate committees of the House legislation or other action the select committee considers necessary with respect to program or policies affecting narcotics or drug abuse or control.

APPOINTMENT AND MEMBERSHIP

SEC. 303. (a) The select committee shall be composed of thirty-five Members of the House, who shall be appointed by the Speaker, one of whom he shall designate as chairman. At least one member of the select committee shall be chosen from each of the following committees of the House: The Committee on Agriculture, the Committee on Armed Services, the Committee on Government Operations, the Committee on Foreign Affairs, the Committee on Energy and Commerce, the Committee on the Judiciary, the Committee on Merchant Marine and Fisheries, the Committee on Veterans' Affairs and the Committee on Ways and Means.

(b) Any vacancy occurring in the membership of the select committee shall be filled in the same manner in which the original appointment was made.

(c) For purposes of this section, the term "Members" shall mean any representative in, or Delegate or Resident Commissioner to, the House of Representatives.

AUTHORITY AND PROCEDURES

SEC. 304. (a) For purposes of carrying out this title the select committee is authorized to sit and act during the present Congress at such times and places within the United States, including any Commonwealth or possession thereof, or elsewhere, whether the House is in session, has recessed, or has adjourned, and to hold such hearings as it deems necessary.

(b) The provisions of clauses 1, 2 and 3 of rule XI of the Rules of the House of Representatives shall apply to the select committee.

ADMINISTRATIVE PROVISIONS

SEC. 305. (a) Subject to the adoption of expense resolutions as required by clause 5 of rule XI of the Rules of the House of Representatives, the select committee may incur expenses in connection with its duties under this title.

(b) In carrying out its functions under this title, the select committee is authorized—

(1) to appoint, either on a permanent basis or as experts or consultants, such staff as the select committee considers necessary;

(2) to prescribe the duties and responsibilities of such staff;

(3) to fix the compensation of such staff at a single per annum gross rate as provided by clause 6(c) of rule XI of the Rules of the House of Representatives;

(4) to terminate the employment of any such staff as the select committee considers appropriate; and

(5) to reimburse members of the select committee and of its staff for travel, subsistence, and other necessary expenses incurred by them in the performance of their duties and responsibilities for the select committee, other than expenses in connection with any meeting of the select committee held in the District of Columbia.

REPORTS

SEC. 306. (a)(1) The select committee shall report to the House with respect to the results of any field investigation or inspection it conducts.

(2) The select committee shall submit an annual report to the House which shall include a summary of the activities of the select committee during the calendar year to which the report applies.

(3) The select committee shall report to the House its recommendations for a comprehensive program to control the worldwide problem of drug abuse and drug trafficking.

(b) Any such report which is made when the House is not in session shall be filed with the Clerk of the House.

FUNDING OF THE SELECT COMMITTEE (H. RES. 92)

Funds for the operation of the Select Committee on Narcotics Abuse and Control during 1991 were provided in H. Res. 92, the omnibus measure authorizing amounts for expenses of investigations and studies by standing and select committees of the House in the first session of the 102d Congress. Approved March 20, 1991, the resolution included \$729,502 for the select committee.

COMMITTEE RULES

On February 28, 1991, the select committee adopted the following rules for the 102d Congress.

RULES OF THE SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL

RULE 1. GENERAL

The Rules of the House of Representatives, to the extent they apply, together with the following rules, shall be the rules of the committee.

RULE 2. MEETINGS

(a) The regular meeting day of the committee for the conduct of its business shall be on the second Thursday of each month while the Congress is in session.

(b) Additional meetings may be called by the chairman and a regular meeting of the committee may be dispensed with when, in the judgment of the chairman, there is no need therefor.

(c) Special meetings may be convened as provided for by clause 2(c)(2) of Rule XI of the Rules of the House.

(d) At least 3 days (excluding Saturdays, Sundays, and legal public holidays) before each scheduled committee meeting, each

member of the committee shall be furnished a list of the subjects to be considered or acted upon at such meeting.

RULE 3. HEARINGS

(a) Members of the committee shall be advised and a public announcement shall be made of the time, date, place, and subject matter of any hearing to be conducted by the committee at least 1 week before the commencement of such hearing, unless the chairman determines that there is good cause to begin such hearing at an earlier date, in which event the chairman shall advise committee members and make the public announcement at the earliest possible date. Any announcement made under this paragraph shall be promptly published in the Daily Digest and promptly entered into the committee scheduling service of the House Information Systems.

(b) Unless authorized by the chairman, a witness shall not be permitted to testify or present evidence at a hearing of the committee, and such testimony or evidence may not be included in the committee hearing record, unless 50 copies thereof have been delivered to the committee at least 48 hours prior to such hearing.

(c) A committee member may question a witness only when recognized by the chairman for such purpose. In accordance with clause 2(j)(2) of Rule XI of the Rules of the House, each committee member shall be allowed 5 minutes to question a witness until each member who so desires has had such opportunity. The chairman shall, insofar as practicable, recognize alternately on the basis of seniority those majority and minority members present at the time the hearing was called to order and others on the basis of their arrival at the hearing. Thereafter, additional time may be extended at the discretion of the chairman.

(d) At any hearing the minority party members of the committee shall be entitled upon request to the chairman by a majority of them before the completion of the hearing, to call witnesses selected by the minority to testify with respect to the subject matter of such hearing during at least 1 day of hearing thereon.

(e)(1) The chairman at an investigative hearing of the committee shall announce in the opening statement the subject of the investigation.

(2) A copy of the Rules of the Committee and clause 2 of Rule XI of the Rules of the House shall be made available to each witness.

(3) Witnesses at an investigative hearing may be accompanied by their own counsel for the purpose of advising them concerning their constitutional rights.

(4) The chairman may punish breaches of order and decorum, and of professional ethics on the part of counsel, by censure and exclusion from the hearing; and the committee may cite the offender to the House for contempt.

(f) Any witness may obtain a transcript copy of his or her testimony given at a public session or, if given at an executive session, when authorized by a majority of the members voting, a majority being present.

RULE 4. COMMITTEE PROCEDURE

(a)(1) Unless otherwise required or permitted by these rules, one-third of the members of the committee shall constitute a quorum for the transaction of committee business. Any committee member present at a committee meeting may make a point of order that a quorum is not present, but a quorum shall be deemed present unless a member who is present objects.

(2) Two members shall constitute a quorum for the purpose of taking testimony and receiving evidence.

(b) Meetings for the transaction of business and hearings of the committee shall be open to the public or closed, in accordance with clauses 2(g)(1), 2(g)(2), or 2(k)(5) of Rule XI of the Rules of the House. No evidence or testimony taken in executive session may be released or used in public session unless authorized by a majority of members voting, a majority being present.

(c) A vote by any member of the committee with respect to any matter being considered by the committee may be cast by proxy if the proxy authorization is in writing, asserts that the member is absent on official business or is otherwise unable to be present at the meeting of the committee, designates the member of the committee who is to execute the proxy authorization, and is limited to a specific matter and any amendments or motions pertaining thereto (except that a member may authorize a general proxy for motions to recess or adjourn, or for other procedural matters). Each proxy to be effective shall be signed by the member assigning his vote and shall contain the date and time of day that the proxy is signed. No proxy may be counted for the purposes of constituting a quorum.

(d) Every motion made to the committee and entertained by the chairman shall be reduced to writing upon the demand of any member, and a copy made available to each member present.

(e) In the absence of the chairman at any meeting or hearing of the committee, the ranking member of the majority party on the committee who is present shall preside at such meeting or hearing.

(f) A complete record of all committee action, including a record of all votes on any question on which a rollcall vote is demanded, shall be maintained by the committee. The result of each such rollcall vote shall be available to the public for inspection at the offices of the committee during normal working hours.

(g) Any member of the committee may demand and the chairman shall order a rollcall vote on any matter considered by the committee.

RULE 5. COMMITTEE REPORTS

(a)(1) Except as provided in paragraph (b), any committee report shall be approved by a majority of the members voting at a meeting at which a majority is present.

(2) A proposed report shall not be considered in a committee meeting unless a copy of the proposed report is provided to each member of the committee at least 5 days (excluding Saturdays, Sundays, and legal public holidays) prior to the meeting.

(b) The chairman is empowered to obtain the approval of any report in any appropriate manner, including by polling the mem-

bers of the committee in writing. In such cases, a copy of the proposed report shall be made available to each committee member for at least 5 calendar days (excluding Saturdays, Sundays, and legal public holidays) and the approval of a majority of the committee is required. The chairman shall promptly notify committee members in writing of the approval or disapproval of the proposed report.

(c) Supplemental, minority, or additional views may be filed in accordance with clause 2(1)(5) of Rule XI of the Rules of the House. The time allowed for filing such views shall be 3 calendar days (excluding Saturdays, Sundays, and legal public holidays) after approval of the proposed report in a meeting of the committee or after the chairman issued a notification of approval pursuant to paragraph (b).

(d) If hearings have been held on the subject matter of the proposed report, every reasonable effort shall be made to have such hearings available to the members of the committee before seeking approval of the proposed report.

RULE 6. POWERS AND DUTIES OF COMMITTEE

(a) For the purpose of carrying out any of its functions and duties, the committee is authorized to sit and act at such times and places within the United States, including any commonwealth or possession thereof, or elsewhere, whether the House is in session, has recessed, or has adjourned.

(b)(1) The committee may require, by subpoena or otherwise, the attendance and testimony of such witnesses and the production of such books, records, correspondence, memorandums, papers, documents and other exhibits and materials, as it deems necessary.

(2) A subpoena may be authorized and issued by the committee in the conduct of any investigation or series of investigations or activities, only when authorized by a majority of the members voting, a majority being present.

(3) Notwithstanding subparagraph (b)(2) of this rule, a subpoena may be authorized and issued in the conduct of any investigation or series of investigations or activities by the chairman upon the concurrence of the ranking minority member on the committee.

(4) Authorized subpoenas shall be signed by the chairman or by any member designated by the committee, and may be served by any person designated by the chairman or such member.

(c) The chairman, or any member of the committee designated from time to time by him, shall report on the meetings, hearings or other activities of the committee to any other committee of the House which has subject matter jurisdiction therein.

RULE 7. BROADCASTING

(a) Whenever any hearing or meeting conducted by the committee is open to the public, the committee may permit such hearing or meeting to be covered in whole or in part, by television broadcast, radio broadcast, and still photography, or by any of such methods of coverage, under the rules established by paragraph (b) of this rule: provided, however, that the chairman shall determine,

in his discretion, the number of television and still cameras permitted in a hearing or meeting room.

(b)(1) If television or radio coverage of any hearing or meeting of the committee is to be presented to the public as live coverage, such coverage shall be conducted and presented without commercial sponsorship.

(2) No witness served with a subpoena by the committee shall be required against his or her will to be photographed at any hearing or meeting or to give evidence or testimony while the broadcasting of such hearing or meeting, by radio, or television, is being conducted. At the request of any such witness who does not wish to be subjected to radio, television, or still photography coverage, all lenses shall be covered and all microphones used for coverage turned off.

(3) The allocation among the television media of the positions of the number of television cameras permitted by the chairman shall be in accordance with fair and equitable procedures devised by the Executive Committee of the Radio and Television Correspondents' Galleries.

(4) Television cameras shall be placed so as not to obstruct in any way the space between any witness giving evidence or testimony and any member of the committee, or the visibility of such witness and such members to each other.

(5) Television cameras shall not be placed in positions which obstruct unnecessarily the coverage of the hearing or meeting by other media.

(6) Equipment necessary for coverage by the television and radio media shall not be installed in, or removed from the hearing or meeting room while the committee is in session.

(7) Floodlights, spotlights, strobolights, and flashguns shall not be used in providing any method of coverage of the hearing or meeting, except that the television media may install additional lighting in the hearing or meeting room, without cost to the Government, in order to raise the ambient lighting level in the hearing or meeting room to the lowest level necessary to provide adequate television coverage of the hearing or meeting at the then current state of the art of television coverage.

(8) In the allocation of the number of still photographers permitted by the chairman to cover a hearing or meeting, preference shall be given to photographers from Associated Press Photos and United Press International Newspictures. If requests are made by more of the media than will be permitted by the chairman, for coverage of a hearing or meeting by still photography, that coverage shall be made on the basis of a fair and equitable pool arrangement devised by the Standing Committee of Press Photographers.

(9) Photographers shall not position themselves at any time during the course of the hearing or meeting between the witness table and the members of the committee.

(10) Photographers shall not place themselves in positions which obstruct unnecessarily the coverage of the hearing or meeting by other media.

(11) Personnel providing coverage by the television and radio media shall be then currently accredited to the Radio and Television Correspondents' Galleries.

(12) Personnel providing coverage by still photography shall be then currently accredited to the Press Photographers' Gallery.

(13) Personnel providing coverage by the television and radio media and by still photography shall conduct themselves and their coverage activities in an orderly and unobtrusive manner.

RULE 8. COMMITTEE RECORDS

The records of the committee at the National Archives and Records Administration shall be made available for public use in accordance with rule XXXVI of the Rules of the House of Representatives. The chairman shall notify the ranking minority member of any decision, pursuant to clause 3(b)(3) or clause 4(b) of the rule, to withhold a record otherwise available, and the matter shall be presented to the committee for a determination on the written request of any member of the committee.

RULE 9. AMENDMENT OF RULES

The Rules of the Committee may be modified, amended, or repealed, by a majority of the members voting at a meeting at which a majority is present. Written notice of any proposed change shall be provided to each member of the committee not less than 3 calendar days (excluding Saturdays, Sundays, and legal holidays) before the meeting date on which such change is to be considered.

COMMITTEE MEMBERSHIP

The membership of the Select Committee on Narcotics Abuse and Control as of December 1991 is listed on page II of this report. The committee membership was expanded by H. Res. 51 from 30 to 35 members. The committee is composed of 21 Democrats and 14 Republicans, an increase of 3 and 2, respectively. On February 21, 1991, the Speaker appointed the members of the select committee.

COMMITTEE STAFF

The select committee's average staff level during 1991 consisted of 10 full-time professional staff, 2 shared professional staff, and 6 staff assistants. During the course of the year the committee had several student interns and fellows of the Congressional Black and Hispanic Caucuses who assisted the committee in its work. The select committee's printing and editorial needs were met by a detailee from the Government Printing Office. A complete list of the committee staff as of December 31, 1991, is listed on page II of this report.

COMMITTEE MEETINGS

The select committee held three business meetings in 1991. On February 28 and March 20, 1991, the committee met to organize for the first session of the 102d Congress. The committee adopted rules and discussed its priorities and agenda for the upcoming year.

On November 13, 1991, the committee met to review activities planned or under consideration for the remainder of the year. The committee also discussed plans for committee activities in the second session of the 102d Congress.

OVERVIEW OF THE DRUG PROBLEM IN 1991

INTRODUCTION

Revolutionary changes in the international landscape during 1991 were accompanied by alterations in the United States' domestic condition. The Soviet Union collapsed and was replaced by the Confederation of Independent States. Operation Desert Storm successfully drove Saddam Hussein out of Kuwait. At home, General Motors announced plans to lay off 74,000 workers, and unemployment continued to grow throughout the United States. The number of AIDS cases increased, as did the number of homeless. And drug abuse remained a scourge on American society.

America's drug crisis in 1991 continued to develop on two fronts: the middle class, casual drug users, who according to government surveys, showed a growing aversion to illicit substance abuse, and the underprivileged, addicted drug users, whose numbers, and desperation, increased.

Although casual drug use continued to decline among the general population, drug addiction persisted among the most vulnerable members of society. According to the National Household Survey, the number of people using illicit drugs within the past month decreased from 12.9 million in 1990 to 12.6 million in 1991. Among high school seniors, illicit drug use within the past year decreased from 33 percent of all students in 1990 to 29 percent in 1991. HHS reported that drug use among America's high school seniors in 1991 stood at the lowest level since the senior surveys began in 1975.

On the other hand, the number of Americans engaged in frequent cocaine use increased by 30 percent from 1990 to 1991. Drug-related emergency room episodes jumped from 89,325 in the last quarter of 1990 to 100,381 in the second quarter of 1991. The number of such episodes had declined beginning in 1989 and throughout 1990.

Drug use patterns shifted during 1991. Despite a decrease in overall drug consumption among the general population, cocaine use increased from last year's level. The number of people who used cocaine within the past month rose from 1.6 million in 1990 to 1.9 million in 1991, and cocaine emergency room episodes increased 31 percent in the first six months of 1991. Heroin use also seemed to expand, as indicated by the 26 percent rise in heroin-related emergency room mentions in the first half of 1991.

Entrenched drug abuse brought family dissolution, crime, violence, and other concomitant problems. According to the Federal Bureau of Prisons, 51 percent of Federal inmates are incarcerated for drug offenses. The Department of Justice reported that one in three inmates convicted of robbery or burglary said they committed their crimes to obtain money for drugs.

According to the Centers for Disease Control, 31 percent of all AIDS cases are linked in some way to intravenous drug use. Half of all AIDS cases among women, and 73 percent of all pediatric AIDS cases, are attributable to IV drug use. The National Commission on AIDS has estimated that in New York City, 50 percent of the roughly 200,000 heroin addicts are HIV-positive.

An estimated one in ten children born in the United States is exposed to drugs in the womb. By the year 2000, as many as 60 percent of all inner-city school children could be prenatally drug-exposed. Between 30 and 50 percent of drug-exposed children in New York City enter foster care.

Over 34 percent of all child abuse cases are related to alcohol or drug use by the abusing parent. In New York City, it is estimated that 73 percent of child abuse cases are drug-related.

In testimony before the Ways and Means Committee in December, OMB Director Richard Darman stated that substance abuse costs the United States as much as \$300 billion per year in lost productivity and revenues, as well as added health care, criminal justice and social service costs.

The Select Committee continued its oversight of Federal anti-drug abuse efforts throughout 1991. During the year, the Office of National Drug Control Policy (ONDCP), established by the Anti-Drug Abuse Act of 1988 to coordinate all Federal anti-drug activities, underwent major staff changes. President Bush nominated former Governor Bob Martinez of Florida to replace William Bennett as drug policy director.

After his confirmation by the Senate in March, the three top policy positions at ONDCP under the director turned over. In May, Reggie B. Walton, associate director for state and local affairs, was replaced by Kay Coles James, former assistant secretary for public affairs at the Department of Health and Human Services and former director of public affairs at the National Right to Life Commission. Her nomination was pending Congressional approval at year's end. In October, Stanley E. Morris, deputy director for supply reduction, stepped down and was replaced by John Walters, the former chief of staff under director Bennett. Deputy director for demand reduction, Dr. Herbert D. Kleber, resigned in November; no replacement had been announced as of the end of the year. Finally, the 1991 Department of Defense authorization directed ONDCP to hire a "chief scientist" to coordinate drug-related research and development; the position of director of the Counter-Drug Technology Assessment Center was filled in December by Dr. Albert Brandenstein, former director of the Defense Acquisition Research Agency.

The President's request for anti-drug funding for Fiscal Year (FY) 1992 was \$11.7 billion. This represented a \$1.1 billion, or 11 percent increase over 1991 anti-drug funding outpacing inflation by about 6.2 percent.

The President's budget allocated 70 percent of his anti-drug request to supply reduction efforts and 30 percent to demand reduction efforts, nearly the same allocation as for fiscal year 1991.

The President requested a 12.1 percent increase in funds for supply reduction, which includes criminal justice, interdiction, international, research, and intelligence components, and an 8 percent increase in demand reduction, which includes treatment and prevention efforts.

The House-passed budget resolution for 1992 assumed an increase of \$142 million over the President's anti-drug budget. Overall anti-drug funding finally approved by the Congress for 1992 at

least matched and may have exceeded the total requested by the President, although amounts approved for specific programs varied from the President's request.

The Select Committee held eleven hearings in 1991. An oversight hearing on the National Drug Control Strategy was held on February 6. Regarding international anti-drug efforts, the Select Committee held a hearing on the Andean strategy on June 11 and examined the heroin control strategy on May 9. Federal drug interdiction efforts were examined on June 20. On criminal justice issues, the Select Committee looked into drug abuse treatment in prisons on May 14, explored the role of the Justice Department in the war on drugs on July 25, reviewed intervention efforts with substance abusing criminal offenders on October 25, and, on July 15, the Select Committee held a field hearing in Buffalo, New York, to investigate drug trafficking and abuse along the northern U.S. border. The effectiveness of drug abuse treatment was explored on October 17, and the Select Committee held two hearings regarding drug-exposed children in the schools on July 30 and September 13. The Select Committee also took two study missions, one to Panama and Colombia in January, and the other to Syria, Pakistan, Israel, and Italy in August.

DRUG TRENDS AND INDICATORS

Precise data on the nature and extent of drug abuse and drug trafficking are not available because most drug-related activities are illegal and clandestine. Through a variety of indicators and the results of Federal surveys, however, a picture of the drug problem in our country emerges. Some of these indicators include estimates of drug production, drug seizures, drug arrests and drug price and purity. Drug use patterns and trends are monitored in the Federal Household and High School Senior Surveys, the Drug Abuse Warning Network [DAWN] and the Drug Use Forecasting [DUF] System.

While these indicators fluctuate from year to year, the general picture is quite clear. Illicit drugs in our Nation remain readily available, cheap and potent. Casual use of drugs continues to decline gradually, but hard-core drug use and addiction remain persistent and may be increasing. In addition, there are renewed concerns about increased heroin use, prompted by rising indicators of heroin supplies and heroin-related emergency room episodes.

Some of the indicators are reviewed briefly in the following paragraphs.

DRUG SUPPLY

Drug Seizures

Interdiction agencies generally succeed in intercepting only an estimated 5 to 15 percent of illicit drugs directed at the United States each year. While the amount of drugs intercepted varies from year to year, the percentage of total imports seized is thought to remain roughly the same.

Many Federal agencies are involved in removing illicit drugs from the market. The Federal-Wide Drug Seizure System (FDSS) reflects the combined drug seizure efforts of the Drug Enforcement Administration [DEA], the Federal Bureau of Investigation [FBI],

and the U.S. Customs Service within the jurisdiction of the United States, as well as maritime seizures by the U.S. Coast Guard. FDSS was developed to eliminate duplicate reporting of seizures involving more than one Federal agency. The following table indicates the total amount of heroin, cocaine and cannabis seized in each of fiscal years 1989-1991 by the Federal agencies participating in FDSS:

Federal Drug Seizures

| | Fiscal year | | |
|-----------------|------------------------------------|----------------------------------|----------------------------------|
| | 1989 | 1990 | 1991 |
| Heroin | 1,095.2 KGS (2,414.5 LBS) | 813.9 KGS (1,794.4 LBS) | 1,379.2 KGS (3,040.5 LBS) |
| Cocaine | 99,200.0 KGS (218,694.9 LBS) | 106,692.9 KGS (235,213.6 LBS) | 108,432.3 KGS (239,048.3 LBS) |
| Cannabis | 508,982.1 KGS (1,122,094.6 LBS) | 226,940.5 KGS (500,309.8 LBS) | 303,900.2 KGS (669,974.1 LBS) |
| Marijuana | 485,585.0 KGS (1,070,513.7 LBS) | 219,201.3 KGS (483,248.0 LBS) | 223,063.0 KGS (491,763.5 LBS) |
| Hashish..... | 23,397.1 KGS (51,580.9 LBS) | 7,739.2 KGS (17,061.8 LBS) | 80,836.3 KGS (178,210.6 LBS) |

Drug Arrests and Enforcement

The number of state and local arrests for drug offenses decreased from 1,361,700 in 1989 to 1,089,500 in 1990, the latest year for which such data are available. The current number still dwarfs 1981's total of 559,900 arrests for drug offenses. In 1981, drug arrests comprised 5.2 percent of all arrests reported to the FBI; that proportion had risen to 7.7 percent by 1990.

According to the Administrative Office of the U.S. Courts, of the 46,725 defendants convicted between July 1989 and June 1990, 35 percent, or 16,188 defendants were convicted of Federal drug offenses. Of these defendants—

- 13,036 pleaded guilty
- 31 pleaded no contest
- 2,973 were convicted in a jury trial
- 148 were convicted in a bench trial

Of the 16,188 defendants sentenced for drug offenses in the Federal courts—

- 13,838 were sentenced to imprisonment (including 257 defendants receiving sentences that included a term of incarceration and probation)

The average sentence length was 79.3 months

2,135 were sentenced to an average 32.3 months probation

64 were fined, and 151 received other sentences, including deportation, suspended sentences, and life sentences.

Drug Price and Purity

Changes in the price and purity of illicit drugs are generally reliable indicators of their availability, with rising prices and lower purities accompanying shrinking supplies while lower prices and higher purities indicate increased availability.

Cocaine. Stepped-up international enforcement efforts in the latter part of 1989 into 1990 led to short-term (six month) disruptions in cocaine trafficking with corresponding fluctuations in price and purity. By late 1990, the prices (wholesale) nationally for a kilogram of cocaine ranged from \$13,000 to \$40,000, compared to a range of \$11,000 to \$35,000 in late 1989. Prices fell at year's end for an overall yearly average of \$11,000-\$40,000 per kilogram. Reflecting the changes in supply, the average purity of a kilogram of cocaine also fell from 87 percent in 1989 to 80 percent in 1990. Gram and ounce purities also declined in 1990.

In 1991, cocaine once again was readily available in all major U.S. cities. The national price range for a kilogram of cocaine remained stable at \$11,000-\$40,000, but prices dropped significantly in many metropolitan areas including New York (-26 percent), Los Angeles (-13 percent), Chicago (-9 percent) and Miami (-5 percent). Cocaine purity increased at the kilogram, ounce and gram levels, retuning to near the levels reported in 1989, as indicated in the following table:

Cocaine Purity, 1989-91

[In percent]

| | 1989 | 1990 | 1991 |
|---------------|------|------|------|
| Kilogram..... | 87 | 80 | 86 |
| Ounce..... | 75 | 58 | 72 |
| Gram..... | 66 | 54 | 59 |

Source: DEA.

Heroin. Trends in heroin price and purity are not as clear, with wide fluctuations documented due to the numerous and diverse sources abroad for heroin and a variety of other factors. In general, however, heroin is readily available in areas with concentrations of heroin users. According to DEA, the most discernible trend indicates that prices for gram, ounce and kilogram quantities of heroin at the lower end of the price range have declined from 1988 to 1991. Coupled with generally high purities encountered at the street level, these developments indicate increased availability of heroin.

From 1990 to 1991, the low-end price for a kilogram of heroin fell from \$65,000 to \$50,000; for an ounce, the price fell from \$1,000 to \$900; and for a gram of heroin powder, the low-end price fell from \$50 to \$40, while the price for a gram of black tar heroin increased slightly from \$100 to \$110. According to DEA's Domestic Monitor Program, which monitors the street-level heroin situation, the average price per milligram of pure heroin in 1991 was \$2.17 compared to \$2.15 for 1990, \$1.79 for 1989 and \$2.66 for 1988. The national average price for heroin in 1991 is 18 percent below 1988 and substantially under those recorded in the early 1980's when prices were near or above \$3.00, reaching \$3.90 in 1980 and \$3.56 in 1984. Average heroin prices locally in 1991 ranged from a low of \$.66 in Puerto Rico and \$.73 in New York up to \$5.55 in St. Louis.

Average heroin purity nationally in 1991 was 26.6 percent compared to 18.2 percent in 1990, 25.2 percent in 1989 and 23.6 percent in 1988. The 26.6 percent average for 1991 far exceeds average puri-

ties of 6.5-7.0 percent commonly found in the early 1980's and the 3.6 percent purity level in 1980. Average heroin purities locally in 1991 ranged from a high of 58.1 percent in Boston to a low of 2.4 percent in St. Louis. Highest purities were found on the east coast. In New York, the purity of heroin samples analyzed by DEA ranged from 6.6 percent to 95.6 percent, and samples encountered in other northeast cities were 70-90 percent pure. The availability of high-grade heroin that can be snorted or smoked provides a ready alternative to heroin injectors concerned about HIV/AIDS transmission through intravenous drug use. It also makes the drug more attractive to non-heroin users who have shunned the drug in the past for fear of needles, and to cocaine users looking for a drug to counter cocaine's stimulative effects. These factors are among the reasons leading to renewed concerns that the country could see a major upswing in heroin use.

Marijuana. Reflecting decreased availability, the national average price range (wholesale) for a pound of commercial grade marijuana increased from \$250-\$3,000 in 1990 to \$400-\$3,000 in 1991. Similarly, at the retail level, the price of an ounce of marijuana went up from \$25-\$300 in 1990 to \$40-\$550 in 1991. The average potency of marijuana, as measured by THC content declined from 3.63 percent in 1990 to 3.13 percent in 1991. For sinsemilla, a high-grade form of marijuana, the average price per pound increased from \$400-\$4,100 in 1990 to \$1,500-\$6,000 in 1991. At the ounce level, prices increased from \$80-\$350 in 1990 to \$100-\$450 in 1991. According to DEA, the price for sinsemilla in Hawaii has escalated dramatically due to successful eradication efforts there that eliminated an estimated 85 percent of the crop. The potency of sinsemilla, however, also increased from 10.15 percent in 1991 to 11.72 percent in 1991.

Narcotics Crop Production

Production levels of illicit narcotics crops are another indicator of drug supplies. In general, worldwide production estimates for coca and opium have increased significantly in recent years, while estimated marijuana production has fallen overall. According to State Department estimates, worldwide opium production increased sharply from 2,881 metric tons in 1988 to 3,819 metric tons in 1991. Coca leaf production also increased over this time period from 293,700 metric tons to 331,140 metric tons. Estimated marijuana production abroad declined from 17,455 metric tons in 1988 to 13,365 metric tons in 1991, after spiking up to nearly 37,000 metric tons in 1989. Estimated U.S. marijuana production fell from about 5,000-6,000 metric tons in 1989 and 1990 to about 3,615-4,615 metric tons in 1991.

DRUG DEMAND

Treatment Resources and Need. Estimates of the demand for treatment are imprecise and varied, and data on treatment resources are incomplete. Regardless of the exact numbers, the overall picture based on available information is of a treatment system that is unable to meet existing needs.

The National Institute on Drug Abuse has estimated that 6.5 million people in the United States use drugs in a manner that significantly impairs their health and ability to function. A 1990 study by the Institute of Medicine (IOM) estimated that 5.5 million people need drug treatment. Of this number, IOM concluded that about 2.5 million drug-dependent individuals are clearly in need of treatment, including 1.4 million in the household population and another 1.1 million under criminal justice supervision. Another 3 million persons are less severe drug abusers who probably need treatment. The IOM study found that in 1987 there were about 260,000 clients in treatment at any one time with annual admissions numbering about 850,000. Even allowing for an incomplete count of providers, IOM concluded that the need for treatment clearly exceeds annual admissions by a substantial amount.

According to a 1989 survey by the National Association of State Alcohol and Drug Abuse Directors [NASADAD], 41 states and the District of Columbia reported that a total of slightly more than 1.4 million persons per year received alcohol and other drug treatment. These states estimated that the total number of additional people needing substance abuse treatment is nearly 10.6 million. Another NASADAD survey conducted the same year, to which 44 states and the District of Columbia responded, reported a total of 66,766 persons waiting for treatment. Approximately half of those on waiting lists had been waiting for 30 days or more. The survey also found an average wait of 22 days for admission to outpatient treatment and 45 days for admission to residential treatment.

The Administration's annual National Drug Control Strategy for January 1992 estimates that there are 2.77 million drug users in the Nation who need and can benefit from drug treatment (close to the IOM's estimate of 2.5 million drug-dependent Americans who clearly need treatment). Assuming about 600,000 treatment slots nationally, the strategy estimates an annual capacity to serve 1.7 million Americans, substantially short of the overall need for treatment.

Under all of the above analyses, it is clear that fewer drug treatment slots exist in the United States than people needing and seeking treatment. While there may be treatment spaces available in some areas, waiting lists still persist in many others. In addition, there is no accurate way to measure the number of people who need treatment but are dissuaded from applying for it due to the paucity of treatment slots. This is a particularly acute problem among pregnant drug abusers. Many drug treatment programs refuse to admit pregnant women for fear of liability after a poor pregnancy outcome. In New York City, for example, over 50 percent of treatment facilities refuse to accept pregnant women.

Admissions to treatment programs are another measure of the extent of drug abuse problems. Such data are collected and analyzed by NASADAD under the State Alcohol and Drug Abuse Profile [SADAP] contract with the Federal Government. The data provided to NASADAD by state alcohol and drug abuse agencies are included for only those programs that receive some funds administered by the state alcohol/drug agency.

For fiscal year 1990, the most current year for which data are available, 48 states, the District of Columbia, Guam and Puerto

Rico reported 662,711 admissions to drug abuse treatment. Drug client admissions were 63.8 percent male; 17.1 percent under the age of 21 and 22.5 percent age 35 and older; 47.5 percent white; 30.3 percent African-American; and 9.5 percent Hispanic. For the third consecutive year, cocaine was reported as the leading primary illicit drug of abuse, topping heroin, the previous leader. A table showing drug abuse treatment admissions by primary drug of abuse for FY 1990 follows:

Drug client treatment admissions by primary drug of abuse for fiscal year 1990

In treatment for:

| | <i>Number</i> |
|------------------------------------|---------------|
| Cocaine..... | 238,071 |
| Heroin | 154,680 |
| Marijuana and/or hashish..... | 110,477 |
| Amphetamines | 22,848 |
| Barbituates..... | 3,855 |
| Other sedatives/tranquilizers..... | 5,240 |
| Hypnotics | 4,151 |
| Other opiates/synthetics..... | 14,637 |
| PCP..... | 4,813 |
| Other hallucinogens..... | 4,598 |
| Inhalants..... | 2,505 |
| Over-the-counter..... | 710 |
| Other drugs..... | 87,190 |
| Non-RX methadone..... | 1,192 |
| Not reported | 27,744 |

Total client treatment admissions for fiscal year 1990 662,711

Source: National Association of State Alcohol and Drug Abuse Directors.

The next two tables compare drug client admissions for fiscal years 1985-1990 by total admissions and by the top three primary drugs of abuse. Forty-three (43) states, the District of Columbia and Puerto Rico were able to provide information for all six years. Over this time period, total drug abuse client admissions to treatment increased steadily from about 298,000 in 1985 to more than 651,000 in 1990, an increase of 353,455 or 119 percent over the six-year period. While the increases reported may be due in part to more complete reporting made possible by enhanced data systems, the overall trend of significant increases in drug treatment admissions seems evident. The growth in cocaine-related admissions is also clear and compelling with admissions for cocaine as the primary drug of abuse increasing by nearly 200,000, or 514 percent, over the six years covered. During that same period, heroin admissions rose 77 percent and marijuana/hashish admissions rose 86 percent.

Total drug client admissions, fiscal years 1985-90

| | <i>Number</i> |
|-----------|---------------|
| 1985..... | 297,845 |
| 1986..... | 366,462 |
| 1987..... | 428,615 |
| 1988..... | 504,890 |
| 1988..... | 581,328 |
| 1990..... | 651,300 |

Source: National Association of State Alcohol and Drug Abuse Directors.

Client Treatment Admissions By Top 3 Primary Drugs Of Abuse

| Fiscal year | Heroin | Cocaine | Marijuana/ hashish |
|-------------|---------|---------|-----------------------|
| 1985..... | 87,043 | 38,323 | 57,578 |
| 1986..... | 82,927 | 55,757 | 68,491 |
| 1987..... | 94,299 | 81,356 | 57,473 |
| 1988..... | 115,308 | 137,343 | 76,948 |
| 1989..... | 122,612 | 206,480 | 95,253 |
| 1990..... | 153,852 | 235,202 | 106,885 |

Source: National Association of State Alcohol and Drug Abuse Directors.

NASADAD also asked each state to provide information on the total number of clients admitted to treatment who were intravenous [IV] drug abusers and estimates of the total number of IV drug users within each state. Forty-eight (48) jurisdictions reported 223,350 IV drug abuser client admissions to all programs for FY 1990, led by California with nearly 52,000 such admissions. The total number of IV drug abusers estimated by the 39 jurisdictions that responded to this inquiry was 1,644,290. The highest estimates of IV drug users were provided by New York (260,000), California (222,000) and Texas (187,926).

NASADAD's state alcohol and drug abuse profile report also includes financial and program data. For 1990, NASADAD reported that total expenditures for alcohol and other drug abuse services exceeded \$2.9 billion. States provided \$1.4 billion or 47.6 percent, Federal sources accounted for \$844.7 million or 7.7 percent, and other sources provided \$457.6 million or 15.7 percent. Nearly three-quarters of the total was allocated for treatment services, about 15 percent for prevention activities and the remainder for other uses including training, research, administration and capital construction. Since 1985, the average total increase in expenditures for state-supported alcohol and other drug services was 114.3 percent. Finally, for 1990, a total of 7,743 treatment units received funds from state substance abuse agencies, including 1,399 alcohol units, 1,151 other drug units and 5,193 combined alcohol and other drug units.

Drug Abuse Trends

The Federal Government maintains two national databases that monitor drug use in the U.S. population. These are the National Household Survey on Drug Abuse and the National High School Senior Survey, both conducted annually. Information on drug use is also derived from the Drug Abuse Warning Network [DAWN] and the Drug Use Forecasting [DUF] system.

The 1991 Household Survey was the 11th in a series that has tracked trends in drug abuse since 1971, covering the population age 12 and over. Personal interviews and self-administered questionnaires from 32,594 randomly selected respondents provided 1991's data results. This year's respondent pool was the largest in the survey's history in an attempt to respond to criticisms about the small number of responses used to produce national estimates. It also included an oversampling of African-Americans, Hispanics, and young people, to try to compensate for the fact that these

groups are not always reached through the Household Survey. For the first time, the survey included persons living in college dormitories, homeless shelters, and civilians in military institutions. As in previous years, however, the survey did not include transient populations such as the homeless not living in shelters and arrestees.

This year's High School Senior Survey, the 17th in an annual series since 1975, questioned 15,483 seniors on their drug use and their attitudes about drugs. For the first time, the survey also included 18,000 eighth grade students in 162 private and public schools and 16,000 tenth grade students in 122 public and private schools. This is intended to provide baseline data that will be used to assess drug use by dropouts in future years.

DAWN collects data on the consequences of drug abuse by measuring drug-related episodes and mentions in a nationally representative sample of hospital emergency rooms in the United States. DAWN is designed to monitor drug abuse patterns and trends, identify new drugs or combinations of drugs being abused, and provide data for national, state, and local drug abuse policy development.

DUF collects information on drug use among persons arrested mainly for serious non-drug crimes in major urban areas. In 1991, DUF was operating in 24 sites. Although DUF data cannot be generalized to the rest of the Nation, it does provide an insight into the offender population, a segment of society among whom drug use is widespread. DUF is the only new drug data system developed in the past decade.

The committee notes that estimates of drug use based on these surveys and data systems should be viewed as conservative. As the General Accounting Office [GAO] pointed out in its January 1991 report on the crack cocaine epidemic to the Select Committee, because the Household and Senior Surveys do not include certain populations, namely high school dropouts, patients at drug treatment centers, the homeless and arrestees, their numbers underestimate the actual extent of the drug problem. GAO said if these populations were considered, estimates of drug use may be much higher. For example, according to one NIDA study, dropouts use 50 percent more cocaine and 80 percent more marijuana than high school graduates. An estimated one in four American students drops out. Although some groups missed by the survey constitute a small proportion of the population, their rates of drug use are known to be high.

Data from the DUF program, which measures drug use among criminal arrestees in urban areas across the country, frequently are minimum estimates of drug use in the male arrestee population, according to the National Institute of Justice which administers the DUF program. This is because DUF samples primarily serious non-drug offenders. Only a limited number of males charged with drug offenses, who are most likely to be using drugs at arrest, are included.

The DAWN system is also likely to provide a very incomplete picture of the actual extent of the adverse medical consequences related to drug use. Testimony before the committee by emergency room physicians indicates that DAWN, as well as other hospital

surveillance systems, often omit mention of drugs when emergency room episodes involve trauma or other indirect effects of drug abuse.

In addition, the Household and Senior Surveys, and to a great extent DAWN, reflect self-report data. Because drug usage is a sensitive issue, and also because many users deny, even to themselves, that they have a drug problem, self-report data are likely to provide substantial underestimates of actual drug use.

The DUF program underscores concerns about the accuracy of self-report data and the omission of dropouts from the Senior Survey. DUF collects drug use and other information from criminal arrestees using personal interviews and urinalysis. DUF has documented that the rate of cocaine use among tested arrestees is 2 to 3 times higher than that reported by the arrestees in interviews. In addition, in 1988, DUF documented that more than one-third of all arrestees and more than 60 percent of Hispanic arrestees dropped out of school before the 12th grade. DUF concluded that it is evident that this highly deviant and drug-abusing portion of the population is omitted from high school senior surveys. The DUF researchers said a more representative picture of national drug use could be obtained by integrating epidemiological information from diverse segments of the population. The committee urges the Federal Government to improve its data collection methodologies to give policymakers a better grasp of drug abuse in America.

In recent years both the Household and Senior Surveys have reported significant declines in casual drug use and generally hardening attitudes against drugs and drug use. The Household Survey shows that marijuana use peaked in 1979 and cocaine use peaked in 1985. The 1991 Household Survey generally confirms the previously reported decrease in casual drug use but shows that rates of decline are slowing or leveling off. However, survey results as well as DAWN and DUF data indicate that hard-core drug use and addiction is a serious and increasing problem and that rates of drug use among certain segments of the population, e.g., those involved in crime, are much higher than the general population.

Household Survey. According to the 1991 Household Survey, current use of any illicit drug, defined as use in the past 30 days, has dropped 45 percent in the past 6 years from 23 million in 1985 to 12.6 million in 1991. Of the U.S. household population age 12 and older, almost 13 percent (26 million people) used illegal drugs in the past year, and 6.2 percent (12.6 million) are current users. Current use has increased among those over 35 indicating that those who began using drugs during the peak years of the late 1970's and early 1980's continue to use drugs.

As in past years, the 1991 data show a correlation between drug abuse and dropping out of school. Among 20- to 34-year-olds who did not complete high school, 16.6 percent were current drug users, compared to 9.9 percent of high school graduates. A similar correlation is evident with regard to employment: 21.5 percent of young adults age 18 to 34 who are unemployed reported current use of illicit drugs compared to 9.7 percent of those who were employed full-time.

Between 1990 and 1991, current (past-month) illicit drug use among Americans aged 12 and older decreased from 6.4 percent to

6.2 percent of the population. Rates for males and females were 7.5 percent and 5 percent, respectively. Such drug use among the employed decreased from 8.4 million to 7.5 million. However, the number of unemployed users increased from 2.9 million to 3.8 million. Current drug use among adolescents decreased from 1.6 million in 1990 to 1.3 million in 1991. However, the proportion of 12- to 17-year-olds who perceived "great risk" in using cocaine occasionally declined from 80.4 percent in 1990 to 74.8 percent in 1991, suggesting the importance of maintaining strong anti-drug prevention and education messages to prevent erosion in positive attitude and behavior changes.

High School Seniors. The 1991 High School Senior Survey found that overall trends in illicit drug use among high school seniors were down from the previous year. The use of any illicit drug in the past year was down from 33 percent in 1990 to 29 percent in 1991, and the proportion of seniors who reported having ever used any illicit drug fell from 48 percent in 1990 to 44 percent in 1991.

Current cocaine use (use at least once in the 30 days prior to the survey) decreased from 1.9 percent in 1990 to 1.4 percent in 1991, a drop of 79 percent since the peak in 1985. Current use of crack (0.7 percent) showed no change from 1990. Annual use of cocaine (use in the past year) was down from 5.3 percent in 1990 to 3.5 percent in 1991.

Although annual use of marijuana decreased from 27 percent in 1990 to 24 percent in 1991, and is down from a peak of 51 percent in 1979, marijuana still remains the most widely used illicit drug among high school seniors. Lifetime use was down from 40.7 percent in 1990 to 36.7 percent in 1991.

Binge drinking (5 or more drinks at one sitting) in the past 2 weeks was reported by 13 percent of 8th graders, 23 percent of 10th graders, and 30 percent of seniors.

Similar to the Household Survey, the High School Senior Survey found a small decrease in the number of seniors who perceive risk of harm from occasional crack use, with approximately 25 percent perceiving little harm from occasional crack use.

DAWN. As casual use of drugs appeared to decline significantly in the latter part of the 1980's, the adverse medical consequences of drugs as measured by DAWN, often viewed as an indicator of hard-core drug use, climbed dramatically. Drug emergency room [ER] mentions and episodes soared from 1984 through 1988, with cocaine mentions increasing about five-fold as the popularity of cocaine and crack spread rapidly. Heroin ER episodes also increased significantly during this time period. In 1989, total DAWN ER episodes, and mentions for both cocaine and heroin, began to level off. Then, in 1990, total DAWN ER episodes fell nearly 13 percent from the previous year while cocaine mentions dropped 27 percent and heroin mentions declined almost 18 percent. These data were hailed by the administration as evidence of significant progress against hard-core drug abuse, although the committee noted at the time that DAWN mentions, especially for cocaine, remained very high and far above the levels recorded before the cocaine epidemic.

In December 1991, the DAWN results for the first two quarters of 1991 were released, showing a reversal in the trends from 1990. Total DAWN ER episodes rose slightly more than 12 percent from 89,325 in the last quarter of 1990 to 100,381 for the second quarter of 1991. Cocaine ER mentions increased 31 percent from 19,381 to 25,370 in the first 6 months of 1991, and heroin-related ER mentions increased 26 percent from 7,510 to 9,432. Marijuana/hashish mentions also increased 36 percent over this period.

Among African-Americans and Hispanics, the increases in DAWN ER episodes (for any drug) were 26 percent and 23 percent, respectively, while the increase among whites was 8.5 percent. For cocaine, heroin and marijuana, however, increases were more pronounced among whites, as shown in the following table:

Changes In DAWN ER Episodes By Race, 4th Quarter 1990 To 2d Quarter 1991

(In percent)

| | All Races | White | African-American | Hispanic |
|------------------------|-----------|-------|------------------|----------|
| Total episodes..... | +12 | +8.5 | +26 | +23 |
| Cocaine..... | +31 | +41 | +29 | +39 |
| Heroin..... | +26 | +37 | +18 | +18 |
| Marijuana/hashish..... | +36 | +60 | +21 | -13 |

DAWN trends in total episodes and mentions were similar for all ethnic groups for the first 6 months of 1991. Although increases in serious drug use reported in the 1991 Household Survey (discussed below) were attributed mainly to continued drug-using behavior by aging Americans (35 and older) who began their drug use years ago, the majority of DAWN ER episodes and the larger increases, as shown in the table below, were generally among younger persons (age 6-34) except for marijuana where ER episodes among those 35 and older increased by 128 percent.

DAWN ER Episodes By Age, 4th Quarter 1990 To 2d Quarter 1991

| | Oct.-Dec. 1990 | | April-June 1991 | | Percent change |
|--------------------|----------------|---------|-----------------|---------|----------------|
| | Number | Percent | Number | Percent | |
| Total: | | | | | |
| Age 6-34..... | 59,495 | 67 | 67,579 | 67 | +14 |
| Age 35+..... | 29,629 | 33 | 32,624 | 33 | +10 |
| Cocaine: | | | | | |
| Age 6-34..... | 13,482 | 70 | 17,687 | 70 | +31 |
| Age 35+..... | 5,857 | 30 | 7,588 | 30 | +30 |
| Heroin: | | | | | |
| Age 6-34..... | 3,790 | 50 | 4,866 | 52 | +28 |
| Age 35+..... | 3,707 | 49 | 4,559 | 48 | +23 |
| Marijuana/hashish: | | | | | |
| Age 6-34..... | 3,092 | 87 | 3,799 | 79 | +23 |
| Age 35+..... | 445 | 13 | 1,017 | 21 | +128 |

The increase in drug-related emergency room episodes was more pronounced in central cities than in the suburbs. Central city episodes increased from 28,082 in the fourth quarter of 1990 to 35,536 in the second quarter of 1991, a 27 percent increase. Suburban epi-

sodes increased from 15,229 in the fourth quarter of 1990 to 16,060 in the second quarter of 1991, a 5 percent increase. This suggests that, while suburbs are experiencing a greater number of drug-related emergency room mentions in 1991, the complex social ills found in America's inner cities contribute to a more entrenched drug crisis with more severe acute consequences.

The total number of DAWN ER episodes and the number of cocaine mentions reported for the second quarter of 1991 remained 11 percent below their peak levels recorded for the second quarter of 1989, and heroin mentions were 22 percent below the peak quarter of July to September 1989. Nonetheless, the significant increases in cocaine, heroin and total drug ER episodes during the first 6 months of 1991 were widely reported as evidence of an upsurge of hard-core drug use and as a setback for the administration's drug strategy. While it is no doubt true that these indicators will fluctuate up and down over time in response to a variety of factors, the DAWN data for the first 6 months of 1991 makes painfully clear that America has a high level of persistent, hard-core drug use that will require intensified, long-term efforts to reduce.

Analysis Of National DAWN Estimates From The Probability Sample of Emergency Rooms

| | 1989 quarters | | | | 1990 quarters | | | | 1991 quarters ¹ | |
|---------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------------|----------------------|
| | 1st | 2d | 3d | 4th | 1st | 2d | 3d | 4th | 1st | 2d |
| Total ER mentions..... | ² 184,623 | ³ 187,970 | 180,442 | ² 160,358 | ³ 164,462 | ³ 159,624 | ³ 159,694 | ² 151,680 | ² 165,498 | ² 173,208 |
| Total ER episodes..... | 110,111 | ³ 113,141 | ² 107,657 | ² 94,994 | ³ 96,545 | ³ 93,010 | ³ 92,328 | ³ 89,325 | ² 96,406 | ² 100,381 |
| Cocaine mentions..... | 27,803 | ³ 29,625 | ³ 29,939 | ² 22,646 | ³ 21,853 | ³ 19,453 | ³ 19,668 | ³ 19,381 | ² 22,282 | ² 25,370 |
| Heroin/morphine mentions..... | 9,550 | 10,050 | ² 12,095 | ² 9,960 | 9,967 | ² 8,059 | ³ 8,348 | ² 7,510 | ² 8,465 | ² 9,432 |
| Marijuana/hashish mentions..... | 5,464 | 5,426 | 4,999 | 4,813 | 4,747 | 4,441 | ² 2,973 | ² 3,546 | ² 4,372 | 4,820 |

¹ Estimates for this time period are provisional.

² Difference from prior quarter is statistically significant at $\alpha=.05$.

³ Difference from same quarter 1 year ago is statistically significant at $\alpha=.05$.

Note.—These estimates are based on weighted data from a nationally representative sample of emergency rooms. Difference between 1988 and 1989 is statistically significant at $\alpha=.05$. Difference between 1989 and 1990 is statistically significant at $\alpha=.05$. Difference between 1988 and 1990 is statistically significant at $\alpha=.05$.

Source: NIDA, DAWN (October 1991 data file).

Estimates of Emergency Room Drug Abuse Episodes of Top-Ranking Drugs

[1988, 1989, 1990, and first and second quarters of 1991]

| Metropolitan area | Total 1988 | Total 1989 | Total 1990 | 1990 4th quarter | 1991 1st quarter | 1991 2d quarter |
|------------------------------------|------------|------------|------------|------------------|------------------|-----------------|
| Total ER drug abuse episodes | 416,962 | 425,904 | 371,208 | 89,325 | 96,406 | 100,381 |
| Alcohol-in-combination | 120,117 | 125,861 | 115,162 | 26,878 | 28,921 | 30,397 |
| Cocaine | 104,732 | 110,013 | 80,355 | 19,381 | 22,282 | 25,370 |
| Heroin/morphine | 39,026 | 41,656 | 33,884 | 7,510 | 8,465 | 9,432 |
| Acetaminophen | 24,288 | 29,667 | 25,422 | 6,496 | 7,208 | 7,528 |
| Aspirin | 23,570 | 23,435 | 19,188 | 5,156 | 6,083 | 5,192 |
| Marijuana/hashish | 20,708 | 20,703 | 15,706 | 3,546 | 4,372 | 4,820 |
| Diazepam | 18,268 | 17,032 | 14,836 | 3,087 | 3,696 | 3,396 |
| Ibuprofen | 15,425 | 16,537 | 16,299 | 4,017 | 4,209 | 4,253 |
| Alprazolam | 16,571 | 14,946 | 15,846 | 3,726 | 3,628 | 4,654 |
| Amitriptyline | 9,049 | 10,497 | 8,642 | 2,247 | 2,381 | 1,778 |
| Acetaminophen/codeine | 8,980 | 9,981 | 8,222 | 2,512 | 1,746 | 1,782 |
| Methamphetamine/speed | 9,345 | 8,722 | 5,236 | 963 | 1,220 | 1,350 |
| O.T.C. sleep aids | 8,362 | 8,517 | 7,984 | 1,759 | 1,543 | 1,510 |
| PCP/PCP combinations | 12,966 | 8,042 | 4,408 | 954 | 921 | 1,020 |
| d-propoxyphene | 7,899 | 7,552 | 7,417 | 1,808 | 1,666 | 2,158 |
| Lorazepam | 4,953 | 7,056 | 7,625 | 1,797 | 1,664 | 1,680 |
| Diphenhydramine | 6,155 | 6,787 | 6,483 | 1,792 | 1,681 | 1,662 |
| Phenobarbital | 3,095 | 4,395 | 3,668 | 567 | 998 | 544 |
| Triazolam | 6,028 | 4,381 | 3,801 | 919 | 974 | 1,085 |
| Hydantoin | 3,705 | 4,913 | 4,026 | 732 | 720 | 596 |

* Estimates for this time period are provisional.

Source: NIDA, DAWN.

Emergency Room Drug Abuse Episodes by Metropolitan Area

[1988, 1989, 1990, and first and second quarters of 1991]

| Metropolitan area | Total 1988 | Total 1989 | Total 1990 | 1990 4th quarter | 1991 1st quarter ¹ | 1991 2d quarter ¹ |
|------------------------------|------------|------------|------------|------------------|-------------------------------|------------------------------|
| Total | 416,962 | 425,904 | 371,208 | 89,325 | 96,406 | 101,381 |
| Atlanta | 4,390 | 6,389 | 5,773 | 1,533 | 1,624 | 1,686 |
| Baltimore | 5,030 | 4,781 | 6,222 | 1,848 | 2,027 | 2,514 |
| Boston [NECMA] | 7,831 | 8,364 | 7,892 | 2,009 | 2,098 | 2,279 |
| Buffalo | 1,405 | 1,237 | 1,158 | 300 | 434 | 429 |
| Chicago | 15,543 | 16,151 | 14,125 | 3,279 | 3,602 | 3,292 |
| Dallas | 5,267 | 5,114 | 4,550 | 1,037 | 1,101 | 1,236 |
| Denver | 3,895 | 3,868 | 3,411 | 802 | 836 | 947 |
| Detroit | 16,260 | 14,758 | 11,527 | 2,830 | 2,838 | 3,776 |
| Los Angeles-Long Beach | 24,931 | 23,966 | 17,590 | 3,900 | 4,085 | 4,494 |
| Miami-Hialeah | 2,504 | 3,008 | 2,941 | 677 | 995 | 1,103 |
| Minneapolis-St. Paul | 4,256 | 4,016 | 3,615 | 923 | 986 | 906 |
| New Orleans | 6,104 | 5,896 | 5,835 | 1,496 | 1,313 | 1,717 |
| New York | 36,363 | 33,638 | 26,955 | 6,704 | 8,788 | 9,515 |
| Newark | 7,455 | 8,057 | 7,892 | 2,046 | 2,279 | 2,274 |
| Philadelphia | 19,586 | 22,169 | 17,826 | 4,142 | 4,943 | 4,530 |
| Phoenix | 5,939 | 5,603 | 5,225 | 1,164 | 1,244 | 1,475 |
| St. Louis | 4,502 | 4,168 | 3,787 | 851 | 879 | 1,141 |
| San Diego | 5,167 | 4,906 | 4,902 | 1,206 | 1,128 | 1,286 |
| San Francisco | 8,498 | 12,115 | 12,107 | 3,122 | 3,082 | 3,325 |
| Seattle | 5,393 | 5,381 | 3,864 | 647 | 817 | 1,111 |
| Washington, DC | 17,604 | 14,352 | 10,562 | 2,793 | 2,587 | 2,562 |
| National Panel | 209,039 | 217,968 | 193,450 | 46,015 | 48,721 | 48,786 |

* Estimates for this time period are provisional.

Source: NIDA, DAWN.

Cocaine. While use of cocaine in 1991 remained below the peak levels of 1985, the 1991 Household Survey provided additional evidence that cocaine use rose between 1990 and 1991. The trend was most pronounced for heavy users of the drug. An estimated 6.4 million Americans used cocaine during 1991, about the same as for 1990. The number using cocaine at least once a week, however, increased 29 percent from 662,000 in 1990 to 855,000 in 1991, about the same as the 862,000 weekly cocaine users estimated in 1988.

Current, or casual, cocaine use (i.e., use in the past month) also increased to nearly 1.9 million in 1991, up 18 percent from 1.6 million in 1990. The rate of current cocaine use among males (1.3 percent) was twice as high as the rate among females (0.6 percent). Three groups that had the highest rates of cocaine use were African-Americans (1.8 percent), Hispanics (1.6 percent), and the unemployed (4.5 percent), compared to .9 percent overall, again suggesting a correlation between painful societal circumstances and drug abuse. Current cocaine use was also higher in the cities (1 percent) than in non-urban areas (.6 percent). The Western region of the country had the highest rate of current cocaine use at 1.3 percent.

Occasional cocaine use (use in the past year) increased among older adults while remaining fairly stable or declining among youth and young adults. Between 1990 and 1991, the rates of past-year cocaine use by youths age 12-17 and young adults 18-25 years old, were roughly constant, while the rate for persons age 26-34 declined from 6.8 percent to 5.1 percent. By contrast, past-year cocaine use among Americans age 35 and older expanded from 0.9 percent in 1990 to 1.6 percent in 1991. Some analysts suggest that this reflects a trend among former users, who are generally over 35 years old, to return to their drug-using habits. However, there is no way to determine whether the increase in this category is attributable to first-time, versus renewed, drug use.

Crack cocaine, the smokable, "freebase" derivative of cocaine and one of the most addictive substances in the human pharmacopeia, was used by 1 million people, 0.5 percent of the population, in 1991, about the same as for 1988 and 1990. Past-year crack use in 1991 was highest among young adults 18 to 25 years old (1 percent), males (0.8 percent), African-Americans (1.5 percent), the unemployed (3.7 percent), and high school dropouts (1.0 percent).

High school seniors showed a decrease in cocaine use. While 9.4 percent of the class of 1990 used cocaine, 7.8 percent of the class of 1991 were users.

Heroin. An ominous expansion of worldwide heroin production and increased domestic availability, coupled with the increase in heroin emergency room episodes, have all contributed to increased concerns that the United States could be headed for a new heroin epidemic. Appearing before the Select Committee in May 1991, Dr. Herbert Kleber, Deputy Director for Demand Reduction at ONDCP, testified that the heroin situation warrants "careful attention" but "not alarm" at this point. He said current data indicate that heroin use trends are flat. However, he predicted a rise in heroin use in the 1990's, based on past patterns of drug abuse. According to Dr. Kleber, an epidemic of stimulant use, such as the cocaine outbreak of the 1980's, is usually followed by widespread

use of barbituates or narcotics, such as heroin. The imminent increase in the number of heroin users, Dr. Kleber asserted, would not be near the scale of the current crack epidemic and would be comprised mostly of former cocaine users rather than non-drug users. His testimony, based in part on falling heroin emergency room mentions in DAWN, occurred some 6 months before the 26 percent increase in such episodes were announced for the first 6 months of 1991.

As discussed above, heroin purities have been increasing, while prices have been decreasing. There is also evidence of drastically heavier opium poppy production throughout the world, particularly in the Far East. In 1985, total worldwide opium production was estimated to be between 1,290 and 1,640 metric tons. By 1991 that figure had climbed to roughly 3,800 metric tons, an increase of 100 to 200 percent. Much of this increase took place in Burma (now Myanmar), where estimated production levels grew from 490 metric tons in 1985 to 2,350 metric tons in 1991. Other major opium-producing countries include Iran, Laos, Pakistan, Lebanon and Mexico. The United States has little, if any, influence in many of the major opium-producing countries. This has presented difficulties in developing a heroin eradication strategy. For example, the United States cut off all assistance, including narcotics funding, to Burma following the brutal repression of student demonstrations in 1988. Since that time, Myanmar has ceased its eradication program.

Colombia's drug lords also seem to be expanding their heroin operations. "The fear is that they're going to be mass-marketing heroin the way they did cocaine," a Drug Enforcement Administration official told *The New York Times* on January 13, 1992. According to Robert C. Bonner, head of the DEA, the Colombian drug lords are diversifying to maintain profits, as sales of their principal product, cocaine, decelerate while heroin sales escalate.

The profile of heroin users may also be changing. A New York Division of Substance Abuse Service [DSAS] report released in December 1990 stated the following:

Field workers have observed that many of the people currently buying heroin are in their early to mid-twenties, and appear to be trying heroin for the first time. Some anecdotal data suggest that for many of these younger addicts, the use of heroin helps to reduce the physical and psychological discomforts associated with the "crash" following the prolonged use of crack. . . . Most of these new users report snorting heroin, and some indicated that they smoke the drug. . . . Based on street observations, field researchers report that the number of crack sellers still surpasses the number of heroin sellers. However, heroin appears to be marketed much more aggressively than in the past.

By December 1991, New York reported that intranasal use (snorting) of cocaine had increased from 25 percent of heroin treatment admissions in 1988 to 38 percent in 1991, with injection use declining concomitantly from 71 percent to 59 percent. Intranasal users were reported to be very different from injectors, with most

of the former being female, younger, Hispanic and residents of the Bronx. Cocaine as a secondary drug of abuse among heroin treatment admissions fell somewhat from 60 percent in 1988 to 55 percent in 1991. Researchers also reported increased competitiveness and heroin marketing strategies, with heroin sales beginning to overshadow crack in some areas.

Estimates of the number of heroin addicts in the United States range from about 500,000 up to 750,000. According to the annual Household Survey for 1991, current heroin use increased 72 percent and lifetime prevalence increased 58 percent from 1990 to 1991. Because a larger proportion of heroin users are probably outside the household population, these estimates are conservative. It is estimated that over half of these past-year users are age 35 or older.

Heroin use subsided slightly among high school seniors, who showed a 1.3 percent usage rate in 1990, compared to 0.9 percent in 1991.

Heroin today is plentiful, cheaper, purer and more potent than in the past. The greater purity of the drug increases the ability to smoke or snort it. There is already some evidence that intranasal use of heroin is increasing, and this may make the drug more attractive to those who previously shunned the drug because of the fear of needles or concerns about AIDS and other infectious diseases transmitted by needle sharing. These factors, coupled with increasing heroin emergency room episodes, causes the Select Committee to be greatly concerned about a possible resurgence of heroin use and addiction. While it is premature to say the United States is entering a new heroin epidemic, the trends in heroin trafficking and use warrant extremely close and careful monitoring.

Marijuana. According to the 1991 Household Survey, marijuana continues to be the most commonly used illicit drug in the United States. Approximately one-third of all Americans, or 67.7 million people, have tried marijuana at least once. Of that number, 2.6 million are between ages 12 and 17, 14.4 million are young adults ages 18-25, and 51 million are adults ages 26 and older.

In 1991, 9.7 million Americans, or 4.8 percent of the population, currently used marijuana (i.e., used within the last month), compared to 10.2 million people in 1990. Among this population, usage rates were highest among males (6.3 percent), African-Americans (7.2 percent), and the unemployed (13.6 percent). Also in 1991, 19.5 million people used marijuana at least once; 5.3 million used the drug once a week or more and 3.1 million used it on a daily basis.

The rate of current marijuana usage among youth and young adults remained fairly constant between 1990 and 1991. Usage rates among youth decreased from 5.2 percent to 4.3 percent, while the proportion of young adult users increased from 12.7 percent to 13 percent. These rates represent significant declines compared to the peak year of 1979 when 16.7 percent of youth and 35.4 percent of young adults were current marijuana users.

While marijuana/hashish mentions in emergency rooms increased from 4,441 in the second quarter of 1990 to 4,820 in the second quarter of 1991, the percentage of high school seniors who said they had used marijuana/hashish at least once in their lifetimes fell somewhat from 40.7 percent in 1990 to 36.7 percent in

1991. The juxtaposition between data from emergency rooms and from high school students parallels a general trend of worsening drug abuse among more destitute elements of society and an ebbing of drug abuse among "mainstream" groups, such as students who complete their education.

Hallucinogens. Lifetime use of hallucinogens, such as LSD (lysergic acid diethylamide), increased during 1991. The proportion of young adults aged 18 to 25 who used hallucinogens over the past year increased from 3.9 percent to 4.8 percent, while current (past month) hallucinogen use among this group went up 50 percent, from .8 percent in 1990 to 1.2 percent in 1991. For youths age 12-17, annual and current use of hallucinogens declined slightly, but for the second time since 1975, and the second year in a row, more high school students used hallucinogens in the past month than cocaine or crack. Among adults 26 and older, annual use of hallucinogens increased from .4 percent to .6 percent, while current use was unchanged at .1 percent. Hallucinogen use is three times more likely among white males than African-American males and almost five times more likely among white women than among African-American women. The number of LSD-related arrests, while small relative to other drugs, almost doubled from 125 in 1987 to 230 in 1991. DEA seized 1.7 million doses of LSD in fiscal year 1991, most of which was traced to sources in Northern California.

Drug Use Among Criminal Offenders

The National Institute of Justice's Drug Use Forecasting [DUF] program tracks the prevalence of drugs among the Nation's arrestees. The program administers interviews and urine tests to selected male arrestees in 23 cities and female arrestees in 21 cities. During 1990, the most recent year for which annual data are available, the percentage of male arrestees testing positive for illicit drugs at the time of arrest ranged from 30 percent in Omaha to 78 percent in San Diego. Female arrestees testing positive ranged from 39 percent in Indianapolis to 76 percent in Philadelphia.

Continuing the pattern observed in 1988 and 1989, cocaine remained the most prevalent drug among arrestees. Among males, cocaine use ranged from a low of 10 percent in Omaha up to 65 percent in Philadelphia and Manhattan. Cocaine use among female arrestees was lowest in Indianapolis at 13 percent and highest in Atlanta at 68 percent.

During the last 3 quarters of 1990, male arrestees in all but two DUF sites had the lowest overall positive rates for drug use since the program began. Similar results were found for female arrestees at 15 of the 21 sites collecting data from females. According to the National Institute of Justice's annual DUF report for 1990, the decrease in the percentage of arrestees testing positive for any drug is explained specifically by variations in marijuana use. The variations in cocaine use over time are not as consistent as the changes observed in marijuana use. Over the past 3 years, cocaine use has declined at some DUF sites, while at others little or no change was reported.

DUF urine test results for opiates (primarily heroin) during 1990 ranged from a low of 1 percent positive for male arrestees in Ft. Lauderdale to 27 percent positive for male arrestees in Chicago.

For females the range was 2 percent positive in Ft. Lauderdale up to 24 percent positive in Manhattan. Less than 10 percent of males tested positive for opiates at 17 of the 23 DUF sites collecting data on males; for females, however, 10 percent or more of arrestees tested positive for opiates at 13 of the 21 sites. At each DUF site except Chicago, the highest percentage of males testing positive for opiates were age 36 and older; in Chicago, the largest percentage of males testing positive for opiates was among 21- to 25-year-olds (33 percent). For females, the highest rates of opiate use were among women age 31 and up except in Philadelphia (18 percent positive among 26- to 30-year-olds) and Portland (34 percent positive among 26- to 30-year-olds).

Despite some decreases in the rates of arrestees testing positive for drug use, the central fact that is clear from these data is that drug use among individuals involved in the criminal justice system remains at very high levels compared to the rest of the population. Even levels of heroin use, while lower than arrestees' use of many other drugs, are much higher than among the rest of the population.

The consequences and costs of this heavy drug use to society are enormous. A 1989 Bureau of Justice Statistics [BJS] survey found that 77.7 percent of local jail inmates had used an illicit drug at some point in their lives. Over 50 percent of these inmates said they committed their offenses while under the influence of illicit drugs and/or alcohol.

Despite the strong connection between drug abuse/addiction and the prison population, drug treatment in prisons does not meet the need for services. According to testimony before the Select Committee, that corroborates the BJS survey, 70 percent of state prisoners have a history of drug use and 50 percent have a problem requiring intensive treatment. Of that 50 percent (325,000 individuals), 25 percent of them receive treatment, while another 5 percent are on waiting lists. The remaining 70 percent do not receive any programmatic treatment.

AIDS and Drug Use

Approximately 133,000 Americans have died from AIDS. Another 200,000 currently have AIDS, and that number is expected to exceed 300,000 by 1994.

Intravenous drug use is the second leading cause of existing HIV infection cases, and the leading direct and indirect cause of new HIV cases. Nearly one-third of all AIDS cases reported to date are linked directly or indirectly to IV drug use. In New York City, 50 percent of an estimated 200,000 IV drug users are HIV positive.

HIV disease has been increasing nationally among all affected communities but particularly among minorities, women and newborns. The most frequent category of AIDS exposure among white, African-American and Hispanic females is IV drug use. Approximately 50 percent of women with AIDS are IV drug users and another 21 percent are sexual partners of IV drug users. Nearly 60 percent of children with AIDS were born to mothers who were IV drug users or the sexual partners of IV drug users, and about four-fifths of these children are African-American or Hispanic.

Intravenous drug use is not the only way in which drugs are contributing to the AIDS epidemic. The use of crack and other non-IV drugs is also an important vector for the spread of AIDS and other sexually transmitted diseases. This is because heavy users of non-IV drugs, particularly women, are exchanging sex for drugs or money to buy drugs. Also, drug use tends to foster extreme and careless behavior, which may lead to contracting the AIDS virus. An estimated 96 percent of teenage crack users are sexually active.

Reducing the spread of AIDS related to drug abuse requires expanded opportunities for comprehensive drug abuse treatment services and stepped-up community outreach and education efforts to prevent HIV and AIDS infection among high-risk groups in areas where drug use is prevalent.

ACTIVITIES

HEARINGS

NATIONAL DRUG CONTROL STRATEGY

FEBRUARY 6, 1991

Witnesses:

John P. Walters, Acting Director, Office of National Drug Control Policy.

Bruce M. Carnes, Director of Planning and Budget Administration, Office of National Drug Control Policy.

Stanley E. Morris, Deputy Director for Supply Reduction, Office of National Drug Control Policy.

Herbert D. Kleber, Ph.D., Deputy Director for Demand Reduction, Office of National Drug Control Policy.

Judge Reggie B. Walton, Associate Director for State and Local Affairs, Office of National Drug Control Policy.

This hearing was held to examine the third National Drug Control Strategy submitted to Congress by the President on January 31, 1991. The strategy's submission to Congress is required annually by the Anti-Drug Abuse Act of 1988.

Mr. Rangel opened the hearing by citing the need for a more comprehensive drug control plan, noting the strategy's continuing emphasis on interdiction and law enforcement rather than on the root causes of drug abuse and drug addiction. While acknowledging the President's request for a \$1.1 billion funding increase for anti-drug programs, Chairman Rangel said he did not see priority given to the drug epidemic by either the Secretary of State, on America's foreign policy agenda, or by the Attorney General and Secretary of Health and Human Services, on our domestic agenda. Rather than lack of money, the real impediment to progress has been the lack of leadership in combatting the drug problem, he said.

Mr. Coughlin, the Select Committee's ranking minority member, commended both the Acting Director of the Office of National Drug Control Policy, John Walters, and the President for their sustained efforts in the drug war: John Walters, for overseeing the drug war during the transition to a new ONDCP director and for formulating the third annual drug control strategy; President Bush, for ap-

proving an 11% increase in the anti-drug budget, representing an 82% increase overall since his inauguration.

In his testimony, John Walters reviewed the progress of the first 2 years of the strategy. The first drug control strategy included nine goals, most of which established targets for reduced drug use over 2-year and 10-year periods. In the first 2 years of that initial strategy, seven of the nine goals have been met or exceeded. In the third strategy, all these goals have been reevaluated and higher standards set for the next 2- and 10-year periods. This third strategy also calls for increases in several antidrug areas, including demand reduction programs, international border security patrol programs, and domestic law enforcement. For the fiscal year 1992 Federal anti-drug budget, the administration requests \$11.7 billion, representing a \$1.1 billion (11 percent) increase over 1991.

Mr. Walters mentioned several areas where congressional action is critically needed to implement administration anti-drug proposals. He called for: increased treatment funding, to the \$1.7 billion level proposed by the President; the statutory requirement of state-wide treatment and prevention plans to ensure Federal treatment dollars are allocated to areas of greatest need and to hold States accountable for effective use of Federal block grant funds for drug treatment and prevention; the creation of a strategic law enforcement intelligence analysis center to target the breakdown of large narcotics trafficking organizations; passage of the President's Andean trade preference initiative, allowing expanded trade between the United States and Colombia, Bolivia, Peru, and Ecuador; the institution of sanctions for those individuals who fail to land or bring-to aircraft and boats when ordered by U.S. law enforcement personnel; greater efficiency in pursuing the exclusion and deportation of criminal aliens; and finally, the institution of the death penalty for major drug trafficking kingpins, for violent high-level drug traffickers, and for those traffickers who, operating with or without premeditation, cause the death of either innocent individuals or law enforcement officials.

Mr. Walters concluded by reaffirming the President's commitment to the drug fight, citing the many meetings he has had with the President on the drug strategy and budget, the personal appearances Mr. Bush has made to release the strategy and drug use surveys, and the 11% increase Mr. Bush has requested even while so many other domestic discretionary programs have been cut.

Mr. Rangel asked about the two surveys the Government utilizes in assessing drug abuse: the household survey and the High School Senior Survey. He wanted to know how the household survey was taken and whom it covered. The household survey, Mr. Walters explained, is a statistically representative sample of 98 percent of the American population living in households. All the respondent has to do is to fill out the survey and mail it in. Over 80 percent are returned completed.

Mr. Rangel questioned the validity of a survey that asks people to voluntarily report their drug use and drug use by their family members to the Federal Government. ONDCP officials maintained that the data are confidential. Mr. Rangel also expressed concern about the roughly 20 percent who did not return the survey. Judge

Walton acknowledged that fear of incrimination could be a reason why people do not respond.

Mr. Rangel also questioned the usefulness of the High School Senior Survey as a measure of drug use because it lacks information about dropouts and arrestees in the same age group. Mr. Walters admitted that the High School Senior Survey solely measures high school seniors. He said findings generated from individual targeted studies show higher rates of drug use exist among high school dropouts than among high school enrollees. Findings from the High School Senior Survey have reflected a strong relationship between truancy and drug use. In short, the more a student succumbs to drug use, the more likely the student is to be truant; and both drug use and criminal behavior are higher among those students who are truant more often.

Mr. Rangel noted that hospital emergency rooms everywhere have experienced a sudden explosion of drug-related illnesses, such as diabetes, kidney failure, tuberculosis, AIDS, as well as overdoses and gunshot wounds, even though these illnesses and episodes are not recorded as "drug-related" in hospital records. He also remarked that there seems to be more drug-related crime, more drug cases in the courts, and more drug addicts in jail. In response, Mr. Walters acknowledged the fact that in some parts of the country the drug-related hospital emergency room admissions have increased, but the Nation as a whole, including many large urban, metropolitan areas, has seen a 33% decline over the last year. Judge Walton testified that the number of arrestees testing positive for drugs has also declined over the last 19 months, but that drug use by offenders is still a great problem.

Mr. Rangel asked why areas designated as High Intensity Drug Trafficking Areas are not receiving more attention and resources. Mr. Walters said these areas are getting extra help, but that there are many other areas that need to share in available Federal funding.

Mr. Coughlin inquired about heroin production and consumption trends, and planned U.S. efforts to counter the heroin problem. He asked whether a separate heroin strategy is necessary. Mr. Walters said the difficulty with heroin, unlike cocaine, is that it is produced in areas where the control of civil government and law enforcement agencies is very limited. He cited Burma in particular, where, in addition to a lack of governmental control over opium-producing areas, the United States also has serious concerns about human rights abusers. He also said there are problems in Laos, Afghanistan, Pakistan, and Thailand.

Recognizing that many opium-producing countries are not democracies and that it is not feasible to do the kinds of things undertaken in the cocaine strategy, Mr. Walters said the current strategy proposes to work where we can to accelerate investigations and eradication. U.S. efforts will also go toward working with multinational organizations, like the United Nations, and attempting to work with the Soviet Union and China as major powers in the region that can provide leverage and assistance. Although domestic heroin use as measured by DAWN emergency room episodes has gone down about 23 percent for the most recent 12-month period, he acknowledged that DAWN is a limited indicator and

said ONDCP is working toward achieving a better census of data on drug abusers. He also said preliminary data indicate a 10-percent drop in worldwide heroin production in the past year.

Mr. Traficant stated that the national strategy should focus on education and prevention, attack the root causes of drug use such as poverty, unemployment, and lack of opportunity, and reexamine the justice system's handling of young, first-term, nonviolent drug offenders. As an advocate of capital punishment for drug kingpins who commit murder, Mr. Traficant asked Mr. Walters his view on the deterrent effect of a death penalty-sentencing option for kingpins and smugglers. Mr. Walters declared himself vigorously in favor of capital punishment for such drug offenders, reasoning that these criminal offenders, who are themselves causing death and destruction, deserve the most severe punishment society can mete out. Also, the deterrent effect of capital punishment on those engaged in high-level dealing and trafficking may indeed lead to the dismantling of large-scale criminal enterprises, as those who are caught may inform on those higher up the ladder in exchange for long prison sentences instead of death. According to Mr. Walters, crimes of greed can be more constrained by a plausible threat, and a drug kingpin and drug trafficker are almost always doing what they do out of financial greed.

Mr. Guarini raised the issue of drug treatment in prisons, citing the fact that while treatment programs within prisons have demonstrated an effective impact on cutting recidivism rates, only a miniscule percentage of the Federal prison budget is actually allocated to drug treatment programs. Agreeing with Mr. Guarini that treatment during incarceration rather than after incarceration must become the norm, Mr. Walters asserted that the strategy increases drug treatment in prisons, as well as supports increased treatment availability for those persons on parole.

Mr. Carnes asserted that the Government is making progress in expanding treatment in the criminal justice system. He said the \$22 million requested for prison treatment by the Federal Bureau of Prisons for 1992 is triple the amount spent in 1990. He also said Federal courts are spending about \$57 million on treatment options for offenders and that the Federal Government provides another \$105 million to states and localities for criminal justice treatment programs. Overall, he said, Federal spending for various prison treatment programs has increased from \$138 million in 1990 to \$185 million in 1992.

Mr. Guarini called the Federal response to the treatment need within our prison system inadequate, a "pittance" compared to the scope of the problem of drug abuse among offenders and the \$11 billion Federal drug budget. Judge Walton, replying to Mr. Guarini's statement, commented that while historically there have not been enough resources to provide treatment to inmates who need it and want it, the additional funding will be helpful. He emphasized, though, that even great quantities of additional treatment funding would not guarantee beneficial results. While many incarcerated individuals need treatment, he said, numerous of those individuals lack the motivation to seek it; and realistically, the people who will benefit from treatment programs will be the ones motivated to better their condition. Forced entrance into a treatment program

will not produce the results that can be achieved when an inmate enters treatment voluntarily.

In response to Mr. Gilman's questions about the structure and operations of ONDCP, and the development of the strategy, Mr. Walters explained how ONDCP is organized and the process ONDCP uses to guide the development and implementation of the strategy within the executive branch. He said he was satisfied with ONDCP's structure, but also is always looking for ways to improve it. He emphasized that ONDCP, despite references to the director as the "drug czar", is not a dictatorship in the bureaucracy and that ONDCP's strength ultimately comes from and depends on the President's continuing support. He acknowledged interagency rivalries, especially on budget issues, but maintained that such conflict was stimulating achievement, not blocking it, and that overall interagency cooperation is good. He also defended the one-third/two-thirds split between demand reduction and supply reduction efforts in the Federal strategy, arguing that law enforcement is more costly and that state and local government spending is about 7 to 1 in favor of law enforcement.

Mr. Gilman also inquired about delays in Federal funding assistance to state and local governments. Mr. Walters reported that the time it takes to distribute funds from the three major Federal anti-drug block grants—the education prevention grant, the treatment grant, and the Justice Department's Bureau of Justice assistance grant—has radically diminished. Mr. Carnes stated that in the case of the Justice assistance grant, the average time it takes for a State to complete and submit an application to the Federal Government has dropped from 272 days to 62 days, with a 28-day Government turn-around time. As for Mr. Gilman's concern that the Federal response to state and local drug enforcement has been inadequate, Judge Walton argued that the Federal response to state and local law enforcement has been tremendous, noting such assistance through the BJA block grant program has increased from \$150 million in 1989 to \$490 million in 1991, and the President has again requested \$490 million for fiscal year 1992.

Mr. Hochbrueckner asked whether Navy E2C radar aircraft are being used to support the Department of Defense mission in drug interdiction. Mr. Walters responded that Navy E2C aircraft are used to detect smuggling planes and boats, as well as Coast Guard E2C's, U.S. Customs P-3 AEW aircraft and military AWACS and P-3's. Mr. Carnes broke down the \$1 billion Department of Defense budget: \$825 million for interdiction, for aircraft and boat detection and monitoring; \$154 million in assistance to states and localities, part of it through the National Guard; \$85 million on military prevention activities; \$16 million on treatment activities; and \$77 million on research and development, especially focused toward activities geared to aid Federal law enforcement agencies.

Mr. Inhofe expressed his support for the \$500 million budget allocation to classroom drug education, and asked how these funds are used. Mr. Walters explained that the basic program supported with these funds is the block grant under the Drug-Free Schools and Communities Act, which distributes funds to individual school districts through the states on the basis of school-age population. He highlighted the act's requirement that all schools receiving assist-

ance, public and private, elementary and secondary, have a drug prevention program in place that includes policies and educational materials. The block grant efforts are supplemented, as well, by the Department of Education's five, regional drug prevention information and training centers, which provide training, information and technical assistance to schools. Mr. Walters said the administration also proposes to double discretionary funds available for emergency grants to schools with high rates of drug use and related problems, while maintaining the block grant at 1991 levels. Judge Walton added that the Department of Education has generated a model drug education curriculum that has been circulated throughout the country. He noted, however, that the Education Department cannot dictate what type of programs schools should use, and that results vary due to the level of commitment at the local level.

Mr. Inhofe expressed his concern that drug prevention and education programs be properly evaluated and that good programs be replicated and expanded. He also stated that a lot of the Federal funds channeled through the states often do not get to the best programs because of political interests in the state legislatures, and he advocated bypassing the state legislatures through direct Federal funding of local anti-drug efforts. Mr. Walters said the Department of Education is conducting an ongoing evaluation of block grant expenditures, with the first results due later this year. He also cited the Department's annual program that recognizes outstanding school prevention programs, as well as the regional training centers and Department publications that provide information on successful programs. Dr. Kleber and Mr. Walters described the administration's proposals to require statewide treatment and prevention plans for block grant funds distributed by the Department of Health and Human Services as an effort to minimize political influence and maximize considerations of need in a state's award of block grant funds to local programs.

Mr. Payne questioned the notion that capital punishment would have a deterrent effect on individuals involved in the drug trade, arguing that justice is not colorblind and the death penalty is not fairly applied, and that he has not seen a decline in the homicide rate since its reinstatement in several states. Judge Walton said the availability of the death penalty would convince some defendants to inform on their superiors, helping to bring down major drug rings. Without the threat of the death penalty, defendants will not cooperate for fear of retribution.

Mr. Payne briefly described the Fighting Back Initiative in Newark, New Jersey, supported by the Robert Wood Johnson Foundation. This pilot demonstration project is organizing a community-wide response to the drug problem that attempts to address lack of opportunity and broader sociological factors related to the drug problem, as well as specific responses to drugs. He asked what the administration officials thought of this approach.

Mr. Walters and Dr. Kleber replied that the administration liked the Robert Wood Johnson Program a lot and has created a Federal grant program modeled after the Fighting Back approach (the OSAP Community Partnership Program) to help communities organize themselves to fight drugs. Mr. Walters said the Federal money would be as flexible as possible but could not be shifted off the drug

problem into something else. Dr. Kleber said the Federal program would reach hundreds of communities and that Robert Wood Johnson demonstration sites would also be eligible to apply for Federal funds.

Mrs. Lowey directed her questions to drug abuse treatment. While pleased that the strategy recommends increased resources for treatment, she was concerned that it seems to assume large new spending by states and localities. Citing New York State's large budget deficit, she questioned a strategy based on new commitments from the state and local level. She also asked why the strategy does not set specific targets for achieving treatment goals.

Mr. Walters acknowledged the recession's effect on States and localities, but pointed out that what the economy has severely strained the Federal budget as well, the commitment to drug treatment at the Federal level has remained, and will remain, a top priority. The strategy calls for the States and localities to make drug treatment a priority, even in the face of economic hardship. As for specific goals for treatment slots, Mr. Walters acknowledged that better information is needed on who needs treatment, who will come into treatment at any given time, and treatment resources. He admitted that what little information is available is not very reliable and that Chairman Rangel was correct in suggesting that the household survey underrepresents the addict population because many addicts do not live in households. The best available information, he said, indicates that 80 percent of the Nation's treatment capacity, both public and private, is being used, but that available slots do not always match the need, so that in some areas there are waiting lists and in others empty spaces. The proposal for statewide treatment plans, he said, was in part an effort to better match resources to needs. Also, if the administration's new proposal for a \$100 million capacity expansion program is approved, those funds would be distributed based on need and not through the block grant mechanism. Based on the administration's analysis and a treatment survey by the Institute of Medicine, he estimated that 5.7 million Americans are in need of treatment and that existing programs are capable of treating 2 million people a year. He said capacity to treat an additional 200,000 people would be created if the strategy's funding requests are approved and if non-Federal treatment providers increase their treatment funding at the same rate as the Federal Government.

Mrs. Lowey also recalled that she and Chairman Rangel authored an amendment in 1990 to give high priority to converting 86 closed military bases into drug treatment centers and prisons, yet not one of these bases has been converted. Dr. Kleber responded that those bases had not been closed yet. He added that the National Institute on Drug Abuse had forwarded information to the States on approximately 5,000 facilities on military bases that had been identified as underutilized or unutilized, and not one of these 5,000 sites had been deemed appropriate for use as a treatment center by the states. He stated that some of these sites are not appropriate because they are used for summer training and are not available year round or may be geographically inaccessible. Judge Walton offered another major obstacle to conversion of military facilities to treatment centers; strong community opposition.

Mr. Towns supported the strategy's request for more research money and said he hoped that Antabuse-type medications could be developed to help deal with the problem of drug abuse. He was disturbed, however, because the information in the strategy on student drug use is so different from what educators tell the committee, namely that dropout rates have increased significantly because of increased student drug use.

Mr. Walters said he was aware that some people believe the rise of the drug problem is closely connected to falling student achievement and dropouts, and he conceded that obviously there are places where these problems are getting worse. From a national standpoint, however, he said student drug use is declining, attitudes of young people towards drugs have gotten more negative, and over 90% of schools now have some kind of drug prevention program. He emphasized that there is nothing inevitable about these trends which he attributed to a lot of hard work by a lot of people in communities across the country. He urged Congress not to let the drug issue get lost in the shuffle and to approve the additional money requested by the administration because, "Every place is not better and there is real suffering going on."

Judge Walton agreed, based on his experience on the bench, that a large percentage of the kids he saw in court were involved with drugs and most had dropped out of school. But his experience in talking to educators is that among kids enrolled in school, the drug situation has improved.

Mr. Rangel asked Judge Walton where the strategy deals with the problem of dropouts involved in drugs and entering the criminal justice system. He said he did not know if the current strategy specifically addressed these issues but that earlier strategies had supported some demonstration programs to deal with dropouts. Mr. Walters added that particular programs in the strategy are geared toward reaching high-risk youth, including dropouts, although dropouts are not addressed as a separate category. As examples of such programs, he cited the Job Corps Program, which works with a high number of dropouts. He said the program would be extended to provide treatment for the first time under this strategy. He also mentioned HHS anti-drug programs that address the needs of high-risk youth such as gang members, and young, pregnant, substance-abusing mothers.

Mr. Towns also said he frequently hears from community groups that money earmarked for a particular program often is not available to meet their greatest needs. Mr. Walters responded that the Federal Government has made a concerted effort to pinpoint the goals each program is intended to achieve, but to be flexible about the means by which fund recipients attain those goals. To prevent funding programs which fail, the government does monitor progress. The price of flexibility, he said, is greater accountability for results.

In conclusion, Mr. Rangel said there was a time, during Secretary Bennett's tenure as ONDCP director, when he got the clear impression that poverty, joblessness and the root causes of the drug problem were not on the strategy's agenda. Based on today's testimony, he said, it was obvious that Mr. Walters and Judge Walton think there are programs in the strategy that are responsive to the

kinds of concerns he had raised. While not expecting the administration to propose national programs, he asked ONDCP to identify the limited demonstration grants targeted to high-risk populations under the strategy that are working in the areas of treatment, education, and alternatives to incarceration, and to share that information with Members of Congress so they would be able to tell their local communities and leaders where to go for help. He said he could not recall any of the cabinet secretaries—the “generals” in the drug war—attempting to take a leadership role in trying to say what strategies they have found to work as a result of the programs they are supporting at the national level. Mr. Walters agreed to try to pull that information together. He, Judge Walton, and Dr. Kleber also mentioned ONDCP’s White Paper on drug abuse treatment and national conferences covered by ONDCP and NIDA as examples of actions the Administration has already taken to try to identify what works.

Mr. Rangel closed the hearing by saying that the Committee looked forward to working with Governor Martinez who has been nominated by the President to serve as ONDCP director.

HEROIN CONTROL STRATEGY

MAY 9, 1991

Witnesses:

Melvyn Levitsky, Assistant Secretary for International Narcotics Matters, Department of State.

Herbert Kleber, M.D., Deputy Director for Demand Reduction, Office of National Drug Control Policy.

John E. Hensley, Assistant Commissioner for Enforcement, U.S. Customs Service.

Ronald J. Caffrey, Acting Assistant Administrator for Operations, Drug Enforcement Administration.

Mr. Levitsky stated that the administration has recently completed its heroin strategy. In addition, a specific action plan has been developed which details specific steps to attack the heroin problem.

Mr. Levitsky stated that the administration will undertake seven strategic objectives to address the heroin problem. These seven objectives are: (1) to promote heroin control programs in the international and multilateral fora; (2) to garner worldwide recognition of the drug issue, health and international security dimensions through bilateral initiatives; (3) to strengthen supply reduction programs; (4) to strengthen the ability of cooperating source countries and heroin-refining countries to disrupt narcotics trafficking organizations; (5) to disrupt drug money laundering activities; (6) to interdict the transit routes for heroin and precursor chemicals; and (7) to support demand reduction activities.

According to Secretary Levitsky, worldwide opium production dropped by 10% in 1990, including a 27 percent drop in opium production in Laos. There were also numerous efforts to improve coordination with the international community against drugs, such as the Dublin Group and the Chemical Action Task Force.

An area of particular concern to the Select Committee on Narcotics has been the involvement of the Government of Syria in protecting opium cultivation and facilitating drug trafficking. On this subject Mr. Levitsky said, "In March (1991), the President once again refused to certify Syria as cooperating with the United States on drug control matters. We noted that members of the Syrian military continue to control the Bekaa Valley of Lebanon where we believe they facilitate and profit from drug trafficking. Late in March, however, for the first time since 1987, the Syrians reported they had seized and destroyed over 80 tons of narcotics including 14 kilos of opium in the Bekaa Valley. While pleased with this action, we do not know if it portends a trend or not. The Syrians must continue to demonstrate a serious, consistent pattern of enforcement plus a desire to cooperate with DEA before the issue of certification can be reconsidered."

Testifying next, Dr. Kleber stated both historical patterns and the data he had seen suggest that while there may be some rise in heroin use in the next few years, the numbers will not be anywhere near the scale of the current crack epidemic. Two of our most important indicators, Drug Abuse Warning Network [DAWN] and the Drug Use Forecasting [DUF] surveys have shown no recent increases.

To reduce demand, the Office of National Drug Control Policy [ONDCP] is monitoring domestic consumption diligently and improving its data base. In addition to continuing the DAWN and DUF indicators, ONDCP is undertaking major improvements in the National Household Survey, such as increasing the frequency of the survey and oversampling previously under-counted groups, like the homeless and the incarcerated. ONDCP will continue to employ the NIDA Community Epidemiology Working Group, which helps to pinpoint regional trends in drug usage.

Federal funding for prevention has already increased greatly; the administration's request for 1992 is more than double the amount appropriated just 3 years ago. Within the next few years there should be available for use medications such as LAMM, naltrexone, and buprenorphine, which will greatly improve present ability to treat successfully those who have become addicted to heroin.

Mr. Hensley of Customs testified that worldwide opium production dropped about 10 percent in 1990. In the Golden Triangle, this was mostly due to bad weather. U.S. Customs believes that heroin is a National threat and is applying increased assets to the problem.

U.S. Customs heroin seizures nationwide increased from 1,056.7 pounds (454 seizures) in fiscal year (FY) 1989 to 1,497.1 pounds (527 seizures) in FY 1990. Opium seizures increased from 901.3 pounds (3,384 seizures) in FY 1989 to 2,047.2 pounds (6,942 seizures) in FY 1990.

New York remains the primary distribution point and distribution center for heroin from all sources, and Southeast Asian heroin continues to dominate the user market in New York. No cargo seizures of Southeast Asian heroin have been made this fiscal year. Southeast Asian trafficking operations are still difficult to interdict.

Twenty-five percent of U.S. heroin comes from Nigeria. Three major changes in African heroin trafficking are: (1) Nigerians are using Mexico as a crossroads into the U.S.; (2) Nigerian resident aliens are recruiting American black females to smuggle heroin from Southeast Asia to the United States; (3) Ghanians are smuggling heroin from Accra, Ghana, to New York City through Europe.

Recent new initiatives undertaken by Customs to combat heroin smuggling include a heroin intelligence unit established in October 1990, in New York, to provide tactical and strategic intelligence assessments, and the combined agency border intelligence network, the world's largest data system for the tracking of heroin movements by West Africans.

Mr. Caffrey testified that DEA cannot state authoritatively that heroin abuse has increased or decreased. The DEA considers heroin enforcement a top priority after cocaine. Worldwide opium production has increased over the past 10 years; in spite of the 10 percent decline in opium production in 1990.

DEA is currently working with the Department of State and other agencies to draw up an implementation plan for the heroin strategy.

DEA conducts a chemical signature analysis of heroin samples to determine their origin. In New York City, 88 percent of the heroin samples were of Southeast Asian origin. Nationwide, Southeast Asian heroin comprised 56 percent of the samples analyzed. Mexico was the source of 23 percent of the nation's heroin supply and Southwest Asian heroin accounted for 21 percent.

Burma is the world's largest opium producer. Approximately 88 percent of Southeast Asia's opium is produced in Burma. U.S. foreign aid to Burma, which includes narcotics enforcement has been suspended because Burma did not take significant steps to reduce opium production or trafficking in 1990 and because of human rights violations and the military coup in Burma.

DEA's top heroin trafficking priority is to dismantle Asian trafficking organizations who supply heroin from Southeast and Southwest Asia. The traffic in Southeast Asia is dominated by the Chinese.

Cooperative bilateral enforcement efforts are hampered by lack of access to source and transit countries in Southwest Asia.

According to the DEA, heroin is a global problem directed at the developed countries and the third world. Heroin traffickers are technically diverse and operate from almost every part of the world. DEA's most frustrating obstacle is the difficulty involved in getting cooperation and assistance from the source countries.

DRUG TREATMENT IN PRISONS

MAY 14, 1991

*Witnesses:**Panel 1—State panel*

Robert Aukerman, Director, Alcohol and Drug Abuse Division, Colorado Department of Health, representing the National Association of State Alcohol and Drug Abuse Directors.

Dr. Douglas Lipton, Director of Research, Narcotics and Drug Research Inc., New York.

Morris Thigpen, Commissioner, Department of Corrections, State of Alabama.

Kemi Morten, Vice President and General Counsel, Unfoldment Inc., DC.

Panel 2—Federal panel

J. Michael Quinlan, Director Federal Bureau of Prisons.

Dr. Beny Primm, Director, Office of Treatment Improvement, Department of Health and Human Services.

INTRODUCTION

Recent statistics show that 50 percent of the prison population may be substance abusers. According to the Crime Control Act of 1990 every one of these prisoners should have access to drug treatment. Nonetheless, 70 percent of them are not receiving appropriate treatment. Those prisons which do provide treatment for substance abusers rarely offer the necessary comprehensive multimodal programs which are considered the most effective. Many prison treatment programs lack job counseling, vocational rehabilitation, education and aftercare; all elements which make up a truly comprehensive program. As a result, many ex-prisoners are literally abandoned when released. This often leaves them incapable of staying drug-free.

The Select Committee hearing on drug treatment in prisons examined the extent and severity of drug addiction among inmates. It focused on promising state treatment programs, and the need to use these programs as models for new ones. Finally it looked at the role of the Federal Government in providing funding models for states to use when designing their own programs.

Mr. Rangel opened the hearing by acknowledging the severity of the Nation's prison problem. He told the committee that the United States incarcerates more people per capita than any other country in the world. Although criminals need to be punished, prisons also need to rehabilitate offenders so they don't perpetuate the revolving door that exists within our criminal justice system.

Select Committee Ranking Minority Member Lawrence Coughlin said that he was anxious to hear the testimony because he sensed there was a lack of research and a lack of information on drug treatment within the criminal justice system.

Mr. Guarini commented on the timeliness of the hearing. Congressmen Guarini and Rangel have introduced H.R. 730, Drug Rehabilitation and Recovery Program for Correctional facilities. This

legislation will authorize \$75 million to establish comprehensive drug and alcohol treatment programs for Federal, State and local facilities. There is no dispute that effective residential drug treatment dramatically reduces the recidivism rates among drug offenders. Mr. Guarini emphasized the need to reach hard-core drug addicts while they are incarcerated. He said it was crucial to use that time to make them drug-free so when they are released they can lead productive lives.

Panel 1

In his testimony NASADAD Director Robert Aukerman spoke to the committee about the urgency for comprehensive treatment programs on all levels of the criminal justice system. State prisons must offer drug dependent offenders the opportunity to recover from their addictions. If inmates do not acquire the skills to live an alcohol and drug-free lifestyle while incarcerated, they are much more likely to revert back to the behavior that resulted in their initial arrest. This represents an increased risk and cost to society. He told the committee about efforts in New York and Florida to establish treatment programs for incarcerated individuals. He cited several model programs including: The Stay'n Out Program, a therapeutic community at the Arthur Kill Correctional Facility; The Alcohol and Substance Abuse Treatment Program (ASAT) which is operational in 60 out of the 63 New York State correctional facilities; and the PIER Program in New Jersey. The PIER Program is a prison-based therapeutic community at Southern State Correctional Facility in New Jersey. It provides intensive substance abuse treatment services for 90 inmates. The annual cost of the PIER Program is \$4,253, a relatively low sum. Since the intent is to provide intensive treatment within the institution, followed by participation in community programs, an avenue is provided for prison release at first eligibility. This frees much needed bed space and reduces the cost of lengthy incarceration facilities.

Mr. Aukerman cautioned that without the availability of effective treatment alternatives in the criminal justice system, drug- and crime-related dilemmas will continue to grow.

Dr. Douglas Lipton, Director of NDRI presented his findings on inmates with substance abuse histories. Dr. Lipton emphasized the success of the Stay'n Out Project which treats patients for 9 to 12 months, the optimum period for treatment. In fact, Dr. Lipton said that according to his studies, 77 percent of the patients treated for this period of time achieved success which was noted 3 years after their release. This is 27 percent better than the success rate of any other program he studied.

Dr. Lipton said that recent incomplete surveys for incarcerated drug abusers show: 39 States using preliminary assessment procedures, 44 states allowing self-help group meetings, 44 states having some form of drug education, 31 states having some form of individual counseling, 36 states having group counseling, and 30 states having some type of intensive residential program. He said offenders cannot be treated in isolation from their medical, psychological, social and practical deficits. Dr. Lipton added that initiated programs must deal with the patient's weakness including inadequate communication skills, inadequate understanding of human rela-

tionships and responsibility, insufficient maturity level, and inadequate job skills.

Finally, he urged the support of H.R. 730, although he said that the amount proposed would only begin to solve the problem. He recommended altering the urinalysis requirement to a much higher rate and then diminishing the rate over time. He also suggested adding a requirement for evaluation and research.

The commissioner of the Alabama Department of Corrections, Morris Thigpen, noted that these days correctional administrators are concerned with far more than just punishment. When treated with dignity and respect patients respond well to their environment. Mr. Thigpen testified that 80 percent of Alabama's inmates have significant abuse histories. In looking at case histories, almost a third of the admissions into the Alabama system are failures of community-based programs. Alabama has a rather extensive program of random drug testing which includes testing inmates and security guards. Although testing members of the staff is highly controversial, it has been proven a valuable tool. Since the program has been in operation a dozen officers have been fired because of positive tests. Alabama currently operates 8 drug-testing labs in its correctional institutions which perform more than 10,000 results monthly. This random drug testing costs \$140,000 per year—75 percent of the funding secured through a BJA block grant.

In defense of drug treatment programs in prison, Mr. Thigpen noted that the greatest concentration of drug abusers exists in prison. In addition, prison treatment programs reach abusers that will never walk in off the street into a treatment program, nor are they able to afford such treatment. Institutional-based drug treatment programs provide a greater degree of control and accountability and prohibit the client from halting treatment when the rehabilitation becomes difficult.

The last witness to testify on the first panel was Ms. Kemi Morton, Vice President and General Counsel of Unfoldment Inc. Unfoldment is a non-profit organization which provides drug abuse counseling and preventive education services to residents in the Washington, DC area. A new pilot program was recently established at the Lorton Correctional Center in March 1990. A unique aspect of the program is the preference given to hiring ex-addicts and former inmates to counsel clients in drug treatment. The program is based on the 12-step philosophy of Narcotics and Alcoholics Anonymous, which has many benefits.

Inmates deemed eligible for the program are expected to endure a 90-day isolation period. During this period they must refrain from all visits, telephone calls, the general population, and television and radio. The inmates need to be isolated during treatment because drugs are readily available at most prisons, including Lorton.

Ms. Morten also spoke about a phenomenon she calls institutionalization that compounds the lifestyle addiction. She suggested that often prisons create an utter dependency on the part of the prisoner whose food, shelter, clothing, and medical care are all taken care of. Thus when the prisoner is finally released he is socially disabled and lacks the necessary skills to take care of himself effec-

tively. For this reason, she said prison life is highly unnatural. The DC Department of Corrections has asked Unfoldment to expand their program at Lorton from 60 to 240 beds next year. A lack of funding may prevent this expansion. Unfoldment lends their support to H.R. 730 and offered minor amendments to the bill. Ms. Morten suggested that the legislation mandate that prison-based drug treatment be provided by community-based nonprofit organizations and that these programs be administered by correctional personnel. She also suggested that the legislation allow for the direct allocation of funding from the Federal level to approved nonprofit treatment programs. Finally, she asked that funding be earmarked for women and female juvenile offenders. As a result of the crack epidemic, there is a tremendous increase in the number of women, pregnant women, and pregnant juvenile females in the system. When money is not specifically allocated, women's programs are usually the last ones to receive funding.

Mr. Coughlin questioned whether mandatory treatment can be effective. He said that treatment seemed to imply a voluntary cooperation and not a mandatory setting. Ms. Morten noted that addicts who are treated against their will are not good patients and often represent a hindrance to an effective program by discouraging willing patients. Dr. Lipton pointed out that, at the moment there is not enough treatment for willing addicts. Thus, mandating treatment would lead to an even greater staff deficit. But he also said that often the most successful patients are ones who enter the program for nefarious reasons and without any intention of changing. Many enter just to get by, to help them get over parole, or to provide for a safer environment. Dr. Lipton suggested that the goal should be to create incentives for people to enter these programs regardless of their motives. Dr. Lipton added that the best programs are ones which use their ex-patients as treatment counselors, although he acknowledged that it is often very difficult for these ex-addicts to work in a prison environment.

Mr. Guarini asked whether or not there are any funds on the state and local level for follow-up treatment once a patient has been discharged from prison. Ms. Morten noted that this was a serious issue since aftercare is the most critical step in treatment programs. She said that at the moment there is not enough money in the Washington, DC parole board budget for an aftercare program.

Mrs. Lowey praised Ms. Morten and the Unfoldment Program, noting that it manages to make patients independent rather than increasing their dependency. She then asked about the amount to keep a prisoner in the program. Ms. Morten said it cost about \$20,000 to house a prisoner at Lorton. However, this does not include the cost of building the cell, the court costs, or the parole board cost. The Unfoldment Program is approximately \$5,000 a year. Thus, housing plus drug treatment costs a total of \$25,000 a year. But assuming the prisoner doesn't return to prison, \$20,000 a year has been saved.

Panel 2

Mr. J. Michael Quinlan, Director of the Bureau of Prisons, testified that it is important to distinguish offenders with substance

abuse problems from those who are serving time for drug offenses. Some of the latter group were not substance abusers prior to incarceration, but were simply entrepreneurs who were on the streets making a profit from trading in drugs. On the other hand, inmates incarcerated for non-drug offenses may have a significant substance abuse history that contributed to the inmate's offense. The Bureau's treatment strategy begins with appropriate assessment and classification, to distinguish between these two categories of offenders.

Dr. Beny Primm, Associate Director for the Office of Treatment Improvement [OTI] informed the Committee of OTI's efforts to improve substance abuse treatment in the criminal justice system. Because of the startling chronicity of drug use and criminal behavior, there is a tremendous need for the improvement of substance abuse treatment in the system. Dr. Primm emphasized the effectiveness of properly run treatment programs with these words: "treatment works." He pointed out that there are crucial characteristics endemic to the criminal justice system that are conducive to the delivery of cost-effective, successful substance abuse treatment, although he noted that limited efforts have been made to establish substance abuse treatment as an integral component of corrections within the criminal justice system. He added that the few efforts that have been made are promising.

Finally, Dr. Primm acknowledged the emerging commitment and mobilization of members of the substance abuse and criminal justice fields in addressing the drug issue. He said it was particularly important that comprehensive treatment services provided outside of confinement are delivered in a "one-stop shopping" approach, where all services are either provided at a single site, or through case management. Dr. Primm reminded the panel that drug addiction is a chronic relapsing disorder that often requires support services, of one form or another, over one's lifetime. Thus, ongoing treatment and consistent follow-ups are a hallmark component of successful treatment, whether it occurs inside or outside of the criminal justice system.

Mr. Rangel commented that incarcerated drug addicts are the worst constituency to lobby for and for this reason it is often difficult to get proper funding for treatment programs. He recommended that effective programs should be mandated to states—rather than simply suggested. Dr. Primm responded that state treatment plans are not mandatory and the block grant funds are not traced. He said 27 states have voluntarily committed themselves to prepare and implement state treatment plans.

Mr. Quinlan spoke about the boot camp program which represents an alternative method to incarceration. He said he was very excited about the results of the boot camp program, otherwise known as intensive confinement.

Mr. Guarini asked the witnesses if they had any recommendations for H.R. 730. Mr. Quinlan said his staff was concerned with the provisions regarding early release, provisions with regard to voluntary drug testing, and the mandatory use of employee positions—rather than contract positions.

Dr. Primm's concerns were financially oriented. He wondered how the states will be able to afford these programs when the Federal contribution to these programs is on the decline.

Mr. Rangel closed the hearing by thanking Dr. Primm for offering to work with the committee and thanking Mr. Quinlan for sitting in on the hearing. Mr. Rangel said he was interested in the Federal Government mandating certain drug programs that have been proven effective. He said people must realize that drug treatment programs do not coddle prisoners.

On a final note, the Select Committee will be working with the Office of Treatment Improvement to further investigate drug treatment and initiatives in the criminal justice system and to explore possible areas of expansion.

HEARING ON ANDEAN STRATEGY

TUESDAY, JUNE 11, 1991

Witnesses:

Bob Martinez, Director of the Office of National Drug Control Policy.

The Honorable Phil McLean, Deputy Assistant Secretary for South America, Bureau of American Regional Affairs, Department of State.

The Honorable James H. Michel, Assistant Administrator for Latin America, U.S. Agency for International Development.

The Honorable Myles Frechette, Assistant U.S. Trade Representative for Latin America and Africa.

The Honorable John J. Coleman, Assistant Administrator for Operations, Drug Enforcement Administration.

The Honorable Dan Fisk, Deputy Director for Counternarcotics Matters, Inter-American Affairs, Department of Defense.

This hearing was held on Tuesday, June 11, 1991. It was chaired by Charles B. Rangel, chairman of the House Select Committee on Narcotics. The other members in attendance were Representatives Scheuer, Mfume, Payne, Mazzoli, de Lugo, Coughlin, Gilman, Oxley, Lewis, Inhofe, Shays, Paxon, Clinger, Jr., Gillmor, and Ramstad.

Mr. Rangel called this hearing to examine progress of the Andean Initiative and the attempts to control the cultivation, production and trafficking of drugs in Bolivia, Colombia, and Peru.

Mr. Rangel opened by stating the committee's intention to review the progress that has been made with the Andean Nations since the meeting among the heads of State from Bolivia, Colombia, Peru and the United States held in Cartagena, Colombia. Additionally, he stated that he wished to hear the administration's response to criticism against the military assistance component of the Andean strategy. In addition, he also wanted to discuss the role of the United States' economic and trade policies in connection with counternarcotics efforts. He noted the complex social, economic, terrorist and human rights problems in Peru, in particular. He also stressed the need for strengthening democratic institutions, such as the criminal justice system, in each of these countries. He

noted that in Colombia, which has fought the drug traffickers so courageously, the criminal justice system remains the weakest part of the fight, as evidenced by the reports of a jail "palace" for drug kingpin Pablo Escobar.

Mr. Coughlin, ranking minority member, started by welcoming Governor Martinez and saying that he was pleased that the administration has made important progress during the past 2 years with the Andean Initiative. He further stated that it is important to focus on supply reduction through the Andean initiative and other international programs as well as demand reduction here at home. He concurred with Mr. Rangel that Peru faces many serious challenges that complicate the fight against drug production and that Colombia has made tremendous efforts in their war against drugs. He also said that he believed it was imperative for the drug criminals to receive punishment that fits their crime.

Mr. Lewis also welcomed Governor Martinez and commended him on his antinarcotics efforts within Florida while he was governor. He stated that it was important for the Andean countries to find alternative crops to coca. Furthermore, he noted that the governments in the region were burdened with overwhelming foreign debt and that, in some cases, the organizations that ran the drug trade were rivals of legitimate governments. He concluded with his reservations about the cooperation that the U.S. government has received from Peru.

Mr. Scheuer stated that he was impressed with President Gaviria in Colombia and that anything we could do to help him and his government was well worth it.

Governor Martinez, the first witness, began by stating that our international efforts are but one element of the President's national strategy to battle narcotics. For fiscal year 1992, they had requested \$11.7 billion to fight the war on drugs.

Mr. Martinez had just returned from visiting Mexico, Colombia, Peru, Bolivia, and Panama. The trip, he said, was an important indication of President Bush's commitment to our drug-fighting allies in South America. He informed Latin American government officials of the aggressive steps the United States is taking to fight drugs domestically and he noted the dramatic successes in reducing drug use in the United States. He stressed the importance of demand reduction efforts not only in the United States, but in the nations in South America. Additionally, he talked about the hopes of increased economic and trade opportunities and a new hemispheric partnership that is forming that will lead us into the 21st century as an "American community of nations."

He was impressed with the degree of commitment and political will at the highest levels in each of the countries he visited. Further, he was convinced that the U.S. narcotics-related assistance to these countries had been effective. Two years ago, no one would have predicted that the Colombian law enforcement crackdown would force the surrender of the Ochoa brothers. No one predicted that the Bolivian coca farmers would voluntarily eradicate record numbers of coca fields resulting in a net reduction in cultivation. Furthermore, no one predicted that unprecedented cooperation with the Mexicans would include the Northern Border Response Force [NBRF] seizing massive quantities of cocaine and disrupting

trafficking organizations in Mexico. However, despite the recent progress of the Andean countries and Mexico, much remains to be done. The United States should insist on steady progress, recognizing the very real and difficult circumstances that we face.

On the interdiction front, the Colombians have seized over 50 tons of cocaine this year, much of it reportedly belonging to the Cali Cartel. The United States supports Colombia's efforts to reform its judicial system so that drug-related crimes can be effectively prosecuted and traffickers incarcerated in Colombia.

In Mexico, Mr. Martinez delivered a letter from President Bush to President Salinas praising Mexico for its leadership in the fight against drugs. He estimated that 70 percent of illegal cocaine smuggled into the United States transits Mexico. The recently established NBRF, Mexico's new Citation aircraft, and an enhanced radar network would significantly reduce aerial smuggling through Mexican territory.

He noted that the Bolivian drug-fighting record in 1990 saw success, including the following: record levels of voluntarily eradicated coca, close cooperation between the military and police in counter-narcotics activities, an agreement to send U.S. military trainers to Bolivia, and the Bolivian Government's decision to utilize the Bolivian army in support of their counter-narcotics police.

In Panama he attended a conference of U.S. Government officials who were directly responsible for carrying out the Andean initiative. While there he took the opportunity to meet with President Endara to outline United States concerns with Panama, including drug trafficking through Panama and money laundering in Panamanian banks.

He expressed concern that Peru remains the world's number one producer of coca leaf and base, and a critical player in the U.S. cocaine-control strategy. Two days before he arrived in Peru, the United States Embassy in Peru signed an umbrella agreement on drug control cooperation, a comprehensive approach to fighting drug trafficking.

Mr. Rangel began the questions by asking for a rough estimate of the percentage of the world's crop that comes out of Peru. After Mr. Martinez answered that it was approximately 60 percent, Rangel requested an explanation as to why there had been no progress in eliminating or at least decreasing the production.

Mr. Martinez suggested ways to halt the Peruvian reliance on the coca crops such as finding alternative crops, applying constant pressure to dismantle the trafficking organizations, and continuing to provide economic assistance and development programs.

Mr. Rangel went on to ask if Mr. Martinez had an alternative crop or income substitute in mind for the farmers in Peru and Mr. Martinez stressed the importance of assisting the Peruvians develop their own plan rather than imposing one upon them. He also stressed the necessity of cooperating with them in rebuilding their infrastructure, providing economic and development assistance, and assistance in improving institutions that provide law enforcement and monitor human rights violations.

Mr. Coughlin followed up by questioning Mr. Martinez if it was Peruvian policy to force or shoot down drug trafficking planes in the Upper Huallaga Valley and if it is U.S. policy to provide assist-

ance to Peru so that such operations would be carried out as safely and effectively as possible.

Mr. Martinez responded by saying that the Peruvian military has forced down aircraft, but at present there was no U.S. military assistance program in Peru. After being asked if it was our responsibility to provide intelligence and training assistance to Peru if they ask for it, Mr. Martinez replied that it is our policy to provide information about aircraft traffic and movement. He further stated that they have tried to get the Peruvian Government to take control of their own airfields.

Mr. Coughlin noted the allegations that Colombian drug kingpins conduct their business from prison and expressed concern over the fact that Pablo Escobar may do the same if he were to surrender. Mr. Martinez concurred that this was a concern and that they would be watching Escobar's case.

Mr. Walters joined in by saying that President Gaviria recently said that if there was evidence that traffickers in custody were continuing to conduct operations or were threatening the judicial process, they would lose the proposed reduction in sentence that they gained by turning themselves in. Mr. Walters noted that as long as human rights are recognized and the prisoners are allowed to have visitors, there is always the potential for criminal activity to take place from the drug cell.

Mr. Martinez stressed that President Gaviria indicated to him that he would work diligently to fight this problem. He also added that, historically, Colombian prisoners receive more external care than American prisoners. Medical care, food, clothing, etc. are frequently furnished by the family, hence the practice of incarcerating criminals in their home state. We would have to become more familiar with the system so we can discern between special treatment and normal care.

Mr. Lewis asked Mr. Martinez how we are measuring our effectiveness in the region.

Mr. Martinez noted that measuring the political will of the government and of the people might be subjective, but he believed that these countries would like to become first-world trading partners and that not being in control of their institutions would have a negative impact on their standing. He further stated that each of the Andean countries has made significant progress after President Bush's 5-year initiative began, but he thinks that there will be a few things left over that need to be handled.

Mr. Martinez went on to say that in his discussions with the Presidents from the other countries, he stressed that demand reduction, not just supply reduction, was important on the agenda. He also added that other countries will continue to have a demand for coca even when the U.S. demand decreases.

Mr. Lewis inquired if Mr. Martinez had any recommendations for changes in the current strategy for the Andes. Mr. Martinez responded that additional funding for economic assistance to the region is pending, and that assistance in terms of information and expertise could also be useful.

Next, Mr. Inhofe shared the possibility that we are a smaller percentage of the worldwide cocaine market than a year ago. Mr. Martinez responded that there has been a decline in the U.S. consump-

tion rate and that markets in other parts of the world are increasing.

Mr. Inhofe next questioned Mr. Martinez about the willingness of the farmers to try alternative crops and Mr. Martinez answered that the campesino leaders he spoke with wanted a legal product. However, there must be a market for the new products and a means to get the goods to market, and alternative crops must be able to provide a living for the farmers and their families.

Mr. Walters added that the attack on the narcotics traffickers and the trafficking infrastructure, i.e. processing and transshipment, has reduced the demand for the raw coca leaf. Thus, the price paid to the farmers for the leaf has plummeted and farmers are now more interested in finding alternative crops.

Mr. Clinger then inquired about the level of cooperation among Andean nations. Mr. Martinez informed him of an organization of South and Central American countries, including Mexico, that is increasing its regional cooperation. Furthermore, he spoke of a suggestion he received from a President in one of the countries for a multi-national law enforcement training academy.

Mr. Gilman asked if the administration is responding to the Bolivian President's proposal to host another Andean summit and what progress has been made since the last conference. Mr. Martinez responded that he did not have President Bush's response, but that he would encourage it under the right circumstances. He went on to say that a second summit meeting would include more countries.

In terms of progress, Mexico and Colombia have had significant increases in their ability to intercept and interdict drugs and drug traffickers and there has been a decline in the number of hectares of coca leaf. Additionally, Colombia has made a large effort to strengthen their criminal justice system. Peru has signed an umbrella narcotics control agreement. Panama has now adopted many agreements.

Mr. Gilman inquired if Mr. Martinez was in continuous contact with the Andean anti-drug people. Mr. Martinez responded that John Walters handles the international and security activities on a day-to-day basis, but that he does frequently speak with the ambassadors and ministers.

Mr. Gilman further asked Mr. Martinez if there is evidence of a strengthening of the justice systems in the Andean nations and Mr. Martinez responded that progress has been made in each country to varying degrees. In some instances the institutions are there, but the people who have been running them have not been effective, have violated human rights, or have not been corrupt.

Lastly, Mr. Oxley asked Mr. Martinez about his impressions of the post-Noriega Panama in relation to drug trafficking. Mr. Martinez responded that President Endara has been very committed to new drug control agreements and has been concerned with local drug consumption.

Assistant Secretary of State, Melvin Levitsky, began the second panel discussion by outlining the administration's policy and the progress since the Cartagena Declaration. The administration's Andean strategy, in its second of 5 years, is in various stages of implementation. The central component is to seek the firm commit-

ment of the local governments to enhance their law enforcement and criminal justice institutions and to improve local economic performance to offset the elimination of income from coca cultivation and cocaine refining and trafficking, while simultaneously ensuring greater respect for human rights. In addition, they are developing new international mechanisms to address money laundering and the flow of precursor chemicals mostly through the European initiative and the multilateral Chemical Action Task Force [CATF].

He went on to say that problems still exist such as Peru's weak economy, terrorism, corruption, and years of governmental neglect of outlying areas. Peru remains the area of greatest concern. A few positive steps have been taken and show some results--there has been a noticeable movement of trafficking activities to the northern part of the Upper Huallaga Valley, to avoid anti-narcotics police.

In Bolivia, corruption is also a problem, but there were some major law enforcement accomplishments, including the dismantling of the "Meco" Dominguez trafficking network. A record of over 8,000 hectares of coca were eradicated in 1990. The Bolivian Navy Riverine Task Force has stepped up patrols to deny the use of the rivers for movement of precursor chemicals and cocaine products.

The Colombian Government continues its effort against traffickers and has seriously disrupted the cocaine processing industry, but the major trafficking organizations are still intact. The government also continues to take effective action to curb official human rights abuses. While Colombian forces have inflicted significant damage on the Medellin cartel, the Cali cartel and a new cartel on the north coast have not yet been targeted as aggressively. The government of President Cesar Gaviria is currently adopting a risky two-track policy to deal with the power of the trafficking cartels and the emotional extradition issue.

Assistant U.S. Trade Representative Myles Frechette said in his testimony that we need to provide the Andean Nations with viable economic alternatives to the drug trade by enhancing their access to U.S. markets. This market access should encourage market-oriented policies and economic reforms. The U.S. Trade Representative has led the Andean Trade Task Force since 1989.

He further went on to say that the first step of the Andean Trade Initiative included bilateral efforts, such as the Generalized System of Preferences [GSP], technical assistance, and multilateral efforts. Technical assistance seminars to explain the climate and conditions for "doing business with the United States" were well received. He said that they have explored possibilities for expanding textile trade with the Andean countries, in a manner consistent with current U.S. Government policies and programs.

The second step of the Andean Trade Initiative builds on the Enterprise for the Americas Initiative [EAI] and fulfills the President's commitment at the Cartagena Summit to expand economic alternatives for the Andean countries. It includes agricultural development assistance and the Andean Trade Preferences Act [ATPA]. The Ambassador's top priority, completing the Uruguay round, combined with the EAI and ATPA, would benefit anti-nar-

cotics efforts in the Andes. Mr. Frechette asked for Congressional support in those endeavors.

Mr. Coleman of the Drug Enforcement Administration [DEA] stated that the DEA policy in the Andean region is to isolate major coca growing areas, block the chemicals needed to make cocaine, destroy processing labs, and dismantle the drug trafficking organizations by arresting the top trafficking leaders.

Operation Snowcap is an ongoing operation in the Andes, based on the successful 1988 Operation Blast Furnace which temporarily dismantled most of the largest cocaine laboratories in Bolivia, resulting in a drastic drop in the price of coca leaf to below the cost of production. This year DEA is adding 12 agents for Operation Snowcap in South America.

He noted that Peru's anti-narcotics efforts have centered on cocaine processing labs. These labs are now smaller and moving closer to town in response to our crackdown. Peru's drug force has added fighter jets to the narcotics fight.

The Bolivian Government has signed a revised narcotics control agreement, which allows U.S. military assistance to the Bolivian Army to support Bolivian narcotics law enforcement.

Financial investigations are an integral part of Colombia's counternarcotics efforts. There have been some successes in this area, as \$235 million has been seized from the drug traffickers.

Mr. Coleman concluded his statement by saying that wholesale prices of cocaine are up and the purity has declined in the United States, indicating less availability. Another indication of success in drug law enforcement is the lack of large-scale processing labs in the source countries. The existing labs are smaller, nearer towns, and sometimes mobile. Lastly, traffickers are now recycling the processing chemicals, showing us that restrictions are working.

Dan Fisk, of the Department of Defense, said in his testimony that DOD does not contemplate a large U.S. military presence in the Andes, but rather encourages the maximum use of all existing resources, capabilities, and assets. Host nations' armed forces are provided assistance to: support law enforcement in terms of transportation and logistics; patrol rivers and coast lines; provide security against insurgents; and conduct civic action programs.

Mr. Fisk also shared that the Colombian and Peruvian insurgents are increasingly becoming involved in the narcotics industry and, along with the traffickers, have created a two-pronged militarized situation that poses a direct threat to the sovereignty of the Andean nations. A purely social or economic approach to the drug dilemma will not succeed in the environment of intimidation and violence that now prevails.

To date, approximately \$109 million in foreign military financing has been provided to the region. The assistance has largely been directed to Colombia and Bolivia, due to Peru's reluctance to sign the FY 1990 military assistance agreement. The Andean countries have also received aircraft spare parts, basic soldier support equipment, communications equipment, patrol boats, and navigation equipment.

Lastly, Mr. Michel stated that alternative development efforts are just as critical and should function in a complementary role. The provision of expanded economic assistance is crucial and is de-

signed to help offset the negative impact on the local economy as coca is phased out.

Mr. Rangel proceeded to question Mr. Levitsky on the allegation that conditions were worse in Panama than they were before the invasion. Mr. Levitsky said that was not the case. He stated that there are still weak institutions and money laundering problems, but they are working with the government of Panama to reconstruct or construct the institutions and forces that fight narcotics trafficking and abuse.

Mr. Coleman agreed with Mr. Levitsky by saying that money laundering continues to the degree that they are concerned, but that they are making progress in combating that as well as in rebuilding the Panamanian Government.

Mr. Coughlin discussed his disappointment in the fact that the Appropriations Committee cut \$41 million from the administration's budget request for DEA. He then asked if any steps were being taken to halt the insurgency in Peru.

Mr. Levitsky answered that insurgency is especially a problem because they are very strong in the same valley in which most of the coca grows. They had been indirectly involved in coca production and drug shipments, and are increasingly directly involved in drug traffic. Part of the reason the administration has requested military assistance was because they understood that the insurgency and the drug problem were inextricably linked. To the extent that the insurgency could be dealt with effectively and in proper conditions by Peruvian authorities, there also would be benefits for drug law enforcement.

Mr. Coughlin then raised the difficulty of getting at the drug infrastructure and coca cultivation when the countryside is out of the government's area of control. Mr. Levitsky said it was extremely difficult and gave an example of when 30 men were manually eradicating the fields and were shot down. However, they have since tried to cut the links between the big trafficking organizations and the growers, tried to keep the price down, as well as tried to provide some economic incentives and trade preferences to get the people out of the business voluntarily.

Mr. Levitsky then shed some light on the Colombian drug situation. Last year they lost over 400 policemen and almost an equal number of civilians to the vicious trafficking organizations in their fight against drugs. They have worked hard to dismantle the drug trafficking infrastructure, have extradited 24 indicted drug traffickers to the United States and their cocaine seizures have increased dramatically.

Mr. Coughlin then asked about the significance of President Gaviria's announcement that he plans, in cooperation with the Constituent Assembly, to dissolve the Colombian congress.

Deputy Assistant Secretary McLean informed him that the Constituent Assembly, established last year, has been reforming the constitution and if the old congress reconvened, they would not be the best agent to put enabling legislation into place. He said that the President, the head of the majority party, and the Constituent Assembly are compromising to have the old congress recess and to hold new elections this fall.

Mr. de Lugo highlighted the anti-narcotics success in Florida, the Virgin Islands, Puerto Rico and other Caribbean islands. He inquired of Mr. Frechette what the impact of the ATPA would be on Puerto Rico and the Virgin Islands. Mr. Frechette replied that the impact would be very minimal on their economies.

Then Mr. deLugo inquired upon the impact that it would have if rum were included in that package. Mr. Frechette said that rum was included in ATPA and its impact had been examined and was believed to be minimal. Mr. McLean added that rum is not a big Andean product and export earnings on it therefore would be small.

Next, Mr. Paxon asked Mr. Fisk what kind of impact the military action in the Gulf has had upon the Department of Defense's war on drugs. Mr. Fisk replied that it has had some impact, but that overall, the Department has maintained its level of commitment in the Andean region.

Mr. Paxon then asked if the actions to reduce the budget have been analyzed in terms of the impact on the international drug war. Mr. Levitsky said that the cuts for his Bureau were around 14 percent from the request, i.e. INM would be held at last year's funding and not receive the increase they had requested. Basically, the additional money would expand the efforts in Mexico and transit countries as well as begin implementing the heroin strategy.

Mr. Rangel stated that he thought with the "New World Order" there should be faster approaches than the ones being taken in Peru. Mr. Levitsky responded that the approach to Peru is balanced in that it contains interdiction, enforcement, military, and economic components.

Mr. Rangel said that he heard that President Fujimori of Peru did not want to participate in the program, because of the inclusion of the military. Mr. Levitsky informed him that Fujimori actually proposed it. Mr. Levitsky added that the President initially did not want to sign a military assistance agreement until there was a comprehensive program that the Peruvians and the United States would agree upon that would include all the elements. The umbrella agreement and its annexes have now included all elements he deems necessary. Problems continue in terms of a lack of resources, commitment, and the failing Peruvian economy, but President Fujimori has been cooperative. He added that there have been signs of performance in the last 4-6 months.

Mr. Rangel asked why the program has only had recent success when it has been going on for ten years now. Mr. Michel noted that Peru had the external and internal complications such as insurgency, poor economic management by several Peruvian governments, a heavy foreign debt, poor road infrastructure and no economic incentives to make a legitimate living. However, he clarified that change in these areas would require a long-term commitment and that in the past few months, the government has dismantled a lot of economic and bureaucratic obstacles that previously existed.

Mr. Michel spoke on behalf of the Andean Trade Preferences Act, mentioning that he hopes the United States could provide trade incentives for substitute crops as does the European community.

Mr. Rangel stated that sometimes the farmers continue to grow the drug crops as well as the substitute crops. Mr. Michel stressed that enacting ATPA would show a serious commitment to helping the farmers earn a legal livelihood and that symbolism is important.

Mr. Gilman questioned Mr. Michel as to which economic policies have been formed. Mr. Michel noted the removal of price controls on agricultural inputs and outputs, the removal of heavy government regulations that impeded agricultural investment, and the removal of an overvalued exchange rate that had been an impediment to agricultural export. Additionally, it appears as though the Peruvian government is creating a program that would bring international support and eligibility for financing from international financial institutions.

Mr. Gilman asked what types of crops are being suggested. Mr. Michel listed rice, peas, spices, palm oil, and tropical fruits. Additionally, cacao, casaba, and cattle are possibilities for the upper Huallaga Valley.

Mr. Rangel inquired about the possibility of the 82nd Airborne building roads for them. Mr. Levitsky noted that road building and other civic action projects are an important part of the military assistance.

Mr. Levitsky informed the committee that President Fujimori, a very strong environmentalist, has noted the damage done to the Upper Huallaga Valley by the narcotics industry. Consequently, the State Department has produced a handout entitled, "Narcotics, the Environmental Consequences".

Mr. Gilman asked about the status of negotiations for a mutual legal assistance treaty with Peru. Mr. McLean explained that the Peruvian government recently came to them with this suggestion, that they are in the process of looking it over, and that it should take less time than the agreement with Panama took.

Mr. Coughlin then commented on the committee's trip to Panama before Desert Storm and Desert Shield. They were impressed at the counternarcotics work that the American military was doing. He asked if the same level of effort was being put into it now as before Desert Storm and Desert Shield.

Mr. Fisk informed him that the U.S. Southern Command continues to maintain its levels of assistance and that assets are being moved from the Gulf back to this hemisphere.

Mr. Levitsky mentioned that they were not able to provide helicopters for certain narcotics operations because they were not available, but that they did provide several to Bolivia and Mexico.

Mr. Coughlin inquired if the radar would go back and Mr. Fisk replied that some of it is going back, depending on what is needed in the Gulf.

Mr. Rangel concluded the hearing by thanking the panel and stating his desire to work closely with them. Mr. Coughlin thanked the panel as well.

FEDERAL DRUG INTERDICTION EFFORTS

JUNE 20, 1991

*Witnesses:**Panel 1*

The Honorable Stephen M. Duncan, Assistant Mr. of Defense and DOD Coordinator for Drug Enforcement Policy and Support, U.S. Department of Defense.

Panel 2

Rear Admiral William P. Leahy, Jr., Chief, Office of Law Enforcement and Defense Operations, U.S. Coast Guard.

The Honorable Thomas McDermott, Director, Office of Domestic Operations, Office of Enforcement, U.S. Customs Service.

INTRODUCTION

Considering the significant investment by the Congress over the last 5 years in resources for interdiction of narcotics on land, sea, or air, it is appropriate to take a fresh look at what has been accomplished and what more can and should be done. The Persian Gulf War resulted in the transfer of some interdiction equipment to the Middle East and also distracted many in the United States from the continuing need to combat drug trafficking. Thus it is an appropriate time for the Select Committee to refocus attention on the drug war.

The primary objectives of this hearing were to: (1) find out what are the latest trends in drug trafficking; (2) discuss the current roles and strategies of the various interdiction agencies; and (3) evaluate what interdiction efforts are accomplishing and whether or not the substantial investment by the U.S. taxpayer is paying sufficient dividends to justify the cost.

The hearing will also address the changing role of the Department of Defense in drug interdiction. In 1981 total DOD antidrug spending was about \$5 million. The Fiscal Year 1991 budget for the Department of Defense drug interdiction budget is over \$1 billion, a 200-fold increase in less than a decade. This huge growth in DOD's drug budget was mandated by the Congress through the appropriations process as well as a series of substantial reforms of the Posse Comitatus Act over the last decade. The changes were most dramatic in the 1989 Defense Authorization Act when Congress made the Department of Defense the lead agency in detection and monitoring of drug trafficking. The military has since substantially upgraded its counter-narcotics program, dedicating numerous assets in equipment and personnel to the drug mission. The military has also created three joint task forces (in Florida, Texas, and California) to coordinate and direct the overall Federal effort.

Most observers have concluded that the employment of the military's considerable logistical and organizational skills has enhanced the efficiency of the national interdiction program. Nonetheless, it is still not clear who is ultimately in charge of interdiction and whether interagency coordination is adequate. How the

military's increased role will affect the Coast Guard and Customs Service interdiction programs is also unclear.

The United States Coast Guard, although increasing its counter-narcotics operations in hot spots like the Caribbean, finds its responsibilities divided among its other duties besides drugs. These include search and rescue, oil spill clean-up, and especially in the case of the Caribbean, rescuing immigrants sailing to the United States on unstable vessels and ferrying them back to their nations of origin.

The Customs Service has recently been in the news because of charges of corruption against a number of agents stationed near the border with Mexico. These charges are currently being investigated. As the agency responsible for examining incoming people and commerce for drugs, it has its hands full with monitoring the border with Mexico and checking cargo ships entering the United States from ports around the country. However, the cross-designation last year of an additional 1,000 agents as DEA agents was an important step for Customs because it gives these Customs agents the authority to investigate traffickers' activities and to pick up the trail of drugs well before they reach the U.S. border.

Although estimates vary on how much interdiction costs, depending on what you include, it amounts to a substantial part of our overall Federal drug budget. The 1992 budget request for the interdiction agencies testifying today are: \$1.15 billion for the Department of Defense, \$704 million for the Coast Guard, and \$663 million for the Customs Service. Today we have an opportunity to examine what the Nation is receiving for this investment.

HIGHLIGHTS OF CHAIRMAN RANGEL'S OPENING STATEMENT

Mr. Rangel opened the hearing by describing drug interdiction as "probably the most important and most difficult part of the struggle against drug abuse." He said that we talk a lot about prevention, education, treatment, and enforcement, but that the American people are most interested in what we are doing to stop drugs from coming into the United States. Mr. Rangel added that with all the new trade agreements being negotiated it "looks like a drug dealer's delight to see that there will be more commerce and more opportunities for them to bring their poisons into the United States."

In any event, Mr. Rangel argued, we have to maintain a strong Federal drug interdiction program. This morning we will be hearing from the Department of Defense, the U.S. Coast Guard, and the U.S. Customs Service. Mr. Rangel said that he is particularly glad to have Assistant Mr. Duncan here before us. At a recent Select Committee field trip to the El Paso Intelligence Center, prior to the Persian Gulf crisis, the Members present were impressed with the effectiveness and the assumption of responsibilities of the Department of Defense. It was really an outstanding job of coordinating intelligence, working with the different branches of the military, and working with other agencies involved with interdiction.

HIGHLIGHTS OF RANKING REPUBLICAN COUGHLIN'S OPENING STATEMENT

Mr. Coughlin welcomed the witnesses and announced the introduction of two bills on the use of force against airborne drug traffickers. Stating that "we must fight this war against drugs in a manner which makes it possible to win it. Just monitoring drug traffickers is not enough, we must stop them."

The first bill, initially introduced last year, gives the U.S. Coast Guard limited authority to use force against airborne drug traffickers. It is designed to combat a common means of trafficking whereby airborne drug traffickers fly to the coast of the United States, or to a nearby island, drop drugs to cohorts below, and then turn around and fly away without ever stopping. Frequently we capture the whole thing on tape. Our interdiction agencies, with their multi-million dollar assets and expertly trained personnel, do not have the authority to do anything more.

There are 21 safety features in the bill to ensure that only drug traffickers are targeted. The most important are the requirements that prior to the use of force. (1) United States authorities recover and test positive drugs dropped from the plane's hold, and (2) repeated warnings, by various means, are presented to the trafficking plane.

Mr. Coughlin said that the second bill would provide the U.S. military explicit authority to train foreign nationals how to shoot down drug trafficking planes, and to assist them in the process with intelligence and technical assistance. It prohibits the actual use of such force by U.S. personnel (except in self-defense). Our allies in the drug war, including Peru, Colombia, and Mexico are already using force against drug trafficking planes. It is only prudent that U.S. authorities, who are already providing military training and assistance, advise them on the topic. In most of the coca growing areas, air transport is the only way processing chemicals can be brought in and cocaine can be brought out. Thus, this bill, if enacted, could dramatically increase the effectiveness of our overall interdiction effort. Assistance in this area would only be provided at the request of the host nation.

HIGHLIGHTS OF WRITTEN TESTIMONY OF ASSISTANT SECRETARY STEPHEN M. DUNCAN, DEPARTMENT OF DEFENSE

The President launched the first National Drug Control Strategy on September 5, 1989, making it clear that the U.S. Government viewed narcotics as a national security threat and that stopping drug trafficking is a high priority national security mission.

The Secretary of Defense followed up the President's initiative with a program to attack drugs at the source, in transit, and in the United States. The focus of the attack on drugs from the source is combating production and trafficking in the principal cocaine-producing countries of Colombia, Bolivia, and Peru. The Department of Defense wants to contribute to efforts to strengthen political will, institutional capabilities, and increase the effectiveness of law enforcement agencies.

To combat drug transit, DOD will improve tactical intelligence in order to disrupt trafficking operations and intercept traffickers.

The department will focus on the main trade routes through the Mexican border, Puerto Rico/Caribbean region, South America/Central America, as well as other areas such as the western border of the United States and Hawaii.

The Department of Defense continues to try hard to reduce the demand for drugs. DOD programs to educate children on the dangers of drugs have been expanded. All employees, including civilians, are tested for drug use. We plan to expand our drug rehabilitation programs.

HIGHLIGHTS OF WRITTEN TESTIMONY BY REAR ADMIRAL WILLIAM P. LEAHY, JR., CHIEF, OFFICE OF LAW ENFORCEMENT AND DEFENSE OPERATIONS, U.S. COAST GUARD

Substantial amounts of drugs are still being smuggled in both the Atlantic and Pacific regions. In the Pacific, air corridors are used to smuggle drugs into Southern Mexico and Central America for further shipment over land.

The Caribbean, especially Puerto Rico, is today a major transshipment point for cocaine as well as heroin destined for the United States. Increased interdiction in the Western Caribbean, particularly the joint U.S./Bahamian OPBAT, has pushed trafficking eastwards towards Puerto Rico and the Virgin Islands.

Puerto Rico is especially vulnerable since, as a territory of the United States, goods leaving the island do not have to clear customs. Thus, once illicit narcotics have reached Puerto Rico, it is an easy matter for individuals to carry the drugs back to the United States in suitcases or on their person. Couples on cruise ships are increasingly used for these purposes. The United States Virgin Islands also has a worsening drug transshipment problem.

Coast Guard maintains a significant Caribbean presence in the form of cutters, aircraft, shore units, and Law Enforcement Detachments [LEDET's] working from Navy ships. Our Seventh District Headquarters, located in Miami, has overall operational control of Coast Guard cutters in the region. Larger cutters from throughout the Atlantic area are deployed near Puerto Rico and the U.S. Virgin Islands to conduct DOD coordinated operations.

HIGHLIGHTS OF WRITTEN TESTIMONY OF THOMAS MC DERMOTT, DIRECTOR, OFFICE OF DOMESTIC OPERATIONS, U.S. CUSTOMS SERVICE

Drug enforcement remains a daily challenge, but today's interdiction techniques fit the new means of smuggling through investigate driven interdictions and selective targeting of passengers and cargo.

In March 1990, Congress expanded Title 21 to allow a total of 1,200 Customs special agents to investigate violations of the Controlled Substances Act normally under DEA's jurisdiction in the areas of smuggling and drug money laundering. These cross-designated Customs agents follow interdiction investigations from start to finish. As a result, DEA agents can focus on their national priority programs while Customs agents apprehend smugglers and their co-conspirators at our borders.

Joint efforts between Federal, State and local law enforcers enhance Federal drug interdiction. By cooperating with Customs, op-

erations like the Blue Lightning Strike Force in the southeastern United States and the Operation Alliance on the southwest border have proved successful.

In Fiscal Year 1990, approximately 59 air drops were detected in Puerto Rico and the Virgin Islands. Supported by intelligence and investigations, Customs continues to devote time to the threat of Caribbean smuggling. The Virgin Island Trust Fund recently approved an increase of U.S. Customs agents from three to ten.

Operations by special agents in charge in South Florida and Puerto Rico have provided Customs agents with means of intercepting drug smuggling. Smuggling in Puerto Rico and the Virgin Islands occurs increasingly by airline and cruise ship passengers. The majority of drugs trafficked from the Caribbean come to the United States in large sea cargo containers and smaller cargo ships.

The United States Customs Service is committed to the administration's national drug control strategy. Customs is better equipped than ever and are increasing the pressure on drug traffickers in air, and on land and sea.

HIGHLIGHTS OF QUESTIONS AND ANSWERS

Mr. Coughlin opened the questioning by asking Mr. Duncan about the shooting down of an aircraft carrying drugs by the Peruvian Air Force. The Mr. responded by stating that it is U.S. policy not to shoot down aircraft, but that foreign countries make their own policies. He added that the U.S. military is in the business of teaching host nations the skills they need to fight the drug traffickers and that he is not aware of any law or policy decision which would prevent us from giving advice (on the use of force) to any country.

Mr. Lewis asked Mr. Duncan about cooperation between the Federal Government and state and local agencies. He replied that the Department of Defense has learned over the last two years that the military has a lot to offer local law enforcement agencies, once the agencies are aware of what type of assistance is available. To improve this coordination the military has established regional offices so that local agencies do not have to come through the Washington bureaucracy to gain assistance.

Mr. Guarini asked Mr. Duncan what the impact on the drug trade would be if a free-trade agreement were signed with Mexico. Mr. Duncan responded that cooperation with Mexico has improved considerably in recent months because of the formation of the Northern Border Response Force and because of increased information sharing with our interdiction agencies. Thus, the administration is hopeful about the long-term prospects of working with Mexico on antidrug initiatives.

Mr. Rangel thanked Mr. Duncan for testifying and said that he shared the views of the other members of the Select Committee which had praised the Department of Defense for doing an outstanding job in combating drug trafficking.

Mr. Shays asked Admiral Leahy how the process works of having Coast Guard officers on Navy vessels. The Admiral answered by explaining that the Coast Guard has special billets dedicated as law enforcement detachments aboard Navy ships called LEDET teams.

Both the Coast Guard and the Navy have found that this system works very well.

Mr. Coughlin asked Mr. McDermott why airdrops are still the preferred method of smuggling organizations. He responded that air transport is used because it is rapid and that prior to employment of aerostats and other detection devices air transport was by far the greatest trafficking threat. Now U.S. authorities have pushed the traffickers back, forcing them to make their drops in the Caribbean, instead of off the coast of the United States.

Mr. de Lugo asked to what degree cruise boats are being used to get drugs into the United States. Mr. McDermott told him that both cruise boats and cargo ships are traveling from the U.S. Virgin Islands, Puerto Rico, and surrounding islands with shipments of illicit narcotics to the continental United States.

Mr. de Lugo, chairing the hearing in Mr. Rangel's absence, thanked the witnesses for their testimony and adjourned the hearing.

**DRUG ABUSE AND DRUG TRAFFICKING IN WESTERN NEW YORK:
ASSESSING THE THREAT ON THE NORTHERN BORDER**

JULY 15, 1991

Witnesses:

Panel 1—State and local law enforcement

Chief John Askey, Town of Amherst Police Department.

Captain Neil Flood, Criminal Investigation Division, Office of the Monroe County Sheriff.

Detective Sergeant William Blair, Toronto Metropolitan Police Department.

Panel 2—Federal law enforcement

Dennis Vacco, U.S. Attorney for the Western District of Buffalo.

Dave Wright, Special Agent in Charge, Buffalo, U.S. Customs Service.

Robert Bryden, Special Agent in Charge, New York Field Division, Drug Enforcement Administration.

G. Robert Langford, Special Agent in Charge, Federal Bureau of Investigation.

Commander Mark O'Hara, Commander, U.S. Coast Guard, Group Buffalo.

Ronald Carnes, Director, Enforcement, Project North Star.

Panel 3—Treatment and prevention

Robert E. Rich, Jr., and Melinda R. Rich, Co-chairpersons, Western New York United Against Drugs.

Dr. Maureen Montgomery, Director, Parents and Children Together [PACT], Children's Hospital of Buffalo.

Lieutenant Carmen Kesner, Director, Town of Hamburg Police Department/Drug Education Office.

Andres Garcia, Vice-President, Buffalo-Columbus Hospital.

Barbara Hicks, Coordinator, Substance Abuse Programs, Lakeshore Community Mental Health Center.

The objective of the Select Committee's hearing was to review the issue of drug trafficking and money laundering through the U.S./Canada border as well as to examine the effectiveness of drug treatment and prevention efforts in the Western New York area.

HIGHLIGHTS OF PANEL 1: STATE AND LOCAL LAW ENFORCEMENT

The committee first heard from the state and local law enforcement panel. Chief John Askey, Town of Amherst Police Department, testified that the drugs of choice in the town of Amherst are generally cocaine and marijuana. Crack has not been prevalent in the suburbs of Buffalo. He praised the Federal Government's asset seizure and forfeiture program stating that it has greatly enhanced their ability to investigate the drug problem. He also told the committee that the DARE [Drug Abuse Resistance Education] program is an excellent one and has a considerable positive impact on young people. In summary, Chief Askey stated that strict enforcement and penalties for those breaking the law, in combination with education for young people, will continue to make a difference in his community.

In his testimony, Captain Neil Flood, Criminal Investigation Division, Office of the Monroe County Sheriff, stated that over the past 5 years, they have observed a tremendous change in narcotics distribution with the increased presence of well organized groups such as the Jamaicans and the Dominicans. These groups take hold in an area such as Rochester which they realize is a convenient conduit to Canada. Recent intelligence indicates that they may be using the waterways to transport narcotics both into Canada and the reverse.

They are working with Canadian law enforcement in an effort to attack the problem and have found success with the RISS [Regional Information Sharing Systems] project, funded through the U.S. Department of Justice. Additionally, they are a member of MAGCLOLEN [Mid-Atlantic Great Lakes Organized Crime Law Enforcement Network] which is an intelligence gathering center. It includes representatives from Canadian law enforcement and has proven to be a very valuable resource.

Captain Flood joined with Chief Askey in his praise of the Federal Asset Forfeiture Program pointing out that the direct return of dollars is used for the purchase of technical equipment which they would not normally be able to buy. He closed by stating that law enforcement is not going to win this war singlehandedly and we must address the demand side of the equation if we are going to make a difference.

Detective Sergeant William Blair, Toronto Metropolitan Police Department, spoke of an alarming increase in violence in the Metropolitan Toronto area which is directly attributable to the increased use of drugs, specifically, crack cocaine. As a result, local police forces have dedicated the majority of their limited resources to street crime. He described Canada as a "natural target for exploitation" for groups involved in the distribution of narcotics.

The movement of drugs northward and the return of drug proceeds to criminal organizations based on the United States is the norm and remains a significant problem for Canadian law enforce-

ment. According to Sergeant Blair, intelligence reveals that organized crime is actively involved in moving drugs from source countries to the United States into Canada. As a direct result of U.S. enforcement efforts on the southern borders, organized criminal groups have moved to the "back door." Within Metropolitan Toronto, investigations reveal the presence of a number of ethnically organized groups involved in the importation and distribution of illicit narcotics.

Sergeant Blair told the Committee that money laundering remains a major concern for law enforcement in Canada. He pointed to the fact that Canadian banks are vulnerable to money laundering activities due to the absence of currency transactions.

In closing his testimony, Sergeant Blair stated that there is a high degree of cooperation between law enforcement agencies in Canada and the United States; however, organized crime poses a considerable challenge to both countries. He suggested that even greater coordination of our efforts will significantly increase the effectiveness and efficiency of our activities.

QUESTIONS: PANEL 1

Ranking Minority Member Larry Coughlin inquired of the witnesses as to whether there is anything beyond funding that the Federal Government should be doing to facilitate their efforts. They spoke of the need to maintain the asset forfeiture program and focus more on money laundering which has become a considerable problem.

Mr. Paxon expressed concern about the level of communication among state and local law enforcement. The witnesses told of the increased use of joint force operations and the relative success of this task force approach, not only among state and locals but with Federal law enforcement as well. They were unanimous in their view that there is excellent cooperation between Canada and the United States with respect to the sharing of intelligence, particularly as it concerns organized drug groups.

In response to a question from Mr. Paxon, Sergeant Blair indicated that Canadian law enforcement has observed a significant increase in the amount of heroin being transshipped through the criminal organizations based within Metropolitan Toronto.

Mr. Gilman pointed to the fact that there is a tremendous amount of money being laundered through U.S.-Canadian relationships and inquired as to what Canada is doing with respect to seizures of bank accounts. Sergeant Blair told the committee that in January 1989, Canada passed proceeds legislation which created a number of offenses greatly increasing their ability to identify and seize the proceeds of designated drug offenses. While they do not have mandatory currency transaction reporting regulations as of this time, legislation is being developed. In the meantime, the Canadian banking community is making increased use of voluntary reporting.

HIGHLIGHTS OF PANEL 2: FEDERAL LAW ENFORCEMENT

Mr. Dennis Vacco, U.S. Attorney for the Western District of Buffalo, opened the testimony for the Federal panel by stating that the

problems they have on the northern border are similar to the problems existing on the southern border. The proximity of the metropolitan area to the border offers many opportunities for the drug dealers and traffickers as well as many problems for law enforcement. Mr. Vacco has witnessed a steady increase in the amount of drug trafficking, the quantities being trafficked and most disturbingly, the violent crime associated with narcotic trafficking. The number of weapons and weapons offenses associated with narcotic trafficking has also increased dramatically.

Mr. Vacco told the committee that the border offers unique opportunities for the traffickers. In addition to the bridges that cross our borders, there are literally thousands of bays, inlets, and private air strips which traffickers can access.

More tangible evidence of the extent of the problem is borne out by the amount of assets that have been seized. Over the past 5 years, the amount of dollars forfeited, and the value of property seized and forfeited in his district has increased substantially. Mr. Vacco indicated that in the 3 years since 1988, \$9 million has been seized and forfeited—\$6 million of which was shared back to state and local law enforcement.

Mr. Vacco told the committee that the problem in the western district and along the Canadian border is a diverse one. The Federal agencies enjoy an excellent working relationship with each other as well as with their Canadian counterparts. He pointed out, however, that there is a need for more communication, more exchange of intelligence and greater interaction on a broader basis, not just on a case-by-case basis. In an effort to respond to this need, they are establishing a border subcommittee of the Law Enforcement Coordinating Committee to coordinate regular meetings and provide a basis for the regular exchange of information.

In addition, they have increased the number of assistant U.S. attorneys in the district from 21 to 40. They are dedicated to assisting the local district attorneys in prosecuting states cases in state court. Mr. Vacco added that the Project Triggerlock Program initiated in April by the Attorney General has enabled them to actively attack the violent crime problem, although it is difficult to measure the success of the program at this point.

In his testimony, Dave Wright, Special Agent in Charge, U.S. Customs Service, stated that western New York has not been an area of large volume drug seizures in the past. There are strong indications, however, that this situation is changing and we must be prepared to address an increased threat of significant drug smuggling across the United States/Canada border—consisting primarily of heroin and cocaine.

In the last 3 years, U.S. Customs in Buffalo has seized a total of 23 pounds of heroin in seven separate incidents. Southeast Asian, West African, and Sicilian groups are major elements in the smuggling of heroin into the United States. Buffalo is a natural route between Toronto, which has the second largest Southeast Asian population in North America, and New York City, which is the largest single heroin market in the United States.

With regard to cocaine, western New York has historically been a port of export to Canada. There is evidence to indicate that groups of Latin American nationals have been importing cocaine

into Canada from the New York City area and south Florida. According to Mr. Wright, the export traffic is evidenced by large currency seizures made in the Buffalo district from Latin American couriers. Investigations conducted by United States and Canadian law enforcement have demonstrated that this currency is being generated from cocaine shipments to Canada from the United States.

In addition, recent Canadian seizures indicate that Latin American traffickers are now shipping large loads of cocaine directly to eastern Canada from Latin America by vessel and aircraft. Mr. Wright told the committee that the volume of these seizures and intelligence generated from them indicate that 75 percent or more of the narcotics are destined for the United States. He further stated that this route through eastern Canada is likely to be a result of increased enforcement in the southeastern and southwestern portions of the United States. Mr. Wright stressed that this clearly poses an increased threat to the northern border.

The U.S. Customs Service works closely with other Federal, State, local and foreign law enforcement agencies. Along these lines, they are active members of the Joint Agency Drug Task Force comprised of the FBI, the IRS and the New York State Police. The Task Force targets traditional organized crime groups involved in narcotic smuggling.

As an active member of the Organized Crime Drug Enforcement Task Force, U.S. Customs joined with the DEA and the U.S. Postal Service in a recent investigation which resulted in the seizure of over \$3 million by Hong Kong authorities and the indictment of a former U.S. attorney in Buffalo.

In concluding his testimony, Mr. Wright referred to the two U.S. Customs agents in western New York, one of whom has collocated in the Buffalo DEA office. This collocation has greatly enhanced both communications and cooperation between the two offices.

Mr. Robert Bryden, Special Agent in Charge, New York Field Division, Drug Enforcement Administration, testified that New York State has one of the most complex drug enforcement environments in the United States with its long international border, extensive coast line and large international seaports and airports.

Over 50% of the Nation's heroin addicts reside in New York City. To the extent that a large number of users attract drug trafficking and drugs, we have a significant problem with heroin. During fiscal year 1990, 53% of the heroin seized in the United States by the DEA was seized in New York State. Chinese traffickers are the major players in heroin distribution and importation. Mr. Bryden indicated that 70 to 75% of the heroin available in the state is of Southeast Asian origin.

An area of great concern is the growing average purity of retail heroin on the streets of New York City which is in excess of 40%—up from the 3 to 10% range in recent years. The higher purity allows the heroin to be smoked and snorted which may predict an increased number of addicts.

Cocaine smuggling has been the predominant problem in New York State, the majority of the cocaine being controlled and provided by the Cali cartel.

Mr. Bryden told the Committee that the seizure and asset forfeiture laws have been put to great use in the State. In 1990, the DEA participated in the seizure of \$113 million in money and property—\$64 million of that amount being cash.

He concluded his remarks by pointing to the merits of vocational training programs as a means of keeping kids off the streets and drug free.

In his testimony, Mr. G. Robert Langford, Special Agent in Charge, Federal Bureau of Investigation, told of an excellent working relationship enjoyed by the FBI with their Federal, State, local and Canadian counterparts. They are involved in intelligence sharing committees which benefit agencies on both sides of the border. Further, the FBI has an agent whose primary responsibility is to liaison with Canadian authorities. According to Mr. Langford, significant drug trafficking exists on both sides of the border and the narcotics are flowing in both directions.

Mr. Langford spoke of a task force formed in 1986 to target La Cosa Nostra, the Italian mafia. The joint efforts of FBI, DEA, Customs, IRS, the Royal Canadian Mounted Police and the Ontario Provincial Police recently resulted in the arrest of 12 Canadian subjects on charges of cocaine importation.

Commander Mark O'Hara, U.S. Coast Guard, Group Buffalo, stated that while the intelligence and law enforcement communities are focused on the southern border, there is little attention paid to what is happening on the northern border. Federal, State and local agencies on both sides of the border are involved in intensive dragnet type maritime enforcement operations. Unfortunately, due in large part to the scarcity of intelligence information, these operations have not yielded tangible results.

Commander O'Hara stressed that absent a coordinated multi-agency effort against the target, law enforcement efforts are "hit-and-miss and not cost-effective." He made the recommendation that intelligence information from existing data bases be combined in a central location and pointed to Project North Star as the best prospect for meeting these needs. The Coast Guard is an active participant in Project North Star with a representative on the border-wide and central region multiagency joint coordinating groups and will shortly designate representatives to the east and west regions.

The Coast Guard is the only U.S. agency with a regional office which covers the entire central region. The Ninth Coast Guard District, responsible for law enforcement operations on the Great Lakes and immediate tributaries, maintains a full-time intelligence staff with data bases on commercial and pleasure vessels as well as smuggling groups.

Commander O'Hara referred to the Coast Guard's utilization of the St. Lawrence Seaway lock reports to monitor commercial vessel traffic into the Great Lakes area and their expected ports of call in the United States and Canada. The appropriate authorities on both sides of the border are notified when suspected drug smuggling vessels are destined for their ports. Joint Coast Guard-Customs boardings are conducted for vessels of significant law enforcement interest.

In closing, Commander O'Hara indicated that the Ninth District works closely with its Canadian and American counterparts, rou-

tinely coordinating efforts not only against drug traffickers, but in other areas of mutual interest, such as search and rescue, marine environmental protection and ice-breaking operations. Finally, the Coast Guard is a full participant in the Organized Crime Drug Enforcement Task Force in Cleveland.

Mr. Ronald Carnes, Director, Enforcement, Project North Star, described Project North Star as a coalition of Federal, State, local and Canadian agencies similar to Operation Alliance on the United States-Mexican border. They are collocated with the Regional Logistical Support Office [RLSO] for the Secretary of Defense which provides equipment assets on loan or, at times, transfers assets permanently to all drug law enforcement agencies throughout the United States.

The United States-Canada border presents an entirely different problem than the southwest border because we are dealing with 4,000 miles of terrain including numerous crossings at which there are no Customs or Immigration personnel. In addition, the Great Lakes system has more than 1½ million pleasure craft registered within 100 miles of the United States-Canada border which presents another difficult problem.

According to both United States and Canadian intelligence sources, there has been an increasing drug flow along the border heading both north and south. In particular, there is increased evidence of heroin traffic in the northwestern portion of the United State and the southwestern portion of Canada conducted primarily by organized crime Oriental groups.

Mr. Carnes continued his testimony by describing the Project North Star network which is actually broken down into three Joint Coordination Groups [JCG] covering different regions of both countries. Each JCG has representatives from the municipal police forces and sheriffs' associations within each State as well as the State agencies charged with narcotics interdiction or arrest. Further, they include members from the Royal Canadian Mounted Police, Canada Customs, the provincial forces, and the municipal police departments.

The point of the JCG is to discuss past problems experienced in joint operations, items of overall concern with regard to the flow of narcotics, and the difficulty in investigation—the goal being a more coordinated and more open system of communication. Mr. Carnes indicated that they are working to develop a threat assessment and currently have more than 200 inputs provided by the agencies on both sides of the border.

With respect to money laundering, Project North Star works directly with Financial Crimes Enforcement Network [FINCEN] and other organizations dedicated to this issue.

Over the past year, subcommittees have been developed to address specific problems faced by the law enforcement agencies—one of which is marine interdiction. He pointed to the voluminous number of boats heading back and forth across the border. While the bulk of this traffic is "innocent enough * * * the amount of significant seizures drops off on our land boundaries at the same time that the waterways open up," according to Mr. Carnes. Similar committees exist for air interdiction, land interdiction, and violent crimes.

Mr. Carnes concluded his remarks stating that their current goal is to broaden the excellent level of coordination and communication already enjoyed by Federal, State and local law enforcement in both countries. In addition, they plan to work with the military components to provide them with available military assets and high-technology equipment.

QUESTIONS: PANEL 2

Mr. Coughlin stated that the "drive-by shooting" seems to be a comparatively recent phenomenon and inquired as to what we can attribute this trend. Mr. Vacco responded that it is indicative of how far the drug trafficking organizations have filtered down into our communities. He added that we now must be concerned about the organizations right in our communities, not necessarily organizations comprised of individuals who are foreigners or from other communities.

Mr. Coughlin also asked whether programs like the Department of Justice's Project Triggerlock are needed because the criminal justice system is plugged up at the state and local level. Mr. Vacco stated that although Project Triggerlock is, to some extent, designed to address the backlog of cases at state court, it is more importantly intended to assist state and local prosecutors in removing from the streets the most violent perpetrators of crime. Triggerlock is used to supplement the sentence an individual would receive at the state level to give them an additional amount of consecutive years.

Expressing concern about the potential for an increased heroin problem, Mr. Coughlin inquired of Mr. Wright about the flow of heroin being trafficked through Toronto to the United States. Mr. Wright confirmed that they are increasingly seeing "desperation body-carriers" of heroin never before seen on the northern border.

Mr. Paxon reiterated a point made by many of the witnesses that there is an extraordinary degree of cooperation between the Federal and local law enforcement agencies in this area which could serve as a model for the Nation.

He asked Mr. Vacco whether in working with other U.S. Attorneys as the Justice Department's representative to Operation North Star he has found narcotics transshipments and related violence problems to be similar across the northern part of our country. Mr. Vacco told the committee that he has extensive dealings with his counterparts from Maine to Alaska. Although the problem is obviously more severe in larger metropolitan areas such as Buffalo and Seattle, it exists across the length of the border.

HIGHLIGHTS OF PANEL 3: TREATMENT AND PREVENTION

Robert E. Rich and Melinda R. Rich, Co-Chairpersons of Western New York United Against Drugs, opened the testimony for the final panel which addressed treatment and prevention issues. Mr. Rich began by describing Western New York United, a volunteer-directed community problem-solving initiative of the United Way of Buffalo and Erie County formed specifically to deal with demand reduction. The Riches initiated this project due to their growing

concern about drug abuse and its effect on the quality of life in New York communities.

Western New York United was created with funds from state drug and alcohol abuse agencies, the city of Buffalo, United Way, and private contributions. The purpose of the program is to increase awareness and to mobilize individuals and groups into action.

Mr. Rich explained that they have worked to design a program covering the entire spectrum of prevention services in the eight counties of western New York. They utilized the print and electronic media to distribute materials and messages in organizing community events such as contests, conferences, and workshops. In addition, they have mobilized and trained grassroots community teams to develop and implement neighborhood action plans.

Mrs. Rich added that in February 1990, they were successful in securing funds from the Office of Substance Abuse Prevention for a Community Youth Activities Program [CYAP] grant. This funding has allowed for the development and implementation of a community-owned education and mobilization model directed specifically at high-risk, inner-city African-American youth and their families.

Mrs. Rich described further efforts including the creation and marketing of culturally specific materials and programs, the training of over 20 community teams, and the subcontracting of local agencies to secure mental health and vocational services.

Expressing her hope that their CYAP model will receive funds for its third year, Mrs. Rich insisted that evaluation of their program will demonstrate that this concept should be replicated in neighborhoods throughout the country.

In her testimony, Mrs. Rich outlined what has been learned from the CYAP project and other Western New York United programs. She stressed the importance of public awareness and the realization that there is no quick and easy solution to the drug problem. She stated that we must provide training to build skills and opportunities so that community constituencies can "take ownership of their problems and their solutions." Lastly, she relayed the importance of a pro-active effort in providing complimentary services, such as case management for connection to social services, vocational counseling and "real alternatives" to drug and alcohol use for youth.

Mrs. Rich concluded by stating that she and her husband believe the community is increasingly willing to challenge the drug problem, and that it is essential for the Government to continue supporting education and prevention programs.

Dr. Maureen Montgomery, director, Parents and Children Together [PACT], Children's Hospital of Buffalo, presented her testimony dealing with the impact of drugs on women and children in the community.

Dr. Montgomery told the committee that she has been taking care of drug-exposed babies at the hospital for the past 2 years under a federally funded project through the Department of Maternal Child Health and the Department of Health and Human Services. According to Dr. Montgomery, her program with cocaine-exposed infants is the largest program in the country that has been

able to locate children from birth and track them for the first year and a half of their lives.

Dr. Montgomery stated that the medical community does not yet have the longitudinal data needed to determine what happens to children exposed prenatally to crack in the long term. While the immediate effects of crack are hardly detectable among the majority of these babies, complications arise when they reach school age. Further, it is difficult to directly link prenatal drug exposure to problems encountered later in childhood, as other factors may be involved. The majority of these children live in poverty stricken, single-parent homes plagued by violence. They are essentially in "double jeopardy—prenatally and postnatally." She indicated that we simply do not know whether optimizing the postnatal environment can mitigate these problems.

Dr. Montgomery stressed that Children's Hospital screens and identifies as cocaine-exposed a very select population of babies. These babies are primarily the poor and disadvantaged. The fact is that there are children exposed to cocaine in middle class populations that "we have not identified and we know nothing about."

Continuing her testimony, Dr. Montgomery described the PACT program. Since 1989, 200 children have been enrolled and the numbers are increasing every year. The goal of the program is to keep families together—to keep the babies with their natural drug-using mothers and to support the family. The children are cared for by a multidisciplinary team under one primary doctor.

Much of the success of the program is dependent upon the work of inner city women recruited to work for minimum wage as home visitors for the families. No children have been lost to followup treatment in 2 years.

Dr. Montgomery concluded her testimony with a plea for drug treatment funds for women and children, emphasizing that treatment needs to be tailored specifically to women and children if programs of this kind are to be effective.

Lieutenant Carmen Kesner, Director of the Town of Hamburg's Police/Drug Education Office, described his anti-drug education program which is structured around the DARE [Drug Abuse Resistance Education] program. They were initially able to get their program off the ground with a \$122,000 Federal grant from the U.S. Department of Education.

A central part of the overall effort is the NIMM [Not in My Mouth] program which targets kindergarten and pre-kindergarten youths. Program leaders, who are members of the law enforcement community, go into the classroom to encourage children to recognize the importance of having a good relationship and communicating with someone at home. As a result, children are more at ease talking to parents and law enforcement officers. A similar, more structured curriculum is being used through junior and senior high.

According to Lt. Kesner, this program has enabled law enforcement officers to develop an excellent rapport with the school children, whereby they realize that police officers are there to help people—not only to arrest people. This kind of "open-door policy" facilitates communication between the children and law enforcement when problems arise.

Lt. Kesner also described efforts to involve the community, enlisting the help of several athletic teams in promoting drug-free activities including the Buffalo Bills, the Sabres, and the Bisons.

Another program underway, funded through the community, is a police academy for fifth grade children which gives them an opportunity to take part in the kinds of activities in which police officers are involved. This serves to give children from different backgrounds a better understanding of the role of police officers.

Lt. Kesner stated that the only problem he foresees with the program is the possibility of budget cuts in future years. Although they started the program with Federal funds, the community has enabled them to maintain operation of the program to the present time. He concluded his testimony stating his support for a policy whereby Federal grants would be contingent upon a commitment by the recipient to maintain the program for a specified time after these Federal funds are expended.

Andres Garcia, Vice President, Buffalo-Columbus Hospital, began his testimony by stressing that drug abuse is not a law enforcement problem, but rather a health problem affecting all aspects of society from economics to the security and safety of neighborhoods.

The best indicators of the drug abuse problem in western New York and the state are the prisons. According to Mr. Garcia, in 1983, there were just under 30,000 inmates in New York State prisons. Today, of the 56,000 inmates in the state's prisons, over 70 percent are drug abusers. Mr. Garcia believes that these statistics demonstrate the need to find positive, effective, realistic alternatives to incarceration which must begin with a treatment program.

Buffalo-Columbus Hospital operates a 20-bed acute care detoxification unit in which the length of stay is 3 to 9 days. Patients are referred to other facilities for continued long-term treatment. Over eighty-five percent of the clientele are minorities.

Mr. Garcia contended that the cost effectiveness of treatment has been well documented in view of what it costs to maintain an individual in prison. He pointed out that programs which assist drug abusers in decreasing their daily consumption of drugs can be cost-effective. Utilization of health care services, work-related problems, and criminal behavior are reduced following treatment.

Drawing from his experience in the treatment field, Mr. Garcia stated that treatment is especially effective with patients who are fairly stable in terms of employment and have a family support system. Odds for a successful recovery are lower for patients with low educational achievements, poor working histories, and criminal records. These are the patients for whom there is little hope despite their motivation toward treatment. These individuals usually drop out of treatment prematurely or return to their drug abuse once they leave treatment. Therefore, Mr. Garcia stressed that attention must be given to programs that include a strong vocational rehabilitation component to assist patients in becoming employable.

Mr. Garcia continued his testimony, making the point that most insurance carriers discriminate against people affected by chemical dependency. Also, the majority of private treatment programs discharge clients prematurely when they exhaust their insurance cov-

erage. Finally, quality care is less accessible for the poor, Medicaid-eligible patient.

Mr. Garcia has seen no indication that the use of narcotics and other drugs is decreasing in Buffalo and Erie County. Further, a high quality of heroin appears to be replacing cocaine as a drug choice. Consequently, an increase in HIV-positive patients is expected.

In conclusion, Mr. Garcia stated that our efforts will be fruitless unless attempts are made to change the environment from which these clients come. We must have the assistance of law enforcement, communities, the private sector, and the media to decrease both the supply of and demand for illegal drugs.

Ms. Barbara Hicks, Coordinator, Substance Abuse Programs, Lakeshore Community Mental Health Center, described her program which provides a range of drug abuse services funded by the New York State Division of Substance Abuse Services. It is located on the lower west side of Buffalo in an ethnically and culturally diverse community which is primarily low-income. It is also a "very high-risk environment" as a result of easy access to drugs, coupled with a lack of employment opportunities and other social problems.

Among the sobering statistics cited by Ms. Hicks, 80 percent of her clients are unemployed, half are homeless or live in substandard housing, virtually all are cocaine and/or heroin abusers and 65 percent have used needles. An estimated 15 percent are known to be HIV-infected. Additionally, a large number of her clients exhibit symptoms of concurrent psychiatric problems.

Taking into account these factors, Lake Shore has developed a treatment approach that is aggressive, holistic, and sensitive to the cultural norms of the community. "Outreach to resistant clients—especially our high-risk client population—is the norm," according to Ms. Hicks. Concrete assistance is offered to help clients cope with the many life problems they face.

Ms. Hicks emphasized that the reduction of substance abuse is a slow, incremental process which may require several admissions to treatment before improvement can be detected. Although abstinence is the ideal, she pointed out that the elimination of needle use and reduction of hard core use "may be the most realistic goal possible."

Continuing her testimony, Ms. Hicks stated that Lake Shore is also involved in maternal addiction services. Along these lines, in May 1989, they opened a specialized out-patient unit for addicted pregnant women. Women are able to remain in treatment for up to 1 year after their babies are born. In the past 2 years, 59 babies have been born to women enrolled in the program—70 percent of whom had drug-free deliveries. Lake Shore is presently seeking a site for a residential treatment facility for pregnant women.

Although the Federal block grants have allowed Lake Shore to expand services, Ms. Hicks emphasized that existing services "really only touch the tip of the iceberg." There remain many communities in western New York with a need for targeted, culturally sensitive drug treatment services. With respect to maternal substance abuse, there is a need not only for expanded treatment serv-

ices, but also for an intensive effort to educate women of childbearing age about the dangers of drug use before they get pregnant.

In conclusion, Ms. Hicks reflected that the level of substance abuse in our society is indicative of a whole range of social and economic problems which must be addressed directly.

QUESTIONS: PANEL 3

Mr. Coughlin thanked the members of the panel for their most informative testimony. He spoke of a two-year-old boy recently admitted to Children's Hospital in Washington where his wife does volunteer work. The boy had been confined to his crib by his drug-addicted mother with a bottle every day and had started eating his own feces. Pointing out that the mother was again pregnant, Mr. Coughlin asked the panel members whether she should be civilly committed to a treatment program to ensure that her next child would not be addicted.

Dr. Montgomery responded by stating that the problem is that there are not sufficient treatment facilities for these women. Further, the women who are most frequently identified as drug abusers do not have access to treatment because Medicaid does not pay for long-term inpatient substance abuse services in most cases. Finally, obstetricians, physicians, and drug treatment centers are unlikely and unwilling to treat pregnant women because of the risk to the fetus. Ms. Hicks added that the Lakeshore program is available to any pregnant woman with a substance abuse disorder, but there is an inadequate number of treatment slots.

Mr. Coughlin concluded his questions stating that the Select Committee, as well as the Bush Administration, is devoting considerable time to the treatment issue. However, he pointed out, treatment is the most difficult aspect of the drug problem in many respects because we simply do not know what modalities are effective.

Mr. Paxon inquired as to how many mothers of babies born at Children's Hospital of Buffalo have a history of drug addiction or drug usage that can be identified. Dr. Montgomery responded that as part of a study conducted 2 years ago, 400 maternal urine samples were randomly screened to assess the number of women who were delivering babies exposed to illicit substances. Approximately 14 percent were positive for some illicit substance—a third of those for cocaine and 50 percent for marijuana. She added that although 15 percent is the number generally referenced around the country, larger cities report higher levels of positive test results. Dr. Montgomery stressed that drug screening is of limited use insofar as it represents a "tiny window of what is happening in a person's life."

Pointing out that generally speaking, we are hearing that drug use is down—particularly among casual users—but up among hard core users, Mr. Paxon solicited comments from the witnesses as to their perspectives in this regard. Mr. Garcia told the committee that speedballing, or using a combination of cocaine and heroin, has become very popular. Seventy percent of those coming in for treatment are involved in this activity. Ms. Hicks responded that those in the inner cities use drugs for many reasons and these communities need extensive support "in a holistic manner" to address

a wide range of problems. Mrs. Rich added that we will not be successful in educating people or getting them to take action until they believe there is a problem and want to do something about it. For this reason, Western New York United focuses on general awareness and community mobilization aimed at keeping people from starting, in addition to keeping people off drugs. Initiation of local grassroots efforts combined with treatment intervention education are essential.

Commending Mrs. Rich for her final statement, Mr. Gilman stated that no headway will be made absent the support of communities, families, churches and synagogues. He then asked the witnesses whether they are seeing Federal anti-drug funds trickle down to the local level and inquired if there is any way in which the Congress can be helpful in their efforts. Mr. Rich indicated that they will have to shut down their inner city office established with CYAP funds if the third year funding is cut off as anticipated. While being very appreciative of support to date from Federal, as well as State and local agencies, they would like to be able to continue this program. Mrs. Rich made the suggestion that we should consider using the United Way nationally as a means of sending funds through to the communities. Additionally, she proposed using tax credits to give the private sector an incentive to become more involved in fighting drug problems.

Emphasizing the important role of community-centered, family focused projects, Dr. Montgomery suggested that we need to funnel more money into these kinds of programs at the grassroots level because they are the programs that work. Lt. Kesner stressed the importance of ensuring that funds intended for the drug problem do not go into the general budget when they reach the municipalities. Mr. Garcia expressed the view that in the inner cities, community mobilization alone will not do it as we must develop opportunities for this population. In final response to Mr. Gilman's question concerning funding, Ms. Hicks pointed to the fact that increasingly Federal monies are being earmarked for specific purposes, i.e., pregnant women. She believes this is critical because states tend to spend drug treatment dollars on "treating the easiest population rather than the hardcore population."

THE JUSTICE DEPARTMENT'S ROLE IN THE WAR ON DRUGS

JULY 25, 1991

Witness:

Dick Thornburgh, United States Attorney General.

The sole witness at the hearing held on July 25, 1991, was Mr. Dick Thornburgh, United States Attorney General. The hearing was held to discuss the Justice Department's role in the national drug strategy.

Chairman Rangel opened the hearing by asking Mr. Thornburgh to please be critical if he felt less than enough was being done by the Congress in the fight against drugs. He stressed that we as a Nation cannot afford the luxury of bipartisanship with regard to this issue.

In his prepared statement, Attorney General Thornburgh touched on several aspects of the Justice Department's role in the overall strategy. He affirmed the Department's leading role in the administration's anti-drug efforts; DOJ receives \$4.4 billion of the \$11.7 billion allocated for drug control by Congress.

The need for a comprehensive approach was continually stressed, with emphasis on integrating and coordinating Federal, State, and local initiatives. The Attorney General also repeatedly made mention of the fact that law enforcement alone cannot solve the problem; a multi-agency and multi-jurisdictional approach is needed.

Demand reduction, especially by means of education and treatment, remains a priority. With regard to treatment, Mr. Thornburgh testified that he is a strong proponent of drug testing as a diagnostic instrument as well as a deterrent. He made mention of the fact that the administration's proposed crime bill includes sections on formalizing post-conviction release drug testing, and on requiring the eligibility for Federal funding be conditioned upon a state's adoption of testing for targeted classes of offenders.

The Bureau of Prisons provides an excellent model for abuse treatment programs which is considered applicable for State and local prison and jail programs. Their program begins with assessment and classification and then continues with residential and transitional services. The important component of evaluation is also included.

Mr. Thornburgh spoke briefly about a task force on Correctional Substance Abuse Strategies convened by DOJ's National Institute of Corrections. The task force was to formulate approaches to planning, implementing, and managing correctional substance abuse programs. Their two most important findings were first, that linkages must be established between all service providers (supply reduction and demand reduction professionals must work together on treating drug abusing offenders) and second, accountability and evaluation are essential.

The international aspects of illegal drug traffic are complex and are a difficult challenge to the Department, according to Mr. Thornburgh. Interdiction efforts are of a high priority, because every gram of cocaine and heroin consumed in this country is produced elsewhere. However, Mr. Thornburgh was hopeful as he stated that the level of international cooperation has never been higher. A treaty signed at the Vienna Convention (by the Attorney General on behalf of the United States and 43 other countries) requires all partners to criminalize money laundering, enact asset forfeiture programs, and cooperate at the international level in dissolving money laundering rings. Another international aspect, the Andean initiative, involves DOJ officials working to dismantle trafficking infrastructures in Colombia, Peru, Bolivia, and other Latin American countries. Drug Enforcement Administration agents are currently working with host country police (in Bolivia, Peru, etc.) to reduce the supply of cocaine entering the United States in Operation Snowcap. The Justice Department also remains committed to combating the problem of opium cultivation, production, and distribution, with a premium placed on the destruction of Asian trafficking organizations.

Mr. Thornburgh told the committee that the largest domestic role of the Justice Department comes in addressing the violations of Federal law that occur after drugs enter the country. The Department's goals are to disrupt, dismantle, and destroy the drug trafficking enterprises that exist across the Nation. Efforts to accomplish this goal include supporting thirteen Organized Crime Drug Enforcement Task Forces [OCDETF] established to attack interstate and international drug trafficking and money laundering operations. Focus is also being placed on asset forfeiture programs and their recent successes. These programs, which center around seizing inventory in properties and cash and then re-routing the money back into law enforcement, aim to frustrate the goal of drug traffickers by taking the financial incentives out of their operations. The Department is also concentrating on anti-money laundering efforts to separate drug trafficking organizations from the economic infrastructure in the United States and other nations. DOJ established a new section within the criminal division devoted entirely to the enforcement of money laundering statutes.

Mr. Thornburgh testified that the link between drug use and violent crime cannot be overemphasized. Therefore, certain comprehensive approaches deserve attention. Foremost among these initiatives are Operation Triggerlock and Operation Weed and Seed. Triggerlock is an effort to get tough on crime by severely prosecuting dangerous criminals who use firearms under the Federal Armed Career Criminal Act. These offenders are prosecuted with no probation, no parole, and no plea bargaining. Mr. Thornburgh assured the committee that the results of this project are already impressive. Operation Weed and Seed is a philosophically based, multi-agency program geared toward restoring communities and rebuilding businesses and institutions destroyed by drugs. The program incorporates two phases, the first involving "weeding" the community of violent criminals and the second involving "seeding" the area with economic opportunities and community improvement programs.

Mr. Thornburgh claimed that these efforts can only be fully realized through the passing of the 1991 Violent Crime Control Act, which contains much needed fixes to ensure certainty and swiftness with regard to apprehension, prosecution, and incarceration. By doing this the Congress would provide the Department with the tools necessary to do their job. Mr. Thornburgh emphasized his belief that the most effective way to reduce violent crime is to remove violent criminals from the streets, incarcerate them, and render them incapacitated. In closing, the Attorney General recommended an enforceable death penalty for the most serious crimes, an end to delays in carrying out criminal sentences, a reform of the exclusionary rule, and a crackdown on gun law violators.

Mr. Thornburgh's testimony was followed by a question and answer session with members of the committee. Chairman Rangel reiterated the Attorney General's claim that a comprehensive approach to this "war" was needed, and asked the the Congress, and especially the Select Committee, be included in the team. Ranking Republican Coughlin questioned the Attorney General as to how the Triggerlock and Weed and Seed programs relate to combating gang violence. Mr. Thornburgh responded by saying that Trigger-

lock, since it is aimed at incarcerating the most violent predators, has been successful at "throwing the book" at gang leaders. The Weed and Seed Program aims to turn communities around and rid previously crime-filled areas of drug-involved violent criminals, many of whom are gang leaders or members.

Mrs. Lowey commented, with regard to the Weed and Seed Program, that seeds will not flourish unless they are watered, and the grass roots effects of the program are not being evidenced. According to Mrs. Lowey, the crime bill makes many provisions for tough punishments, but does not make allowances for more police, increased jail space, or creating more treatment centers. Mr. Thornburgh responded by saying that it was really the responsibility of Congress to allocate more funds for increasing police forces, etc., and not under the jurisdiction of the Justice Department.

There was brief mention of the recent BCCI scandal by Congressman Guarini. He referred to the July 29, 1991 issue of *Time* magazine, in which an article on BCCI accused the Justice Department of impeding the investigation of the bank. The Attorney General vehemently denied the Justice Department had been dragging its feet in conducting the investigation and assured the committee that there had been no effort to cover up any information. He criticized the article as being full of misrepresentations and distortions. Mr. Thornburgh stated that the fact remains that the U.S. Department of Justice is the only agency "on the face of this earth" that has taken any effective action against BCCI, referring to the agency's prosecution, conviction, and fine of \$15 million against the bank in 1990. He also assured the committee that the investigation is ongoing and all necessary resources have been committed to uncovering violations of criminal law.

Mr. Guarini also inquired about what is being done to increase the numbers of those receiving drug treatment in prison. He asked the Attorney General if he advocated Federal intervention in State treatment programs. Mr. Thornburgh did not comment on the treatment issue, but did say that he felt taking money out of the Federal budget to give to the States was a mistake.

Mr. Hughes suggested that Operation Triggerlock seriously violates the principles of federalism, inasmuch as it takes authority and jurisdiction privileges away from the states and hands them over to the Federal Government. Mr. Thornburgh, however, disagreed, and repeated his support for the Triggerlock Program. Mr. Hughes also questioned what impact reforming the exclusionary rule would actually have. Mr. Thornburgh replied by saying it was a matter of principle.

Mr. Andrews inquired about the Weed and Seed Program, asking what and how many resources were being applied and whether or not the inefficiencies of state and local bureaucracies were not preventing significant progress. He asked the Attorney General if he had any suggestions for creating administrative mechanisms for helping the "seeding" part to work. Mr. Thornburgh suggested that the programs should be funded by block grants and carried out by the states. He did not elaborate, however, for he felt this was an area outside DOJ.

Mr. Mfume asked the Attorney General about the short- and long-term implications of Section 602 of the Administration's Crime

Bill, which allows for the adult prosecution of juvenile crack offenders. He inquired about the possibility that this legislation would merely exacerbate the already overwhelming problem of prison overcrowding. Mr. Thornburgh responded that the Department was looking into alternatives to incarceration and probation, but also recognized the need to build more prisons.

Mr. Gilman stated that Federal money is not filtering down to the local level as it should. Mr. Thornburgh again responded by saying he did not think it would be a good idea to take money out of the Federal budget and divert it to the states. Mr. Gilman asked if perhaps establishing a program that channeled money directly to local law enforcement would be wise. He also asked about the direction the Department was taking in Colombia and Bolivia, and whether the Attorney General had any thoughts on extradition policies. Mr. Thornburgh said he thought retaining the option to extradite was a good idea, but that the decision was not up to his Department or any officials in this country. He is interested, however, in helping the countries in question build up their own judicial capabilities so that the need to extradite is eliminated.

Mr. Rangel concluded the hearing by commenting on how informative the proceedings had been. He seemed especially impressed by the "Weed and Seed" initiative, and encouraged further development and implementation of the program. He remained hopeful that further collaboration and coordinated efforts by different areas of the Government could result in further successes in the war on drugs.

DRUG-EXPOSED CHILDREN IN THE PUBLIC SCHOOLS: PROBLEMS AND POLICY

JULY 30, 1991

Witnesses:

Panel 1

Judith Burnison, executive director, National Association for Perinatal Addiction, Research, and Education.

Allan Shedlin, Jr., director, The Elementary School Center.

Dr. Evelyn Davis, pediatrician, Harlem Hospital.

Dr. William Schipper, executive director, National Association of State Directors of Special Education.

Panel 2

Robert Davila, assistant secretary of education, Office of Special Education and Rehabilitation.

Panel 3

Dr. Charlie Knight, superintendent, Ravenswood School District, East Palo Alto, California.

Warnell Coats, mayor of East Palo Alto.

Dr. Diane Powell, director, Project DAISY, Washington, DC.

Linda Delapenha, supervisor, Primary Diagnostic Services, Hillsborough County Public Schools.

The advent of crack cocaine in the 1980's led to the well-publicized phenomenon of "crack babies," infants born addicted to cocaine. As these infants grew to school age in the 1990's, a new term was coined: "drug-exposed children." Educators have reported a dramatic increase in the number of pre-school and kindergarten students showing behavioral and learning disabilities, often attributable to perinatal drug exposure.

As many as 739,000 drug-exposed children are born each year, roughly one out of ten babies born in the United States. Based on drug use patterns among teenage girls, the numbers will most likely escalate further. However, there is no special education program in place that deals specifically with the needs of drug-exposed children, nor is there a centralized, national system for providing teachers with information and training about drug-exposed children.

The Select Committee held a hearing to address the influx of drug-exposed children into American's schools, what the Federal Government is doing about the problem, and how the Federal Government could better help students, teachers, and administrators.

Mr. Rangel opened the hearing by stating that society must not deem drug-exposed children a "bio-underclass" but should make efforts to rehabilitate them. Educators, he said, are not adequately prepared and often must send the children to inappropriate special education classes; special education referrals in New York City increased from 1,071 last school year to 1,600 this school year. While calling for improved support for teachers, Mr. Rangel also said the education community should vocally demand more attention to this issue. The onus of responsibility does not just lie with the schools, Mr. Rangel pointed out, since the problem begins with pregnant women's drug abuse; pregnant women need improved access to drug treatment. The problem, Mr. Rangel said, cuts across all racial and socio-economic boundaries. A failure to do anything now, he said, will lead to greater costs in the future.

Mr. Lawrence Coughlin, the ranking minority member, stated that the administration has established drug-exposed babies and pregnant substance abusers as a top priority for treatment. The approach, he said, has been to start with the mother. In 1990, the Federal Government provided \$60 million to improve treatment for pregnant addicts, adolescents, and prison inmates. OSAP's program for pregnant women and infants, Mr. Coughlin continued, is second only to its high risk youth program, budgeted at \$450.7 million for fiscal year (FY) 1991. H.R. 2810, introduced by Mr. Coughlin, would further improve drug treatment for pregnant women. The Department of Education's grants for infants and families is a major part of the administration's effort, Mr. Coughlin said, increasing to \$128.8 million for FY 1992, a 10% increase of the FY 1991 appropriation. However, the President's 1992 budget request of \$49.5 million was cut to \$25 million by Congressional appropriators. The House also funded OSAP below the President's request.

Mr. Ramstad said Congress should avoid partisan accusations, given the gravity of this issue. He described his experience holding "crack babies," feeling their uncontrollable shaking and hearing their endless shrieking. Mr. Ramstad asked other members of the Select Committee to work toward a consensus and formulate a pro-

posal that would combine prevention, education, treatment, and intervention.

Ms. Burnison began her testimony by stating that drug-exposed children are not a "lost generation" but can overcome their disability, as evidenced by NAPARE's study. NAPARE also found that intervention and treatment for drug-abusing pregnant women improves the outcome of a pregnancy. Ms. Burnison pointed out the high cost of intrauterine drug exposure: \$33 million to \$1 billion for the neonate and \$351 million to \$1.4 billion in the first year after birth. According to Ms. Burnison, current programs do not adequately address the problem; few treatment centers are available to drug-exposed infants and programs suitable to drug-exposed children. Head Start, WIC, and Zero to Three are not adequately funded. Drug-exposed children often do not qualify for early intervention programs. Only five states' school systems have made drug-exposed children eligible for special education. Prevention and education, Ms. Burnison said, are two of the most important solutions to the problems of drug-exposed children.

Mr. Shedlin had just returned from his organization's institute entitled, "Educating Children from the World of Crack: Myths and Realities Concerning Children Prenatally Exposed to Drugs and Alcohol." He presented the Institute's observations and recommendations: Behaviors caused by crack exposure are difficult to discern from behaviors caused by other factors, but many afflicted children demonstrate hyperactive and violent behavior which overwhelms the faculty who have not experienced such characteristics in students. A national resource center should be established to provide information on drug-exposed children. Schools should become the locus of child advocacy and more funding must be available to improve the educational process. The Head Start model should be expanded down to birth and up through the sixth grade and teachers must be helped to identify and provide for the stresses in children's lives. More in-service training on addiction should be available to teachers, and interventions for all children with special needs should begin at birth.

Dr. Davis stated that cocaine remains the most widely used drug by pregnant women, increasing 20-fold during the last ten years. At Harlem Hospital, from January 1986 to December 1990, approximately 1,900 babies tested positive for cocaine, 13% of all babies born there. Some informal surveys show the rate to be closer to 25%, Dr. Davis said. These babies show a wide range of defects: one-third were born prematurely, one-third had head circumference below the fifth percentile, ninety percent had delays in language skills later in life, and thirty percent were hyperactive. Fifteen percent of the drug-exposed children have handicaps that will require a lifetime of care but the other 85 percent will respond positively to rehabilitative care. Early intervention programs work, Dr. Davis said, but are not widely accessible. Pre-school programs are essential for high risk children. The Federal Government must expand its research in this field, Dr. Davis concluded. We must develop long-term research studies to document what drugs do to the developing fetus and how their environment aggravates or mitigates the development of these children.

Mr. Schipper testified that drug abuse does not target one population but cuts across all socio-economic and racial categories. Children who have been drug-exposed can lead productive lives given early intervention, Dr. Schipper said, and not all of them need special education (although they may still need other social, health, and educational services). Dr. Schipper warned against enacting narrowly defined legislation that limits rather than enhances the ability of states to respond creatively to problems. In 1986, Congress enacted P.L. 99-457 which authorized a formula grant program to assist states in establishing a statewide, comprehensive, coordinated system to provide early intervention services for infants and toddlers with disabilities. The program was designed to serve 100,000 to 160,000 eligible children, far fewer than the 375,000 drug-exposed children born each year. Dr. Schipper offered his support for the Children of Substance Abusers Act [COSA], a proposal to establish comprehensive services in states, and said that the Federal Government needs to help states access information for prevention purposes and learn about other, successful programs across the country.

Mr. Rangel asked the panel why there has not been more of an outcry from the educational community, particularly teachers. Dr. Schipper responded that the crisis was just beginning to hit schools. Mr. Shedlin said that teachers do want better training in this area, which prompted Mr. Rangel to state that teachers should make that clear during their contract negotiations.

Mr. Coughlin asked Ms. Burnison if the estimated number of drug-exposed children would increase. Ms. Burnison answered that current estimates are low and that the number would increase. Mr. Coughlin then asked if parents were cooperative, and what the panel thought about civil commitment of the mother or requiring her to undergo treatment. Ms. Burnison said that coercion in general was not a good idea. Dr. Davis agreed, saying that the mothers she has encountered want to overcome their addiction disease and help their unborn child.

Mr. Inhofe stated that this problem occurs in Tulsa, Oklahoma as well as Harlem. Dr. Davis agreed and Judith Burnison pointed to a study in Pinellas County, Florida, that showed drug abuse rates among pregnant white women were slightly higher than among minorities.

Mr. Oxley asked, if women are smart enough to know how to avoid testing, why are they "so dumb as to take drugs" during pregnancy? Dr. Davis responded that drug addiction is an illness; reason goes out the window. Mr. Oxley said that, at some point, personal responsibility must be introduced, that the mother is at fault. Dr. Schipper responded that it is futile to establish blame, since the child has already been born. He said that our society is faced with a choice: pay now, or pay more later. The other witnesses agreed, and Mr. Shedlin responded to Mr. Oxley's characterization by asking if we call all the women who smoke during pregnancy "dumb."

Mr. Owens, chairman of the Select Education Subcommittee of the Education and Labor Committee, asked whether treatment for the mother should be a part of the child's rehabilitation or if the two programs should be separated. Should we focus resources on

the children or the mothers? Judith Burnison said that proper treatment for pregnant women is very important. Dr. Davis said some funds should be spent on the mother, in conjunction with the child.

The committee then heard from Assistant Secretary of Education Robert Davila. Dr. Davila said that the Office of Special Education and Rehabilitative Services [OSERS] has developed models of service delivery for children with disabilities, which includes drug-exposed children. The most effective programs are family centered, he said, adding that the most effective programs provide comprehensive identification, intervention, and referral services. Early intervention programs should also provide transition services and training for personnel. Dr. Davila said that OSERS administers grants to states for planning, developing, and implementing coordinated, comprehensive, and multidisciplinary systems of early intervention for infants and toddlers (Part H of the Individuals with Disabilities Education Act). He added that emphasis should be focused on pre-school and school-age populations. Dr. Davila maintained that most drug-exposed children can be educated in regular classrooms, given proper early intervention services, and should not be stigmatized. He concluded by saying that OSERS will be funding the Early Childhood Research Institute to develop, field test, and disseminate new interventions for infants, toddlers, and pre-schoolers who are perinatally exposed to drugs. Dissemination is an important part of the project.

Mr. Rangel asked why early intervention programs, such as Part H, are not available to more children and funded at the discretion of the states. Dr. Davila said that the program is set up for any eligible party regardless of the cause of disability. He also said that the data are inconclusive about the correlation between perinatal drug exposure and disabilities. Judy Schrag, who accompanied Dr. Davila, added that states will offer services as resources allow and that, as a child develops disability, he or she will become eligible for services accordingly.

The first witness on the final panel was Dr. Charlie Knight. She stated that most crack-addicted babies can behave similarly to non-exposed children when given a safe, nurturing environment. Her own Ravenswood City School District has been running a program based on therapeutic day care for infants born toxic positive and their mothers. Dr. Knight identified the characteristics of a successful program: It should start at or near birth and should be developed around the child and child care; it needs to be long-term and run by a community-based organization such as a school; it should have mandatory parent counseling; it should have county support; the staff needs continuing training; and the program needs long-term funding through direct grants.

Dr. Diane Powell, like other witnesses, pointed out that one out of every ten children born in the United States is perinatally exposed to drugs. Dr. Powell's Project DAISY is designed to help drug-exposed children with early intervention services, including parent training, developmentally appropriate classroom practices, training to general educators, and multidisciplinary supports between educators, social workers, and medical advisors. Traditional methods of teaching must be rethought for these children, Dr.

Powell said, and teachers need to be reminded that these children are "children first." The Federal Government should provide research in how best to integrate these children into mainstream education and should provide funds for innovative preservice educator programs plus block grants to school systems to develop, expand or continue specialized programs for these children.

The last witness was Linda Delapenha, who began by saying that there is an insufficient amount of data regarding drug-exposed children. She advocated forming multi-disciplinary committees involving schools, agencies, and community programs to educate the communities in question. Ms. Delapenha said teacher training is essential, although it is not clear if techniques different from those used with other at-risk children are necessary. The most effective programs, Ms. Delapenha said, maintain a low student-teacher ratio—1:8 for children ages 3 to 4 and 1:10 for 5-year-olds. The program should have strong parent involvement.

In response to questions, Ms. Delapenha said that teacher training is a kind of empowerment for teachers, allowing them to adjust to a new kind of student. Dr. Knight said that such training allows the drug-exposed child to remain with his or her non-exposed peers. Dr. Powell said that parent training must also be an important part of the process.

DRUG-EXPOSED KIDS: A CRISIS IN AMERICA'S SCHOOLS

SEPTEMBER 26, 1991

Witnesses:

Evelyn Davis, M.D., assistant clinical professor of pediatrics, Department of Pediatrics and Department of Child and Adolescent Psychiatry, Harlem Hospital Center.

Dr. Charlie M. Knight, superintendent, Ravenswood City School District, East Palo Alto, California.

Dr. Diane E. Powell, director, Project DAISY, District of Columbia Public Schools.

P. Michael Timpane, president, Teachers College, Columbia University.

Bob Chase, vice president, National Education Association.

Elaine M. Johnson, Ph.D., director, Office for Substance Abuse Prevention, Department of Health and Human Services.

Beny J. Primm, M.D., associate administrator for treatment improvement, Department of Health and Human Services.

This hearing was held on September 13, 1991. Congressman Charles B. Rangel chaired the hearing, and Congressman Bill Paxon also attended. The outcome of this hearing was a commitment by Mr. Rangel to convene a conference of individuals who are concerned about how to help drug-exposed children, in order to formulate an effective national strategy.

Dr. Evelyn Davis testified that cocaine and crack have destroyed the fabric of family life in America. She stated that 90 percent of the 750,000 infants exposed to crack in utero will have to depend on the Government to take care of them for life. The majority of these individuals will have communicative disorders, she stated. Babies exposed to crack in the womb develop cerebral palsy more

often than babies who have not been exposed to crack and are at risk for developmental and learning disabilities. Dr. Davis testified that many of these children will be cared for by grandparents or relatives other than the biological parents. This puts a great strain on grandparents who do not have the energy needed to take care of young children.

Dr. Charlie Knight testified that third graders are coming to school with beepers so that they can serve as runners for drug dealers. She indicated East Palo Alto will end up spending \$6,000 per drug-addicted child. She stated that teachers needed more training in how to deal effectively with drug-exposed infants and also that there was a need for assessment tools to measure treatment outcomes.

Dr. Diane Powell testified that drug-exposed infants are not that different from non-drug-exposed infants. She suggested that reduced class size as well as formation of an interdisciplinary team were two effective ways of treating drug-exposed children. She said that researchers had been able to identify 53 behavioral characteristics of drug-exposed infants, but that no two children exhibit precisely the same symptoms.

Michael Timpane of Columbia University stated that educators needed help in dealing with drug-exposed infants. He mentioned a "project synergy," the purpose of which is to identify gifted African-American children. He identified a five-year-old child "Jenny" as being one such child. To help rehabilitate drug-exposed children, he recommended multi-disciplinary school-based programs, and strengthening special education programs. He also advocated expanding substance abuse education programs to prevent a second generation of drug-exposed children. Mr. Timpane said that substance abuse programs should be integrated into the existing class curriculum to be most effective. He said that teachers needed better preparation in dealing with drug-exposed infants.

Mr. Timpane said that the Office of Comprehensive School Health should be reopened within the Department of Education. Categorical grant programs may be helpful, especially in the short run, he said, but such funds should provide an incentive for localities to start their own programs. He said that ridding public schools of drugs and violence has the most public support of any policy objective, but will be the hardest to accomplish.

Mr. Rangel asked for help from the panelists in identifying national education leaders on the subject of drug-exposed children. He said that he realized that this was a very serious problem, but that the Congress was handicapped by budget restraints. Mr. Rangel stated that national emergencies like the Persian Gulf War were exempt from budget restraints, and he suggested that the problem of drug-exposed children was so serious that it also should be exempt from budget restrictions. Mr. Rangel stated that politicians must know that they will not be reelected unless they respond to the problem of drug-exposed infants.

Mr. Bob Chase was critical of the lack of Federal leadership on the problem of drug-exposed infants. He said one in ten children in school is impaired and that 20 percent of public education funds are currently spent on such children. He advocated better training for teachers in identifying and intervening with children who are

impaired by drugs or alcohol. Low student-teacher ratios would help, he said, as would greater funding for substance abuse treatment programs. "We have not done much as a Nation to love and take care of our children. We can't solve problems of drug-addicted infants when educational resources are continually being cut. If the Federal Government wants to do something about drug exposed infants, it can do it," he testified.

Mr. Rangel urged the witnesses at the hearing to supply the Select Committee on Narcotics with the names of people they would like to see invited to a closed-door discussion of drug-exposed infants. Mr. Rangel pledged that he would invite representatives of the National Governors Association and United States Conference of Mayors to this closed discussion, as well as representatives from the Office of Management and Budget.

Dr. Johnson said that the Office of Substance Abuse Prevention's goal is to provide effective drug abuse intervention and prevention services. She advocated providing a balanced program of drug abuse prevention and education services. Dr. Johnson said that OSAP has had programs to treat drug-exposed children and women since 1988, and recently established a resource center for pregnant women.

Dr. Primm testified that we need the same zeal to fight drug-exposed infants as we showed in fighting Operation Desert Storm. He said that physicians and nurses should receive more substance abuse training. Because women addicted to drugs are frequently sexually active, they run the risk of contracting a sexually transmitted disease, he said. Women have the best treatment outcomes when their physical and psychological needs are taken into account and when a comprehensive array of services is available at the same location.

The Office of Treatment Improvement, which Dr. Primm heads, has developed treatment improvement protocol statements for treating pregnant women. OTI provides Federal funds to the states to provide treatment services for pregnant women.

In the audience-participation portion of the hearing, Dr. Primm told a man from East St. Louis, Illinois that East St. Louis had not applied for any funds from the Office of Treatment Improvement, but that OTI funds did go to St. Louis, MO, which is across the river from East St. Louis.

Another audience participant suggested use of focus groups in advance of the conference to gather information and sharpen its focus. Another gentleman advocated greater use of recovered addicts in drug treatment programs. One gentleman suggested greater efforts to change the attitude of the middle class toward drug and alcohol use and smoking.

Dr. Shirley Jackson, of the U.S. Department of Education, asked the panelists what message they wanted her to carry to an upcoming meeting with the urban superintendents network. The answer came back to tell the superintendents that the problem of drug-exposed infants is much greater than anyone believed and that we are not dealing adequately with these children. Mr. Rangel offered to meet with Dr. Jackson to discuss the issue of drug-exposed children.

Dr. Primm suggested that Federal cabinet departments concerned about drug-exposed children should be meeting interdepartmentally on a regular basis to work on the problem. He cautioned that identifying a child as a "crack baby" creates a life-long stigma.

DRUG ABUSE TREATMENT: A REVIEW OF CURRENT FEDERAL
PROGRAMS AND POLICIES

OCTOBER 17, 1991

Witnesses:

Mark V. Nadel, associate director, National and Public Health Issues, U.S. General Accounting Office [GAO].

June E. Osborn, M.D., chairman, National Commission on Acquired Immune Deficiency Syndrome [AIDS], and dean, School of Public Health, University of Michigan, accompanied by Don C. Des Jarlais, Ph.D., commissioner, National Commission on AIDS and director of research, Chemical Dependency Institute, Beth Israel Medical Center.

Arthur Y. Webb, director, Division of Substance Abuse Services, State of New York.

Beny J. Primm, M.D., Associate Administrator for Treatment Improvement, Office for Treatment Improvement [OTI], Alcohol, Drug Abuse and Mental Health Administration [ADAMHA], Department of Health and Human Services [HHS].

On October 17, 1991, the Select Committee on Narcotics Abuse and Control held a hearing to review current Federal programs and policies for substance abuse treatment. The purpose of this hearing was to examine the effectiveness and accountability of Federally funded drug abuse treatment services under the Alcohol, Drug Abuse and Mental Health Services [ADMS] Block Grant. The hearing also examined the ability of the drug treatment system to meet additional demands created by new emergencies, focusing on HIV and AIDS-infected drug abusers and the Federal response to this problem. Finally, the Committee sought to review current Federal efforts to expand treatment capacity and improve the quality, effectiveness and accountability of drug abuse treatment.

In his opening statement, Chairman Rangel said the committee was holding this hearing because, "It has become abundantly clear if we're going to win the battle against drugs, the area that we have to concentrate in most will be demand reduction." He shared his recent conversation with a "White House official" who estimated that drugs are costing the United States over a quarter of a trillion dollars a year in lost productivity, lost revenue and added governmental expenditures for health, welfare, criminal justice and other programs. While continuing to do all we can to reduce the supply of drugs, he said, we have to find out what drug treatment is effective so we can determine if the increasing amounts of public funds being spent on treatment are used for good programs. For this reason, he said, he had asked the GAO to conduct a review of the Alcohol, Drug Abuse and Mental Health Services [ADMS] block grant, the primary vehicle for Federal drug abuse treatment funding to the states. He welcomed the GAO representatives who were

invited to the hearing to present the results of their study and briefly noted that GAO's findings were not encouraging. Finally, he addressed the great need for effective treatment in the face of the AIDS epidemic.

Mr. Coughlin, the committee's ranking minority member, opened his remarks by commenting on the appropriateness of the committee holding a hearing that focused specifically on drug treatment. He reviewed the significant increases for drug treatment spending under President Bush and lauded the Federal Government's comprehensive and coordinated plan to combat illicit drug use and trafficking and the positive results of the President's national drug control strategy. He called for the enactment of legislation proposed in the Administration's drug strategy to expand drug treatment and improve treatment services. This proposal, he said, is embodied in H.R. 2810, the Drug Abuse Treatment and Prevention Act of 1991, which he had introduced earlier in the year with Mr. Michel, the House Republican leader, and Mr. Rangel. It would improve accountability for Federal treatment funds by requiring states to develop and implement statewide treatment and prevention plans as a condition of receiving the drug portion of their ADMS block grant funds. It would expand treatment by creating a new \$99 million capacity expansion grant program.

The first witness was Mark Nadel from GAO, who summarized the findings of GAO's review of the ADMS block grant (ADMS Block Grant: Drug Treatment Could Be Improved by New Accountability Program, GAO/HRD-92-27). At issue, he said, is whether states are spending block grant funds on drug abuse treatment programs that work, and whether Congress receives the information it needs to assess the impact of Federal investment in drug abuse treatment services.

According to Mr. Nadel, GAO found that Congress receives limited information on the results of states' drug abuse treatment services funded by the ADMS Block Grant. State annual reports and block grant applications provide diverse and limited information on the nature of state drug abuse treatment activities and on the quality and appropriateness of services, making comparisons or assessments of Federally supported programs extremely difficult. HHS, through ADAMHA, provides minimal oversight of state activities, he said, because of a departmental policy that it will defer to states' interpretation of block grant statutes unless it finds the interpretation to be clearly erroneous. He noted that HHS has rarely issued such findings. He also pointed out that HHS continues to follow its policy of voluntary state compliance with the block grant even though Congress in 1988 changed the law to give the Secretary authority to specify how states should comply with block grant requirements and how they should report on their block grant activities. The Secretary, he said, has simply not exercised this authority.

Mr. Nadel reported that OTI, created by ADAMHA in 1990 to enhance states' use of the block grant, has developed a program that could help assure that drug treatment services supported by ADMS funds are effective in reducing drug abuse. The initiative, called the State Systems Development Program [SSDP], is designed to provide technical assistance, treatment program guidelines

called Treatment Improvement Protocols [TIPS], monitoring, and to collect data.

Although OTI's program is intended to improve services and increase state accountability for ADMS funds, GAO found that, consistent with HHS policy to grant states wide administrative discretion, implementation of OTI's program will be left to the states. GAO concluded that if states choose not to implement OTI's program improvements and monitoring activities, the full potential of the OTI program may not be realized.

In closing, Mr. Nadel said the Federal Government does not have the information necessary to assess the impact of its investment in drug abuse treatment services. GAO recommended that HHS establish reporting requirements that will provide HHS with information to determine whether states are providing drug treatment programs and services that are effective. GAO also recommended that HHS report to the Congress by 1995 on the progress of OTI's program.

Calling HIV and substance use a public health threat of massive proportions, the second witness, Dr. June Osborn, briefly described the spread of drug-related HIV and AIDS and summarized the five recommendations in the AIDS Commission's recent report, "The Twin Epidemics of HIV and Substance Use." First, expand drug abuse treatment so that all who apply for treatment can be accepted into treatment programs, and continually work to improve the quality and effectiveness of drug abuse treatment. She talked of the importance of treatment as a link to curbing the transmission of HIV related to substance use. Second, Dr. Osborn said the Commission supported the removal of legal barriers to the purchase and possession of injection equipment. Third, the Commission called for a more active role by the Federal Government in developing and maintaining programs to prevent HIV transmission related to substance use. Fourth, the Commission recommended the expansion of funding for research and epidemiologic studies on the relationship between substance use and HIV transmission. Finally, Dr. Osborn concluded, the Commission emphasized that all levels of government and the private sector need to mount an attack on the social problems that promote licit and illicit drug use in America.

Mr. Webb indicated, at the beginning of his testimony, that the two major themes of the GAO and AIDS Commission reports—treatment expansion and accountability—have been the two overriding themes of his agency, DSAS. He commented on what New York State is doing to improve the quality and effectiveness of publicly funded treatment programs. In response to the GAO recommendations, Mr. Webb stated that DSAS supports additional reporting, provided States receive additional funds to carry it out. DSAS also supports reauthorization of the ADMS block grant and the targeting of Federal funds to the neediest states. He supported OTI's SSDP Initiative, but also called for a review of current data sources to eliminate duplication, flexibility by OTI and Congress in their expectations of the states, and more funds to match the increased responsibilities that would be placed on the states. Mr. Webb also addressed DSAS approach to accountability, highlighting the need for cost-efficient and cost-effective expenditures,

matching clients' needs to appropriate services, and measuring standards of efficiency and effectiveness based on what a provider has actually done. He described two systems New York State is developing to improve program accountability. The first, Program Assessment and Cost-Efficiency [PACE], will provide DSAS with demographic information about the existing provider community. The second, PACE II, will examine the relationship between the needs of clients and the types of services that match those needs. Finally, Mr. Webb talked about the link between IV drug use and AIDS, emphasizing the need to provide more treatment opportunities, and he outlined five initiatives DSAS is implementing in its approach to the dual epidemic of substance use and HIV: the HIV coordinator project; aggressive street outreach; the HIV counseling, testing, referral and partner notification [CTRPN] project; the tuberculosis prevention initiative; and the primary health care initiative.

Dr. Primm said the three objectives of OTI's SSDP Initiative are to enhance Federal and State accountability for the use of ADMS block grant funds, to improve state management of substance abuse treatment and prevention programs, and to improve treatment quality. He listed the five components of the SSDP: (1) comprehensive statewide drug treatment and prevention plans; (2) state needs assessments; (3) OTI on-site reviews of state programs; (4) technical assistance; and (5) creation of a centralized state information system. He then focused on two elements of SSDP that respond to important concerns raised by the Select Committee: (1) the lack of treatment standards and (2) the inability to target treatment resources to areas of greatest need. Dr. Primm discussed OTI's development of a series of Treatment Improvement Protocol Statements [TIPS], which will serve as guidelines to ADMS block grant funded programs, states and sub-state agencies. He said TIPS on pregnant substance-abusing women and screening for infectious diseases among substance abusers were nearing completion. Also, he said OTI is providing technical assistance to the states to collect data, in an effort to assess needs for treatment services so resources can be allocated to areas of greatest need. He acknowledged that OTI's efforts to implement statewide drug treatment plans have been hampered by many states' inability to conduct needs assessments because of a lack of financial resources and qualified staff. He said OTI would fund state needs assessments beginning in fiscal year 1992 and has forged ahead with the states to finalize the format for statewide drug treatment and prevention plans which will be mandatory in 1993.

Dr. Primm discussed at length the link between the AIDS epidemic and substance abuse, and the programs and efforts undertaken by various ADAMHA agencies to respond to this crisis. He said OTI's philosophy is that alcohol and drug dependency is a chronic, complex, bio-social disease phenomena which cannot be treated in isolation from a person's medical, psychological and social deficits. Dr. Primm advocated a comprehensive continuum of health and human services provided in a "one-stop shopping" approach to drug abuse treatment, with services provided on-site or through case management. He stated that all of OTI's programs are designed to foster treatment improvement based on this continuum of care model. Two important programs are the Substance

Abuse Linkage Initiative [SALI], which links drug abuse and HIV treatment systems, and the proposed capacity expansion program [CAP], which would target funds for capacity expansion in areas of greatest need and for groups at greatest risk to addiction and HIV. In conclusion, Dr. Primm said that all OTI initiatives are designed to address the twin epidemics of HIV and substance abuse.

Mr. Rangel asked how much money is being spent on treatment, and Mr. Nadel said about \$2.5 billion annually, of which \$500 million is Federal dollars. In response to a series of questions from Mr. Rangel on the success rates of treatment programs receiving Federal funding and the effectiveness of one modality compared to another, Mr. Nadel replied that the Federal Government does not have the data required to determine what programs are working.

Mr. Rangel asked Mr. Webb how many people have gone through New York State programs and how many remain drug free for a year or two. Mr. Webb answered that, excluding the high number of clients who drop out in the first 30 days of treatment, one out of four or one out of five individuals successfully completes residential treatment which ranges from 9 to 18 months and costs about \$55 a day, or \$16,000 to \$17,000 a year, for a comprehensive set of services. Webb agreed, however, with the Chairman's assertion that the Federal Government would have no idea as to what programs are working in New York because there is no Federal system to monitor treatment outcomes. He also criticized the President for recommending no increase in funding for the block grant and Congress for not approving the capacity expansion program because this means that the Federal Government will not pay for its fair share of treatment expansion and improvement initiatives already underway in New York.

Mr. Coughlin asked Mr. Nadel if GAO had examined the administration's statewide treatment plan legislation. He indicated that in his judgment the administration's proposal would provide exactly what GAO is recommending, in terms of state reporting requirements, in the context of the statewide plans. Mr. Nadel responded that GAO had not studied the administration's bill and that it might well be helpful. He pointed out, however, that GAO had received a legal opinion from HHS indicating that HHS by itself could issue regulations to require such treatment plans. Mr. Nadel also said OTI's SSDP initiative entails performance evaluations, monitoring and technical assistance in addition to treatment plans and that Congress at a minimum should receive information on just what is going on. Mr. Coughlin reiterated that he believes the administration's proposed legislation would require states to provide all the information GAO is recommending.

Mr. Coughlin asked Dr. Osborn whether the \$1.2 billion spent by Federal agencies on AIDS research is appropriate. Dr. Osborn said it is not enough, and that enough will be defined when the worldwide AIDS epidemic begins to get under control.

Noting that the AIDS Commission recommended treatment on demand as the most important step that should be taken to alleviate the spread of AIDS by intravenous drug use, Mr. Coughlin asked Dr. Primm why the Federal drug strategy appears to reject that as a goal. Dr. Primm replied, "We are in total concurrence that this should happen." He briefly described what OTI is doing to

expand treatment capacity and improve treatment quality but acknowledged that the goal of treatment on demand had not been reached yet.

Mr. Gilman asked Mr. Nadel whether legislation would be needed to implement GAO's recommendations that HHS establish reporting requirements for the states. Mr. Nadel responded that in fact the Secretary already has the authority and that GAO's report includes a formal recommendation that the Secretary require specific information from the states.

Mr. Gilman inquired how long it would take for Congress to get the information. Mr. Nadel answered that the GAO recommended 1995, because the OTI initiative does not kick in full scale until 1993, and it would take a few years to achieve consistency in the data.

Dr. Primm and Mr. Webb stated their basic agreement with GAO's recommendations and agreed that implementing new reporting requirements would be both difficult and costly to the states. Dr. Primm estimated the cost at \$20 million per year for the next three years to implement the SSDP, of which the majority would go to the states to assist in data collection.

Mr. Gilman asked if the National Commission on AIDS has made any progress in reaching the goals set forth in 1988 by its predecessor, the Presidential AIDS Commission. These goals include treatment on demand and improved outreach and community prevention/education. Dr. Des Jarlais said most people in the AIDS field believe a doubling of current treatment capacity would be needed to provide treatment on demand. With regard to outreach efforts, he informed the Committee that NIDA's national outreach program has been very successful and is probably one of the most effective initiatives the U.S. Government has supported with respect to AIDS among drug users. He went on to say, however, that its continuity is uncertain due to the states' poor financial condition. To save it, he said, would require a Federal commitment to continued funding.

Mr. Towns asked Mr. Webb how DSAS determines which programs get treatment funding since so little information is available on what programs are doing. He also asked for a definition of "comprehensive services," a term he said is often used very loosely.

Mr. Webb said that just because the Federal Government does not have specific standards for treatment or a treatment program database, one should not be left with the impression that states are lax in awarding funds to programs. He said New York has an extremely difficult licensing and quality assurance process that is conducted on an ongoing basis. He said the state does know who the better providers are and who should be receiving funding. With regard to comprehensiveness, he said, "That is where we need to grow." He said it is impossible to treat someone without also thinking about their family, their employment opportunities and their related health care needs. In the case of people coming out of prison, for example, he noted that more than half of the 21,000 inmates released in New York need ongoing substance abuse treatment but that most do not get it. When they leave prison, he said, they get \$50 and that is it. People leaving treatment or prison, he emphasized, should leave with a program in hand, a case manager

or social worker who can help them meet their basic needs for housing, employment, aftercare and other social services. He talked about the need for a Federal housing policy to deal with the problem of homeless addicts. He called linking these services to treatment the "basics," not "pie-in-the-sky." He also agreed with Mr. Towns that increased assessment is needed to match individuals to the right treatment services.

Dr. Primm talked briefly about the discretionary funding for demonstration grants awarded by his office, as opposed to the block grant. The demonstration grants, he noted, are awarded competitively, after a thorough peer review by experts, and monitored very closely to make sure the funds are used properly.

Mr. Towns asked about what is being done in research. Dr. Primm responded that the research arms of ADAMHA—NIMH, NIAAA, and NIDA—are very active, but he would like to see more concentration on service delivery issues.

Mr. Rangel commented that the only treatment modality developed in the past 25 years of research that he knew of is methadone "because I've been looking for some other solution."

Mr. Payne asked about the selection of Secaucus, New Jersey, as the site for the treatment campus demonstration project awarded to New Jersey by OTI. He expressed concern that this site would not be accessible to people in urban areas who are in need of treatment.

Dr. Primm said New Jersey had submitted an excellent application for the treatment campus demonstration. Secaucus was selected, he said, because of the lack of community resistance or opposition to locating the campus there. The campus, he said, would draw clients from all over the state, including the urban areas of northern New Jersey like Newark in Mr. Payne's district. The campus would provide residential treatment to about 500 individuals who would be sent there for varying lengths of stays. The campus project, and a similar one in Texas, would allow outcomes for various treatments to be compared to determine what works best.

Dr. Primm also talked about the need to provide drug abusers with a comprehensive array of services, a "supermarket" of services he called it, including aftercare. Concentrating all these services in one program, he said, is often too expensive to achieve, so he emphasized the importance of establishing networks of service providers with case managers to make sure drug abuse treatment clients get the services they need. He acknowledged that, "That has not been done in our country," but he said, "I think that is how we have to see this problem, no other way," to allow individuals with drug problems to recover and stay productive, functional citizens.

Mr. Payne also raised some concerns about the "weed and seed" program in Trenton, New Jersey. He commented that the "weed" portion, the increasing of law enforcement, has already started, but wondered whether there would be as much interest in the "seed" part, the creation of jobs and the rehabilitation of the community. Mr. Webb said that New York City has begun its own "weed and seed" type program. The "weed" component is being performed by the police through tactical strike teams that have done a good job. The "seed" component is being carried out through the community

policing program which is training police to work with the community to prevent drug abuse. Mr. Primm also mentioned the Robert Wood Johnson Foundation's "Fighting Back" initiative and other foundations and privately funded initiatives aimed at community-wide prevention efforts similar to the "seed" component of "weed and seed."

Mr. Rangel noted that the AIDS Commission had advocated needle exchange to reduce the transmission of AIDS. He asked if Dr. Sullivan, the Secretary of Health and Human Services, who is a member of the Commission, had agreed with that recommendation. Dr. Osborn said the Secretary is not a voting member of the Commission, and his agreement should not be inferred directly from the Commission's report. Dr. Primm said the Secretary and the Department do not agree that needle exchange is as efficacious as has been reported.

Mr. Rangel spoke briefly about comprehensive treatment and monitoring. After eliciting from Mr. Webb the fact that 50 percent of clients in residential treatment and 30 to 35 percent of those in methadone maintenance drop out in the first 30 days, he commented that monitoring is not an issue with addicts who enter treatment for just long enough to detoxify and then leave. The only time monitoring is important, he said, is when a client wants to be treated and the resources are available to provide the treatment he or she needs. "Unfortunately," he continued, "we have not really reached that goal on the local, State or Federal level and I submit that we're just wasting a lot of money."

Nonetheless, he supported spending more money, "because it's better than nothing." He also urged that research focus less on chemical substitutes for drugs of abuse and more on what is needed to help former addicts, once off drugs, to stay off drugs and live productive lives. "It could be," he said, "that we just have to provide job opportunity, homes, and some hope, and that could be the best modality after you've made them drug free." He criticized the administration for not supporting these types of initiatives, "except for the thousand points of light." Dr. Primm briefly mentioned efforts OTI is making with HUD and the Department of Labor to address the issues of housing, education and jobs in the context of treatment, but Mr. Rangel dismissed these efforts as wholly inadequate to the nature and magnitude of the problem. "I support what we've got," he concluded, "but I want those who are researching to come up with at least what we should be working toward."

TREATMENT AND REHABILITATIVE SERVICES FOR SUBSTANCE ABUSING
CRIMINAL OFFENDERS

OCTOBER 28, 1991

Witnesses:

Panel 1—Treatment panel

Ron Williams, executive director, Serendipity House.
John David, a client of Mr. Williams at Serendipity House.
David Kerr, president, Integrity House.
Heather Morrissey, a client of Integrity House.

John Scott, a client of Integrity House.

Father Peter Young, director, Altamont House.

Matthew Cassidy, associate executive director, Treatment Alternatives to Street Crime [TASC].

Panel 2—State role and resources

John Holl, Assistant Attorney General, State of New Jersey.

Jack Farrell, acting assistant commissioner for the Division on Alcoholism, Drug Abuse, and Addiction Services, State of New Jersey.

Richard Girgenti, director of the Criminal Justice Services, State of New York.

INTRODUCTION

As part of the select committee's oversight and review of treatment and rehabilitation services for substance abusing criminal offenders, the select committee traveled to New York City to learn about post-release drug treatment programs being offered in New York and New Jersey.

This was a follow-up hearing to a hearing that the select committee held in Washington, DC, on "Drug Treatment Programs in Prisons" in May of this year. The hearing examined the extent and severity of drug addiction among inmates. It focused on promising state treatment programs, and the need to use these programs as models for new ones. Finally, it looked at the role of the Federal Government in providing funding models for states to use when designing their own programs. At that hearing we heard from an array of state and local drug treatment experts who echoed the need for an expansion of drug treatment services for inmates. It also became increasingly clear that drug treatment and other services were needed for released inmates.

The committee has been concerned with recent statistics describing 50 percent of the prison population as substance abusers. According to the Crime Control Act of 1990, every one of these prisoners should have access to drug treatment. Nonetheless, 70 percent of them are not receiving appropriate treatment. Those prisons which do provide treatment for substance abusers rarely offer comprehensive, multi-modal programs which are considered the most effective. Many prison treatment programs lack job counseling, vocational rehabilitation, education and aftercare, all elements which make up a truly comprehensive program. As a result, many ex-prisoners are literally abandoned when released. This often leaves them incapable of staying drug free.

Select Committee members present: Chairman Charles Rangel, Benjamin Gilman, Frank Guarini, Nita Lowey, and Donald Payne.

HIGHLIGHTS OF OPENING STATEMENTS AND TESTIMONY

Mr. Guarini, chairing the hearing in Mr. Rangel's absence, welcomed and introduced the first panel to the Select Committee members. Mr. Guarini commented on the urgency of providing drug treatment programs for substance-abusing criminal offenders while they are incarcerated and just as importantly after they are released from the correctional institution. Mr. Guarini noted that

three out of four prisoners would re-enter the community as drug-free citizens if they have had the proper treatment and community care. If we could simply provide comprehensive drug treatment in our prisons and jails, coupled with post-release aftercare, success rates would be much higher.

Mr. Ron Williams of Serendipity House was the first witness to give his testimony. He was accompanied by John David, a client of Serendipity House. Mr. Williams allowed Mr. David to testify on behalf of Serendipity House, since he believes that living examples of these programs are the best representatives. Mr. David detailed his former drug abuse and treatment, emphasizing that after being released from the penitentiary, he needed community-based treatment to assimilate back into society. Mr. David is now trying to work his way back into the community, advocating the positive parts of his life instead of abusing and selling drugs.

Mr. Kerr of Integrity House began his statement by noting that drug addiction is the number one problem in the United States. Integrity House provides treatment, education, vocational training, and family therapy for the ex-offender. In 1991, Integrity House treated 1377 people for a 3 to 3½ month stay at less than \$5,000 each. Mr. Kerr emphasized the need for more therapeutic community programs and aftercare follow-up programs and introduced two successful products of his program: Heather Morrissey and John Scott.

First, Ms. Morrissey described her three-year heroin and cocaine addiction, her three-year incarceration and treatment, followed by four years of prostitution. She blamed her ineffective transition into society on her lack of proper treatment. The counselors in the prison system had nowhere for her to go, there was no aftercare, thus she turned to prostitution. In January of this year, she turned to Integrity House, where she learned some vocational skills, computer programming, and now has an opportunity to go back to college. Ms. Morrissey said that she owes the present quality of her life to Integrity House, and plans to graduate from their three-phase program in June. Integrity House has a residential phase, a halfway house phase, and then a group therapy phase in which the patients live on their own.

Mr. Scott then spoke on behalf of Integrity House. An alcoholic and drug addict, Mr. Scott stated that he had been involved with the law for fourteen years. After learning nothing in prison about rehabilitation, he was assigned six months at Integrity House. He stayed even longer because he felt like he was accomplishing something. Scott wished that more ex-prisoners had the access to such programs.

Father Peter Young of Altamont House has been working with alcoholics for 30 years, and with prisoners for over a decade. He testified that he tried to establish a program that keeps the cost down so that more people can be treated. He stressed that he is concerned with the fact that thousands of prisoners are released "all dressed up with no place to go." The Altamont program has attempted to create a "glide path" for the newly-released inmate. Altamont House provides treatment, housing, and employment, and will not release anyone until he/she has a full-time job. Father Young hopes that Altamont graduates will spread their success to

others. According to Young, there are plenty of jobs for ex-offenders. Altamont House makes a commitment to each graduate that they will have a job. Because of Altamont's culinary and hotel/motel management school, graduates are able to learn a skill, and can easily be placed.

Mr. Cassidy, of the Treatment Alternatives to Street Crime [TASC] in New York, spoke on behalf of 170 TASC programs in 23 states. Cassidy reviewed the TASC mission, post-release services, special population, and some accomplishments of TASC. In his remarks, Cassidy explained the link between the justice system and the treatment community that TASC has created by combining legal sanctions and therapeutic intervention. Cassidy elaborated on the goal of TASC: to reduce the criminality of the drug-dependent offender by improving the rehabilitative aspects of treatment and criminal justice. TASC identifies and refers drug-involved offenders to community treatment services as an alternative or supplement to existing procedures. Once the client is referred, TASC monitors their progress and compliance, including expectations for abstinence, employment, and improved personal and social functioning.

According to Cassidy, numerous evaluation studies have reported TASC as effective in reducing recidivism, improving treatment participation, and providing a cost-effective alternative to incarceration. TASC is an authorized program of the Bureau of Justice Assistance, and a recommended program of the Office of National Drug Control Policy as stated in the 1991 National Drug Control Strategy. Mr. Cassidy emphasized to the Select Committee that TASC needs Federal funding specifically for TASC programming, since states are finding it more and more difficult to provide funds.

Mr. Guarini asked the panel about their funding. Father Young said that they have funding problems, but his program keeps the cost down by getting some homeless housing money for housing assistance, and building their own homes and housing compounds.

Mr. Guarini asked if there are alternatives for convicted drug addicts, like pre-trial intervention, rather than prison. Mr. Williams stated that locking addicts up is a "severe mistake," because incarceration does not cure an addiction. He described a court referral project in which individuals who faced sentencing were given an option to seek treatment or go to prison. The success rate was phenomenal.

Mr. Payne asked what types of counseling and treatment tend to produce the highest success rates. Mr. Williams stressed the importance of AA meetings, NA meetings, and the re-socialization of the individuals into society.

Mr. Gilman asked Father Young to describe some elements of an ideal program for rehabilitation. Father Young stated that the aftercare is the most important, but that there is not enough funding for aftercare programs to be incorporated in State prison systems. Mr. Gilman then asked what the select committee could do to help, and Father Young replied by saying that he needs more group homes and treatment facilities.

Mr. Cassidy added that the most important step of the TASC program is matching the offender to his/her treatment plan. Thus, case management services need to be enhanced.

Mr. Rangel then elaborated on the fact that people don't come out of jail any better than when they went in. The lack of proper drug treatment in prisons contributes to the spread of AIDS in our prison population. Mr. Rangel asked the panelists to concentrate not on what the committee can do to help the programs, but what the country should do to reduce the need for the programs.

Mr. Richard Girgenti, of the Criminal Justice Services of New York, was the first to present his testimony from the second group of panelists. He highlighted some of the problems with the New York State prison system. The prison population has increased 97 percent in the last 8 years, and Girgenti attributes that increase to drugs. Today, approximately half of all prison commitments are for drug offenses.

Mr. Girgenti suggested a coercion program to force addicts to complete treatment programs. He discussed some of New York's more promising programs: a new community-based treatment initiative, a day treatment program for high-risk probationers, and the DTAP program for repeat offenders. He stressed that the New York State Correctional System is working on the drug problem, and now offers formalized drug treatment, and has pioneered the three-phase CASAT program [Comprehensive Alcohol and Substance Abuse Treatment]. Mr. Girgenti then asked that the committee urge the Federal Government to participate in a fiscal partnership to share the burden of paying for treatment services that will save money in the long run.

Next, Mr. Jack Farrell, the Acting Assistant Commissioner for the Division on Alcoholism, presented his testimony. He reviewed some overcrowding problems with the New Jersey Correctional System, but emphasized the cooperation between the health and justice administrative agencies, and between frontline justice workers and community treatment agencies. Mr. Farrell declared his support for drug treatment programs, and discussed the need for effective followup and aftercare programs. He recognized the need for a national investment in drug treatment and prevention from every level of American government.

Mr. Holl, the Assistant Attorney General for the State of New Jersey, testified last. He added to the previous statements that law enforcement officials have recently warmed up to the idea of expanding treatment programs in correctional facilities.

Mr. Payne inquired about the availability of illegal drugs within correctional facilities. Mr. Holl admitted that it is a problem, because even selling drugs in prison is profitable. He suggested a national program to target the specific needs of individual communities, and base treatment plans and funding on those needs.

Mr. Gilman asked what the waiting lists for treatment programs were like. Mr. Farrell replied that the waiting list is long, and consists of clients from the streets, incarcerated individuals, and inmates ready for parole. Farrell stressed the difficulty in determining who needs treatment the most.

Mr. Gilman then asked if either New York or New Jersey has an aftercare program. Mr. Girgenti discussed the CASAT program in New York and suggested that, aside from funds, treatment modalities need greater standardization. Mr. Farrell admitted that the number of aftercare facilities is limited in New Jersey.

Mr. Rangel questioned Mr. Farrell about the social scientist's view toward prevention. Mr. Farrell stated that prevention is the best method. He emphasized the long-run benefits: reduction in emergency room crises, a decrease in the spread of AIDS, a decrease in family abuse, etc. But, he said, the community wants an immediate response, which is traditionally to lock people up and get them out of sight.

Continuing on this topic, Mr. Rangel asked Mr. Holl, from the law enforcement field, if he agreed with Mr. Farrell. Mr. Holl stated that he believes the public is not convinced that treatment works.

In closing, Mr. Rangel emphasized to the panelists the importance of gaining national exposure for their respective programs. The public, Mr. Rangel reiterated, needs to be educated on the cost-effectiveness and societal value of rehabilitating offenders rather than merely incarcerating them by building more jails. He thanked the panels for their insightful testimony and hard work in the treatment and prevention fields.

INTERNATIONAL ACTIVITIES—STUDY MISSIONS

PANAMA AND COLOMBIA

JANUARY 6-9, 1991

From January 6 to 9, 1991, the House Select Committee on Narcotics Abuse and Control conducted a study mission to Panama City, Panama; and Cartagena, Colombia; to assess drug abuse control efforts in the major cocaine-producing and trafficking nations. The committee was also scheduled to travel to La Paz, Bolivia, to participate in a meeting of legislators from Andean nations and to Caracas, Venezuela to continue its drug control discussions. However, the committee had to return to Washington on January 9 because Speaker Foley scheduled floor action on resolutions relating to the crisis in the Persian Gulf. The committee hopes to reschedule its La Paz and Caracas visits in the near future.

In Panama the December 1989, United States military action to topple the regime of Manuel Noriega and its aftermath has enabled Panama to rebuild its drug enforcement capability. The Government of Panama is now cooperating more fully in the fight against drugs rather than selectively under General Noriega. However, a lack of manpower, resources, equipment, and training severely hamper the effort to police Panama's extensive open coastlines and rugged frontier with Colombia. This makes Panama an easy prey for the aggressive smuggling tactics of the Colombian cocaine cartels. As a result, while the number of drug seizures has increased in Panama in the last year, the amount of cocaine transiting the country has significantly increased.

Similarly, despite the Endara Government's initial steps, drug money laundering continues to be a major problem for Panama's banking center.

In Colombia, the committee met with President Cesar Gaviria and the following members of his Cabinet: Foreign Minister Luis Fernando Jaramillo, Minister of National Defense; General Oscar Botero Restrepo, the Commander of the National Police; Rafael

Pardo Rueda, the Presidential Counselor for Human Rights; Jorge Orlando Melo, Presidential Counselor for Communications; Maruicio Vargas Linares, private secretary to President Jose Miguel Silva Pinzon; and the Presidential Counselor for International Affairs, Gabriel Silva Lujan.

The committee found that the government and people of Colombia are strongly committed to the fight against drug trafficking, but expressed President Gaviria's concern that they be recognized as partners of the United States and the international community in this effort; not simply going it alone in asking sacrifices of the Colombian people.

The committee discussed with the President his offer of plea bargaining to major drug traffickers and judicial reform. The objective is to restore the working integrity of the Colombian justice system which has been under severe attack in recent years from the trafficking organizations. While the committee feels extradition should remain an important tool, it also recognizes its political unpopularity in Colombia. The committee agrees that a strong, competent judiciary in Colombia is an equally important goal, and that the United States should be supportive of that objective as an acceptable alternative to extradition of drug suspects to the United States for prosecution. One country cannot substitute its criminal justice system for another in the final analysis. The committee also reviewed with Colombian officials concerns about human rights violation by the military engaged in anti-drug efforts. President Gaviria's adviser in human rights attended all of the meetings between Colombian officials and the committee. President Gaviria told the committee while some abuses existed, the government was committed to investigating them and he believed that they were making good progress in this area.

In addition, the committee discussed with President Gaviria the status of the Andean Trade Initiative that would assist the Colombian economy and thus enhance Colombia's ability to combat drug trafficking; they also discussed military assistance to Colombia and human rights concerns, the flow of weapons from the United States to Colombia and the control of precursor chemicals.

SYRIA, PAKISTAN, ISRAEL, AND ITALY

AUGUST 3-13, 1991

The House Select Committee on Narcotics Abuse and Control conducted a study mission to Syria, Pakistan, Israel, and Italy from August 3-13, 1991. The objective of the mission was to examine drug trafficking and drug abuse trends in the Mideast/South Asia/Mediterranean area, with a specific focus on opium production and heroin trafficking.

During the course of the study mission the delegation met with the following officials in the nations visited:

SYRIA

Nassar Qaddur, Minister of State for Foreign Affairs; Muhammad Khalid Harba, Minister of Interior; Khalid Al-Ansari, Minister of Justice and representatives of the Syrian Parliament.

PAKISTAN

Ghulam Ishaq Khan, President; Nawaz Sharif, Prime Minister; Wasim Sajjad, Chairman of the Senate; Gohar Ayub Khan, National Assembly Speaker; Chaudhry Shujaat Hussain, Interior Minister; Jamsheed Burki, Secretary of the Interior; Shaharyar M. Khan, Foreign Secretary; Rana Chandar Singh, Narcotics Minister; Syed Fakhar Iman, Minister of Education.

ISRAEL

Yitzhak Shamir, Prime Minister; Elyakim Rubenstein, Anti-Drug Authority Chairman; Gen. Benny Arad, General Director, Anti-Drug Authority; representatives from health, education, police, and other ministries.

ITALY

His Holiness John Paul II; Pietro Soggiu, Director, Central Anti-Drug Directorate Ministry; Domineco Losco, mayor of Palermo; Dr. Vincenzo Boncoraglio, Chief, International Affairs; Department of Police, Anti-Drug Central Service.

In all of the nations visited, the committee was struck by high levels of drug trafficking taking place in, or affecting these countries. The increased rates of trafficking also led to increased amounts of drug abuse in the nations of the region.

In Syria, the Government expressed strong concern about the levels of drug trafficking in the Bekaa Valley of Lebanon. The committee pointed to allegations of the involvement of Syrian Army officers and soldiers in facilitating the Bekaa drug trade. While Syrian officials conceded this may have occurred in isolated cases, they denied systematic involvement and took the position that the presence of its military in Lebanon is to help maintain security in that troubled nation, not act as a domestic police force. The committee views that drug production and trafficking is as much of a destabilizing force in Lebanon as the political violence. The delegation urged Syria to make drug control part of its political security mission in Lebanon.

The Syrian Government has reacted to the possible increase in domestic drug abuse by appointing a ministerial level position to address the problem. The early recognition by Syria is important, and the committee urges Syria to reach out to the United States and other nations for suggestions on demand reduction strategies.

The delegation also raised with Syrian officials the holding of American hostages by terrorist groups in Lebanon and the critical role played by Syria in obtaining their release. The committee commended the efforts of Syria in this extremely important humanitarian effort and urged that Syria continue to work with all political interests in the region to affect the release of all Americans and other nationals held against their will.

The relatively uncontrolled production of opium in remote areas of the Northwest Frontier Province [NWFP] of Pakistan, combined with unrestricted opium production in the border area with Afghanistan, has created serious heroin production and trafficking in the region. This not only increases the availability of heroin worldwide, but has created extremely serious domestic heroin abuse con-

ditions in Pakistan. With perhaps 50 metric tons of heroin per year, Pakistan's addict population has grown from a negligible figure 10 years ago to over 1.2 million today.

While the committee recognizes that Pakistan has increased its drug interdiction and enforcement efforts in the NWFP, and appreciates the historical status of the territories, more needs to be done by the central Pakistani Government to devise methods of combating opium production and heroin trafficking in the tribal territories. The committee believes that if economic development and infrastructure enhancements are created in the NWFP, the authority of Islamabad will be strengthened in the territories.

The committee is pleased to note the Government of Pakistan has elevated the narcotics portfolio to a full cabinet ministry and has responded to their growing drug use problem in their country by launching an initial drug prevention and education effort. The delegation offered the assistance to United States experts in these areas to the Pakistani Government.

Israeli authorities estimate that there are 200,000 drug abusers, including 20,000 heroin addicts, in Israel. This growing problem led to the creation of the Israeli Anti-Drug Authority in 1988. In 1989, sales of illegal drugs reached an estimated \$2.5 billion. Arrests for drug-related crimes have doubled in the past 2 years. The Authority has embarked upon an aggressive and comprehensive antidrug strategy and is seeking the technical assistance of the United States on its implementation.

The committee notes that the United States-initiated Middle East peace process has created a sense of cautious optimism among Israeli officials that it will be able to finally negotiate its differences with its Arab neighbors. A peaceful Middle East will do much to enhance drug control in the region.

Concerning the peace process, Prime Minister Shamir told the delegation, "For the first time in Israeli history, it appears that Israel will have the opportunity to talk directly with its neighbors in the Middle East about peace. This is both historic and a test." Mr. Shamir was realistic about the daunting task ahead noting that the conflict involved strong emotions on both sides. Mr. Shamir stated that the role of the United States in these negotiations was to serve as an honest broker to narrow the differences between Israel and the other nations of the Middle East. Once the peace conference begins, then all countries involved will express their views and work to resolve their differences.

In Italy, a rising volume of drug abuse, coupled with growing drug-related crime and violence, presents a serious situation for the Italian Government and people to address. A resurgence of drug-related activity by the Mafia in Sicily, the Camorra in Naples, and the N'Dranghta and the development of links by those groups with Colombian cocaine cartels and North American and European traffickers, has created an urgent environment in which Italian authorities, in concert with United States and other international law enforcement agencies, must mount an aggressive campaign against these pernicious enterprises. The committee is pleased to note that efforts at these cooperative initiatives are underway.

The highlight of the delegation's visit to Rome was an audience with His Holiness Pope John Paul II. The Pope commended the

delegation on the importance of its work and the seriousness of the drug threat to mankind. Mr. Rangel on behalf of the committee lauded John Paul for his deep personal commitment to solving the intractable problem of drug abuse. Mr. Rangel also praised the Pope for his call for a Vatican Conference on Drug Abuse this fall and urged John Paul to use his influence to encourage other leaders of organized religion to become visibly involved in the anti-drug crusade.

TORRICELLI CODEL TO PERU AND COLOMBIA

OCTOBER 10-14, 1991

Chairman Rangel participated in a study mission to Peru and Colombia, October 10-14, 1991, under the leadership of Representative Robert Torricelli, Chairman of the Subcommittee on the Western Hemisphere of the Committee on Foreign Affairs. Also participating were Representative Robert Lagomarsino, ranking minority member of the subcommittee and Representative Stephen Solarz.

In Lima, the delegation met with President Alberto Fujimori, Presidential Advisor Hernando de Soto, Foreign Minister and Prime Minister Carlos Torres y Torres Lara, Defense Minister Gen. Jorge Torres Aciego, Chairman of the Military Joint Chiefs Gen. Arnaldo Velarde Ramirez, and leaders of human rights organizations. While in Peru, the delegation travelled to the Upper Hualaga Valley to meet with coca-growing farmers and inspect eradication and enforcement efforts.

In Cartagena, Colombia, the delegation met with President Cesar Giviria, Defense Minister Rafael Pardo Rueda, human rights counselor Jorge Orlando Melo, Prosecutor General Gustavo Arrieta, ambassador to the United States, Jamie Garcia Parra, Presidential advisor Gabriel Silva, Presidential secretary Miguel Silva, and Vice Minister of Justice Eduardo Mendoza.

In a statement on his return, Mr. Rangel called for the "internationalization" of the war on drugs in the Andes and noted, "Our present efforts are bogged down in bilateral efforts between the United States and the drug-producing and trafficking nations of Peru and Colombia that neither know victory nor defeat. At this critical juncture, it is imperative that a vigorous international effort be forged that mobilizes the resources and political will that is necessary to halt the production and trafficking of illegal drugs in the region."

Mr. Rangel urged the administration to reach out to the European Community and the Pacific Rim in the development of a comprehensive international strategy that controls the illegal flights facilitating cocaine processing and trafficking in the region, creates a uniform system of justice that permits the effective apprehension and prosecution of drug criminals that cross international boundaries, and develops markets, trade, and development alternatives to coca production.

INTERNATIONAL MEETINGS

The Select Committee on Narcotics and Drug Abuse Control frequently has the opportunity to meet with representatives of foreign

governments important to our international narcotics control efforts. Sometimes these meetings are with visiting foreign government officials and sometimes with foreign ambassadors to the United States. These meetings provide a valuable exchange of information, both in terms of sharing domestic U.S. drug policy concerns with officials from the drug producing countries, and for committee members to better understand the often complex issues associated with our drug control programs overseas.

In April and May, the Select Committee held a series of separate meetings with Ambassador Roberto MacLean, Peru; Ambassador Jaime Garcia Parra, Colombia; Ambassador Jaime Moncayo, Ecuador; and Ambassador Jorge Crespo, Bolivia. These ambassadors represent the four Andean nations which are the primary target countries of the "Andean Strategy", our Federal strategy to control the international production and traffic of cocaine. These meetings preceded a public hearing on the Andean Strategy held in June with administration witnesses.

The ambassadors shared with the committee their appreciation for the recent recognition within the United States of the complex, multi-faceted nature of the problems in their countries that made drug control difficult. In particular, each of them emphasized the importance of addressing the economic side of the drug war in their homelands.

According to their ambassadors, in Peru, Bolivia and Ecuador, the peasants who are currently growing coca really desire a legal means of supporting their families, but are driven to the illegal coca economy out of desperation. Forcibly eradicating the coca crop without providing alternative means of earning a living would cause massive suffering and could lead to desperate, drastic measures on the part of the peasants.

The situation in Colombia was different in that there was no broad base of peasant dependence on income from coca production. However, the fight against the drug traffickers was taking a large toll on government resources. In addition to the vast funding for law enforcement operations, the narcoterrorist attacks have caused millions of dollars in damages. The violence has severely curtailed the once thriving tourism industry and has also scared off foreign investors. The deteriorating economy and diminishing resources will make future operations more difficult.

In each of these four meetings, the ambassadors stressed that their nations wanted to build healthy economies based on legitimate goods, in order to better fight the illegal drug trade. All four nations had a number of potential other crops or goods which were suitable for local production, but they needed access to markets for the products.

In June, Select Committee members met with a large delegation of Italian legislators who were on a fact-finding mission to learn about the drug problems here in the United States and our national drug policy. The committee shared information on past drug control legislation and current legislative initiatives with them. Of particular concern was the growing number of AIDS victims who have contracted the disease through IV drug use or from an IV drug user. The Italian legislators also discussed the problems of fighting organized crime. In spite of serious law enforcement initia-

tives, the country remains heavily involved in drug trafficking. The Italian legislators invited the committee to visit Italy to further discuss and examine their organized crime enforcement efforts.

The Committee had several meetings in June and July with the Pakistani ambassador in preparation for the committee's study mission to Pakistan and other countries.

In July, the committee held several additional meetings and briefings concerning new developments in specific Andean countries. The committee was briefed by the State and Justice Departments concerning the new Bolivian initiative to provide a six-month grace period for drug traffickers to surrender under the condition that they not be extradited to the United States. The committee held a subsequent meeting with the Bolivian Interior Minister Carlos Saavedra and Foreign Minister Carlos Iturralde, who further explained their new policy as well as the preparations they had completed in ensuring that a maximum security prison be ready for the drug traffickers.

Also in July, the committee met again with the Colombian ambassador. He shared details of Escobar's capture with the committee and played a videotape of the prison where Escobar was being held.

In September, committee members met with Peruvian special adviser to the President, Hernando de Soto. Dr. de Soto was the architect of the new Peruvian counternarcotics strategy. He explained the economic components of the plan to eliminate coca cultivation in the Upper Huallaga Valley, including the need to eliminate the layers of bureaucratic regulations that currently prevent farmers from getting into a number of legal crops that could be viable alternatives to coca.

Dr. de Soto's visit to Washington preceded a visit by President Fujimori. The President expressed his commitment to eliminating drug production and trafficking from Peru. In addition to the economic component of his anti-narcotics plan, as developed by Dr. de Soto, the President stressed that the government needed to gain control of the Upper Huallaga Valley. He discussed both counter-insurgency measures and his commitment to close down the clandestine airfields that are used by drug traffickers in the valley.

The committee's visit to the mideast in August had generated a great deal of interest in the situation in the Bekaa Valley which is under the control of the Syrian military. Following the committee's visit to Syria, the Syrian military held several public burnings of confiscated drugs in the Bekaa Valley. To follow up, in October, the committee received a classified briefing from the State Department and the Drug Enforcement Administration on the status of Syrian drug control efforts in the Bekaa Valley.

In October, the Committee met with Dr. Edmund Stoiber, the Interior Minister of Bavaria, Germany. He was visiting the United States to learn more about U.S. drug policy and was particularly interested in the debate on drug legalization. The committee shared its findings from hearings on this issue and the reasons why the committee had rejected the notion of decriminalizing or legalizing drugs.

LEGISLATION

H.R. 462. NATIONAL COMMISSION ON DRUG ABUSE TREATMENT
EFFECTIVENESS

This bill was introduced on January 7, 1991, and referred to the Committee on Energy and Commerce. There was no legislative activity on the bill in the first session of the 102d Congress.

The scope of the commission's duties is to develop recommendations for the planning and operation of one or more model programs of treatment for drug abuse and for the criteria that should be utilized to evaluate the effectiveness of programs of such treatment, including recommendations regarding the goals and performance measures that should be established for such programs in terms of the outcomes of treatment and in terms of the administration of the programs.

The job of the 13-member commission with respect to programs of treatment for drug abuse would be to determine the extent of the availability of and access to treatment, including services for underserved populations and groups with special needs (the homeless), and evaluate the effectiveness of the various methods of treatment being utilized.

The commission would also determine the extent and quality of Federal programs for conducting or supporting research on treatment, including a determination of the extent and quality of projects of research regarding the treatment of conditions for which there is the most significant need for improved treatments. The commission would develop recommendations regarding the manner in which treatment programs should be financed; and the number of individuals providing professional treatment services can be increased, and continuing education regarding treatment can be provided to such individuals.

Other recommendations of the commission would include how particular individuals seeking treatment can best be referred to the treatment programs that are most appropriate for treating the individuals; and how treatment services can be coordinated with other services needed by the individuals seeking treatment, including health services, educational services, legal services, and social services.

Of the 13 members of the commission, 3 individuals would be appointed by the President, 5 appointed jointly by the majority and minority leaders of the Senate on a bipartisan basis, and 5 appointed jointly by the Speaker of the House of Representatives, majority and minority leader of the House of Representatives on a bipartisan basis.

H.R. 462 would authorize \$5 million to be appropriated to establish the commission and enable it to carry out its duties.

Chairman Rangel introduced this bill because witnesses testifying at Select Committee hearings have consistently stated that while treatment works, means to evaluate the effectiveness of various treatment modalities are often lacking. This lack of a benchmark to judge the effectiveness of treatment programs is the reason why Chairman Rangel introduced this legislation. The goal

of this legislation is to develop reliable measures of the effectiveness of drug abuse treatment.

As part of his continuing effort to better understand the root causes of drug abuse, Chairman Rangel will continue to press for enactment of H.R. 462 in 1992.

H.R. 463. TO AMEND TITLE XIX OF THE SOCIAL SECURITY ACT TO PERMIT STATES TO ELECT THE OPTION OF COVERING SUBSTANCE ABUSE SERVICES UNDER THE MEDICAID PROGRAM

This bill, which was introduced on January 7, 1991, was referred to the Committee on Energy and Commerce. There was no legislative activity on this bill in the first session of the 102d Congress.

Under H.R. 463 states would have the option of providing coverage for substance abuse treatment services under the Medicaid Program. Substance abuse treatment services would include related case management services. The effective date for the states to provide such services was October 1, 1991.

H.R. 464. TO ESTABLISH A NATIONAL COMMISSION TO STUDY THE CAUSES OF THE DEMAND FOR DRUGS

On January 7, 1991, Mr. Rangel re-introduced a bill to establish a National Commission to Study the Root Causes of Drug Abuse, H.R. 464. The commission would create a non-partisan, 2-year study on the causes of the demands for illicit drugs in the United States. A thorough examination of why so many citizens abuse drugs has been missing from the National Drug Control Strategy. Composed of 13 members, 3 appointed by the President, 5 by the Senate, and 5 by the House, the commission would be empowered to hold hearings and conduct research regarding, among other issues: the characteristics of abusers and traffickers; environmental factors of drug abuse; the psychological and physiological aspects of drug use; and the influence of family and friends on prospective users. The commission would be required to file monthly reports to the President and Congress, culminating in a final report including findings, conclusions, and recommendations.

The bill was originally introduced in the 101st Congress as H.R. 3775 on November 20, 1989. During consideration of the Crime Control Act of 1990, the House adopted the amendment offered by Mr. Rangel which incorporated the text of H.R. 3775. Conferees were appointed on the crime bill with only a short time remaining in the session, and it quickly became apparent that fundamental differences over several critical provisions could not be resolved. In the process, the National Commission was dropped.

The re-introduced bill in the 102d Congress was referred to the House Committee on Government Operations on January 7, 1991. On September 25, 1991, Mr. Rangel testified before the House Government Operation's Subcommittee on Legislation and National Security on the bill. The subcommittee heard extensive testimony on the dearth of research on the root causes of illicit drug use and reported favorably on the bill. The bill then acquired the support of Chairman John Conyers and ranking minority member Frank Horton of the Government Operations Committee.

With the assistance of both Mr. Conyers and Mr. Horton the bill was made in order to H.R. 3371, the Violent Crime Control Act of 1991. The amendment was adopted and the bill passed on the floor of the House on October 22, 1991. Conferees were appointed on November 21, 1991 and on November 27, 1991, the Conference Report on the Violent Crime and Law Enforcement Act of 1991, H. Rpt. 102-405, was filed and agreed to by the House which incorporated the amendment to establish a National Commission to Study the Causes and Demands for Drugs.

H.R. 465. TO AMEND TITLE 18, TO PROHIBIT CERTAIN EXPORTS OF FULLY AUTOMATIC OR SEMIAUTOMATIC ASSAULT WEAPONS

H.R. 465 was introduced on January 7, 1991, and referred to the Committee on the Judiciary, Subcommittee on Crime and Criminal Justice. There was no legislative activity on the bill, and there are no cosponsors.

H.R. 465 provides that except where a machine-gun or semiautomatic assault weapon is being exported by or for the United States or any department or agency thereof; or by or to the government of a foreign country, it shall be unlawful to knowingly export or attempt to export a machine-gun or semiautomatic assault weapon.

The bill would make it unlawful to knowingly export or attempt to export a machine-gun or a semiautomatic assault weapon to any country if the Secretary of State finds that the Government of the country engages in a consistent pattern of gross violations of internationally recognized human rights; or the country has repeatedly provided support for international terrorism.

The fine for knowingly exporting or attempting to export a machine-gun or a semiautomatic assault weapon is a fine, and imprisonment for not more than 5 years, or both.

H.R. 465 defines "semiautomatic assault weapon" as a semiautomatic firearm which is not generally recognized as particularly suitable for or readily adaptable to sporting purposes." The term "semiautomatic firearm" is defined as a firearm which uses a portion of the force of a fired cartridge to expel the case of the fired cartridge and load another cartridge into the firing chamber, and which requires a separate function of the trigger to fire each cartridge.

Mr. Rangel introduced H.R. 465 because he wanted to impede the export of fully automatic or semiautomatic assault weapons which are an essential part of the drug trade. Making it harder for criminals to obtain assault weapons will not end drug trafficking by itself, but it may make it more difficult and expensive.

H.R. 466. TO AUTHORIZE APPROPRIATIONS FOR LAW ENFORCEMENT TASK FORCES CONSISTING OF FEDERAL, STATE, AND LOCAL PERSONNEL TO COMBAT ILLEGAL DRUG PARAPHERNALIA

H.R. 466 was introduced on January 7, 1991, and referred to the House Committee on the Judiciary, Subcommittee on Crime and Criminal Justice.

H.R. 466 would authorize to be appropriated \$5 million for each of fiscal years 1991 through 1995 for law enforcement task forces

consisting of appropriate Federal, State, and local personnel to enforce laws against drug paraphernalia.

Section 2401 of Public Law 101-647, Crime Control Act of 1990, makes it unlawful for any person knowingly to sell or offer for sale drug paraphernalia, to use the mails or any other facility of interstate commerce to transport drug paraphernalia, or to import or export drug paraphernalia.

Law enforcement task forces were increasingly used in the early 1980's and proved to be a valuable law enforcement technique to use against organized crime. Task forces allow different law enforcement agencies to share information, resources, and personnel against criminals, thus enhancing their effectiveness. This bill would apply the same technique to enforce laws against drug paraphernalia.

H.R. 661. THE ANDEAN TRADE PREFERENCE ACT OF 1991

On July 23, 1990, President Bush announced that he would seek Congressional approval for a special tariff preference regime for four Andean countries—Bolivia, Ecuador, Colombia, and Peru—patterned after the trade benefits provided under the Caribbean Basin Initiative [CBI]. On October 5, 1990, the President transmitted to Congress proposed implementing legislation, to be part of a package of measures that build on the "Enterprise for the Americas Initiative" announced by the President on June 27, 1990. H.R. 661 was introduced by Congressman Phil Crane (R-IL) on January 28, 1991, and referred to the Committee on Ways and Means, Subcommittee on Trade. Chairman Rangel, Ranking Republican Coughlin and Mr. Guarini were primary cosponsors of H.R. 661, and actively worked for its passage throughout 1991. On November 26, 1991, H.R. 661 was passed by both the House and Senate as part of the conference report on H.R. 1724, which included other trade measures as well as unemployment benefit provisions.

The measures are designed to fulfill the President's commitment at the Cartagena Summit to expand economic alternatives for these four Andean countries that have been fighting to eliminate the production, processing, and shipment of illegal drugs. In addition to tariff preferences, the measures include expanded agricultural development assistance, additional product coverage under the Generalized System of Preferences [GSP] Program, and negotiation of long-term trade and investment liberalization concurrent with the transitional preferential tariff regime.

H.R. 661 designates Bolivia, Colombia, Ecuador, and Peru as beneficiary countries, eligible for duty-free treatment on a number of goods for 10 years. Designation of a country as a beneficiary country is subject to seven conditions, unless the President exercises national economic or security interest waiver authority. The President may withdraw or suspend beneficiary country status or duty-free treatment on any article if he determines the country should be barred from designation as a result of changed circumstances.

Articles are eligible for duty-free entry if they are imported directly from a beneficiary country, consist of at least 35 percent value added in a beneficiary country or countries (including CBI countries), and are made of components originating in the benefi-

ary countries of (if of foreign origin) have been substantially transformed in the beneficiary country or countries into new and different articles of commerce. Handbags, luggage, leather apparel, flat goods, and work gloves are subject to duty reduction over a 5-year-period. A number of controversial goods such as textiles, apparel, footwear, canned tuna, petroleum and petroleum products, watches and watch parts are excluded.

The legislation provides for important relief and emergency provisions in order to safeguard domestic industries, including those producing perishable products. It requires the U.S. International Trade Commission and the Department of Labor to monitor and report annually on the impact of ATPA on the U.S. economy and U.S. labor.

On July 25, the Subcommittee on Trade held a public hearing on H.R. 661, receiving testimony in support of the legislation from the administration and associations representing economic development, exporter, importer, and consumer interests. Domestic industry representatives and representatives of the Virgin Islands and Puerto Rican governments testified or submitted written statements in opposition to preferential tariff treatment on certain products.

On September 24, 1991, the Subcommittee on Trade considered H.R. 661 in markup session and ordered the bill favorably reported to the full Committee on Ways and Means by voice vote, with technical amendments. The bill was amended and reported by the Committee on Ways and Means to the full House of Representatives on November 19, 1991.

The committee report on H.R. 611 also recommended that the Department of Agriculture [USDA] conduct an expeditious review of the Bolivian sugar allocation under the U.S. sugar quota system. The Bolivians felt that their percentage quota had been underestimated due to a statistical miscalculation of about 33 percent. In addition to correcting this miscalculation for future imports, the committee recommended that the USDA add the lost tonnage to future quota allotments.

Total U.S. imports from the four Andean countries in 1990 were \$5.4 billion, of which about \$2.3 billion or 43 percent are currently duty-free. About \$324 million or 6 percent of total imports from Andean countries would be newly eligible for duty-free treatment under the Act.

H.R. 1724 was signed into law (P.L. 102-182) by President Bush on December 4, taking effect immediately. Eligibility for the duty-free treatment under this law will require written applications and procedures. Realistically, therefore, it will be at least 4 to 6 months from the date of enactment before any of the eligible goods actually receive duty-free status.

H.R. 730. TREATMENT FOR DRUG DEPENDENT CRIMINAL OFFENDERS

Originally introduced as H.R. 4622 on April 25, 1990 by Mr. Guarini, H.R. 730 was re-introduced on January 30, 1991 and is currently pending before the Committees on Energy and Commerce and the Judiciary with 60 co-sponsors.

H.R. 730, which would establish permanent Federal and State drug treatment programs for criminal offenders, was basically incorporated into two separate bills that are still awaiting final action. The Federal Bureau of Prisons received nearly \$25 million in Fiscal Year 1992, which represents a 100% increase over last year's level and is approximately the amount authorized by H.R. 730.

The House-passed 1991 crime bill included a \$100 million BJA grant program for states to establish "residential" treatment programs. The programs which include mandatory "aftercare" requirements based on H.R. 730, are given preference for funding.

The Alcohol, Drug Abuse, and Mental Health Administration re-authorization bill, scheduled for mark-up by the full Energy and Commerce Committee in February 1992, included a new categorical grant for state and local governments to establish treatment programs for criminal offenders based on H.R. 730. The exact dollar amount has not been determined but should include approximately \$50 million or the amount authorized by H.R. 730.

The Senate-passed ADAMHA re-authorization bill already includes a similar provision.

H.R. 1222. COMMUNITY-POLICE PARTNERSHIP AND DRUG ABUSE AND CRIME PREVENTION ACT OF 1991

On March 4, 1991, Mr. Rangel introduced H.R. 1222, the "Community-Police Partnership and Drug Abuse and Crime Prevention Act of 1991," to help local communities and police departments prevent crime and drug abuse. The bill targets Federal grants to local governments trying to build a closer relationship between police and the community. It also supports comprehensive, community-based drug and crime prevention efforts. The bill has 27 co-sponsors in the House.

The trend in America over the past decade has been toward police specialization and isolation. Increasingly, however, police have been searching for ways to help prevent crime, not just react to crime once it has occurred.

Community/police partnerships have worked in cities and towns across the nation to diminish drugs and crime. When police officers spend time walking the same beat every day, they get to know the people they protect and plug into neighborhood information networks. They become familiar with the whole range of their community's problems and can serve as catalysts to bring together community organizations, social service agencies and others to resolve problems that may lead to drugs and crime if left untended.

The national drug control strategy has endorsed community-oriented policing stating, "The drug war is being won in those areas across the country where 'community policing' experiments have created alliances between local residents and . . . patrol officers."

H.R. 1222 would help implement this idea. In addition to community-oriented policing, communities could apply funds to a comprehensive array of programs and services to improve police-community cooperation as well as drug abuse and crime prevention. Such options include:

Police substations to encourage interaction and cooperation between the public and law enforcement personnel on a local level;

Neighborhood centers to provide counseling and other services to youth and their families;

After-school and evening-school academic, athletic, and extracurricular activities;

Mentoring and career development programs for youth;

Comprehensive drug treatment programs;

School enrichment and security programs, plus alternative schools for children with special needs emphasizing drug abuse prevention and intervention services;

Criminal justice system improvements like expediting cases, providing alternatives to incarceration for nonviolent offenders, and increasing accessibility to drug treatment and counseling for offenders;

Community-based crime prevention programs, such as senior citizens' safety and anti-crime awareness groups, and counseling for victims.

Under the bill, \$400 million would be authorized annually for grants to localities from 1992 through 1996. Grantees would have to match every \$3 of Federal funds with \$1 of non-Federal funds. The Attorney General would make grants through the Bureau of Justice Assistance. Five percent of the total appropriation would be reserved for evaluation, technical assistance, and administrative costs, and 60 percent would be targeted to large jurisdictions (i.e., cities of 300,000 or more and counties of 500,000 or more).

In order to qualify for grants, applicants would have to demonstrate a need for assistance and develop a comprehensive plan for implementation. Applicants would have to establish their ability to implement community-based crime and drug prevention programs and demonstrate their ability to continue such projects after the Federal funds expire. Applicants would also be required to establish a community-wide task force of all the agencies, public and private, that would be involved in planning and carrying out the program. Each applicant also would have to set up a citizens' group, broadly representative of the community, to help plan and oversee the applicant's program. Such a group would ensure that the program is responsive to the community's needs and concerns. A grant could be renewed annually for up to 4 additional years if the grantee demonstrates significant progress in achieving the goals of its comprehensive plan.

H.R. 1222 was referred to the Judiciary, Energy and Commerce, and Education and Labor Committees in the House. Mr. Rangel wrote to each committee urging them to consider his bill.

In July, as the House moved toward consideration of comprehensive crime legislation, Mr. Rangel wrote to the Judiciary Committee again encouraging favorable action on H.R. 1222. The crime bill reported from Judiciary and passed by the House included a grant program to establish and support community policing efforts, incorporating elements of Mr. Rangel's bill. The House provisions were adopted in conference, and the House passed the conference report on November 27. The Senate did not act on the conference report prior to adjournment of the First Session of the 102d Congress.

Mr. Rangel also incorporated H.R. 1222 in H.R. 4022, "The Enterprise Communities Act," which he introduced in November 1991 to create a comprehensive framework for coordinated action by the public, private and non-profit sectors to rebuild 50 of the most destitute and crime- and drug-plagued communities in our country.

H.R. 1656. TRAUMA CENTER REVITALIZATION ACT

On March 22, 1991, Mr. Rangel joined with Mr. Waxman, Chairman of the Subcommittee on Health and the Environment, and Mr. Coleman of Texas to cosponsor H.R. 1656, the Trauma Center Revitalization Act. The purpose of the bill is to provide financial assistance to trauma centers that have incurred substantial uncompensated costs in providing emergency care to victims of drug-related violence.

H.R. 1656 is similar to legislation supported by Mr. Rangel, Mr. Waxman, and Mr. Coleman in the 101st Congress that was included as an amendment to H.R. 5209, the Comprehensive Crime Control Act of 1990. Although that bill ultimately was enacted as the Crime Control Act of 1990 (P.L. 101-647, S. 3266), the trauma centers' provision was struck from the bill in conference with the Senate prior to enactment.

One of the alarming effects of the drug crisis is the overburdening of the nation's public emergency medical services. Drug overdoses and physical injuries resulting from escalating drug violence have drastically reduced the quality of care emergency rooms can provide and significantly increased the costs that many urban trauma centers incur for care provided to uninsured patients. This has strained a system already deteriorating in the face of the AIDS epidemic and the medical demands of 37 million uninsured Americans and another 100 million whose insurance is inadequate for their needs.

In 1988, U.S. hospitals lost an estimated \$1 billion providing trauma care for people without the means to pay. Most hospitals report an annual loss of \$1 million to \$6 million in their trauma center operations. According to one estimate, the United States spent a total of \$4.4 billion in 1990 for treatment of gunshot wounds. The growing costs of uncompensated care for victims of drug violence has forced trauma centers in many urban areas to close their doors.

H.R. 1656 would authorize \$150 million for fiscal year 1992 and such sums as necessary for each of fiscal years 1993 and 1994 to assist trauma centers that have incurred substantial uncompensated costs for providing trauma care in areas with a significant incidence of drug-related violence. Grants could only be made to trauma care centers that serve a significant number of patients with knife, bullet or other penetration-type wounds. To be eligible, a trauma center must be part of a trauma care system in the geographic area served and must adhere to the highest professional standards. The bill requires the Secretary of Health and Human Services to give priority for grants to trauma centers in areas where trauma care has significantly decreased because of the closing of other such centers in the area or to centers that would otherwise be forced to close their own doors because of uncompensated

costs, causing a significant loss of trauma care availability in the area.

No action was taken on H.R. 1656 during the First Session of the 102d Congress.

H.R. 1707 AND H.R. 2956. TO AMEND TITLE I OF THE OMNIBUS CRIME CONTROL AND SAFE STREETS ACT OF 1968 TO MAINTAIN THE CURRENT FEDERAL-STATE FUNDING RATIO FOR CERTAIN FORMULA GRANTS

Mr. Rangel introduced H.R. 1707 on April 10, 1991, and it was referred to the House Committee on the Judiciary.

H.R. 1707 would have extended for 1 year from fiscal year 1991 through fiscal year 1992, the current 75 percent Federal/25 percent State/local formula grant program under the Edward Byrne Memorial State and Local Law Enforcement Assistance Program. H.R. 1707 was intended as a stop-gap measure until the Congress had an opportunity to revisit the issue of the funding formula by passing a Department of Justice Authorization Act for fiscal year 1992.

The substance of H.R. 1707 was incorporated as section 1102, Continuation of Federal-State Funding Formula of H.R. 3371, Violent Crime Control and Law Enforcement Act of 1991. The House of Representatives passed, 205-203 the conference report on H.R. 3371 on November 26, 1991, but the bill was not enacted into law during the first session of the 102d Congress.

Section 1102 provides "Section 504(a)(1) of part E of title 1 of the Omnibus Crime Control and Safe Streets Act of 1968, as amended by section 211 of the Department of Justice Appropriations Act, 1990 (Public Law 101-162) and section 601 of the Crime Control Act of 1990 (Public Law 101-647) is amended by striking '1991' and inserting '1992'."

Section 601 of the Crime Control Act of 1990 provides for maintaining funding for state and local law enforcement agencies.

Congressman Mazzoli (D-KY) introduced H.R. 2956 on July 18, 1991. The purpose of this bill is to make the 1-year extension permanent, with the Federal share of criminal justice funding set at 75%, and the state/local share set at 25%.

The substance of H.R. 2956 was incorporated as section 109 of Public Law 102-140, Departments of Commerce, Justice, and State, The Judiciary, and Related Agencies Appropriations Act, 1992. "Sec. 109 Section 504(a)(2) of part E of title I of the Omnibus Crime Control and Safe Streets Act of 1968, as amended, is further amended by striking '50 per centum,' and inserting in lieu thereof '75 per centum'."

State and local law enforcement agencies are the front line troops in our country's fight against the national epidemic of drug trafficking and drug-related crime. The Edward Byrne block grant is the primary vehicle for Federal support of these state and local efforts.

Public Law 102-140 appropriates a total of \$499,500,000 for fiscal year 1992 for state and local law enforcement assistance grants. Of this amount, \$475,000,000 would be for the formula grant program, and \$24.5 million for discretionary grants. Of the discretionary grant funding, \$13 million shall be used for correctional option

grants. Section 2801 of Public Law 101-647, the Crime Control Act of 1990, authorized to be appropriated \$500 million for drug enforcement grants for fiscal year 1991 and such sums as may be necessary to carry out the Edward Byrne Memorial State and Local Law Enforcement Assistance Program.

H.R. 1722. DRUG EMERGENCY AREAS ACT

H.R. 1722 was introduced by Congressman Thomas Foglietta on April 11, 1992.

The bill provides \$300 million for each of fiscal years 1992 to 1996 in emergency assistance to those areas hardest hit by the drug epidemic. Assistance would go not only to big cities, but to rural and suburban areas whose resources are inadequate to handle drug-related problems.

The bill provides that the President is authorized to make grants of up to \$50 million to state or local governments in the aggregate for any single major drug-related emergency. The Federal share of assistance shall not be greater than 75 percent of the costs necessary to implement the short- and long-term plan to curtail drug use and drug violence.

The term "major drug-related emergency" means any occasion or instance in which drug trafficking, drug abuse, or drug-related violence reaches such levels, as determined by the President, that Federal assistance is needed to supplement state and local efforts and capabilities to save lives, and to protect property and public health and safety.

In the event that a major drug-related emergency exists throughout a state or part of a state, the President may, in consultation with the director of National Drug Control Policy and other appropriate officials, declare such state or part of a state to be a drug emergency area and may take any and all necessary actions authorized by law.

As part of a request for a declaration by the President and as a prerequisite to Federal drug emergency assistance, each Governor or chief executive officer involved shall take appropriate response action under state or local law and furnish such information on the nature and amount of state and local resources which have been or will be committed to alleviating the major drug-related emergency.

H.R. 2310. DRUG CASH INFORMATION ACT OF 1991

Mr. Rangel introduced H.R. 2310 on May 13, 1991, and it was referred to the House Committee on Banking, Finance and Urban Affairs.

H.R. 2310 provides that the Secretary of the Treasury would collect and maintain information on the total dollar amount of Federal Reserve notes which are confiscated in connection with the enforcement of laws relating to controlled substances or any enforcement action with regard to drug-related money laundering; and the total dollar amount of each denomination of such notes and other currency. The Secretary of the Treasury would collect information from other appropriate state and Federal agencies.

The bill provides that before the end of the 90-day period beginning on the date of the enactment of this Act, the Secretary of the

Treasury shall submit a report to the Congress describing any other information that would be needed in order to determine the extent to which Federal Reserve notes in denominations of \$50 and \$100 are being used for illegal drug-related transactions; and the feasibility of withdrawing legal tender status of Federal Reserve notes in denominations of \$50 and \$100, or replacing such notes with new notes of a different design, and the deterrent effect such withdrawal or replacement would have on illegal drug-related transactions.

In determining what effect withdrawal of \$50 and \$100 Federal Reserve notes would have on drug trafficking, the Secretary of the Treasury would consider the extent to which Federal Reserve notes in denominations of \$50 and \$100 are being used for illegal drug-related transactions. He would also consider whether the withdrawal or replacement of such notes would help deter illegal, drug-related transactions, and the effect the withdrawal or replacement would have on legitimate commerce and the economy of the United States.

On June 11, 1991, the House of Representatives passed H.R. 26, "Money Laundering Enforcement Amendments of 1991." Section 20 of H.R. 26 provides that the Secretary of the Treasury shall submit a report to Congress on what other information besides that already specified in the bill would be needed in order to determine whether Federal Reserve notes in denominations of \$50 and \$100 are used primarily for drug trafficking and other illegal activities. The report would also examine the feasibility of withdrawing Federal Reserve notes in denominations of \$50 and \$100 from circulation and the deterrent effect such withdrawal would have on drug trafficking and other illegal activities.

H.R. 2521. DEFENSE APPROPRIATIONS ACT

On November 20, the House approved the conference report on H.R. 2521, the Defense Appropriations Act for fiscal year 1992. Included in this report was language submitted by Congresswoman Nita M. Lowey, a member of the Select Committee, along with Congresswoman Marcy Kaptur, concerning the use of closed military bases for anti-drug purposes. The report directs the Secretary of Defense, in consultation with the Attorney General, the Secretary of Health and Human Services, and the Director of National Drug Control Policy, to assess the suitability of each of the military bases slated for closure for conversion into "boot camp" style prisons, pretrial detention centers, or drug treatment centers. The Secretary is also directed to identify at least ten bases which could be used for these purposes and report to Congress by May 1, 1992, as to how this could be accomplished.

This language builds on an amendment that Congresswoman Lowey and Chairman Rangel successfully attached to the Defense Authorizations Act for fiscal year 1990 declaring the sense of the Congress that such conversions should be a priority. The conference report on H.R. 2521 was approved by the Senate on November 23 and signed by the President on November 26.

H.R. 2810. THE DRUG TREATMENT AND PREVENTION ACT OF 1991

On June 27, 1991, Mr. Coughlin, the Select Committee's ranking Republican, and Republican Leader, Bob Michel, introduced this legislation to implement the drug treatment and prevention elements of the 1991 National Drug Control Strategy. The legislation called for improving the accountability in the way Federal funds are spent by requiring states to develop statewide treatment and prevention plans as a condition of receiving the drug portion of Federal ADAMHA block grant funding. In addition, it would prohibit states receiving ADAMHA grants from reducing their own expenditures for drug-related activities.

In the area of drug treatment capacity, this legislation would create the Capacity Expansion Program, a new competitive grant program to increase the number of drug treatment slots in areas where there is a shortage of treatment capacity. Finally, the legislation contained a proposal to modify the Department of Education's Emergency Grant Program to make it more consistent with the goals of the President's education strategy, which pledges to make every school in America free from drugs and violence by the year 2000.

H.R. 3053. REPORT LANGUAGE: THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT AMENDMENTS OF 1991

The Individuals with Disabilities Education Act [IDEA], Part H provides services to infants and toddlers with disabilities or who are at risk for developing disabilities. These services would be suitable to drug-exposed children, who often fall into the "at-risk" category. However, many states do not include drug-exposed children in their eligible category.

The Education and Labor Committee offered amendments to IDEA in September of 1991. The Select Committee on Narcotics suggested report language that would show Congress' intent to include more drug-exposed children in IDEA programs, to which the Education and Labor Committee agreed. The report stated that "the committee is disappointed that the fiscal crisis faced by many states is curtailing efforts to serve infants and toddlers who could be in the 'high probability' category or are 'at risk,' especially given the large numbers of drug-exposed children now entering our school system."

H.R. 3256. THE NATIONAL DRUG TREATMENT GOALS ACT OF 1991

On August 2, Congresswoman Nita M. Lowey, a member of the Select Committee, introduced H.R. 3256, the National Drug Treatment Goals Act of 1991. The intent of the legislation was to make the expansion of drug treatment availability a higher priority of the Federal Government by requiring the Office of National Drug Control Policy to include in the National Drug Control Strategy short- and long-term measurable objectives for the expansion of drug treatment. Among the cosponsors of the bill were Mr. Rangel and Select Committee members Ron de Lugo, Kweisi Mfume, and Christopher Shays.

When the House considered H.R. 3371, the Omnibus Crime Control Act of 1991, Congresswoman Lowey offered the text of H.R. 3256 as an amendment. On October 17, her amendment was passed as part of an en bloc amendment offered by Select Committee member, and Judiciary Committee Chairman, Jack Brooks. The amendment was included as section 1642 in the conference committee version of the bill. The conference report was approved by the House on November 27, but has not yet been brought up in the Senate.

H.R. 3326. THE SUPPLY REDUCTION ACT OF 1991

On September 12, 1991, Mr. Coughlin and Republican Leader, Bob Michel, introduced this legislation to implement the supply reduction elements of the 1991 National Drug Control Strategy. The Drug Supply Reduction Act of 1991 sought improvements in the following areas to assist our Nation's anti-drug enforcement mechanisms: interdiction, financial institutions, money laundering, asset forfeiture, and other criminal justice system improvements.

H.R. 3361. THE OMNIBUS TRANSPORTATION EMPLOYEE TESTING ACT OF 1991

On September 17, 1991, Congressmen Coughlin and Hughes introduced this legislation to permit random, pre-employment, reasonable cause, post-accident, and periodic recurring drug and alcohol testing of the operators of aircraft, railroads, commercial motor vehicles, and mass transportation vehicles. It establishes a Federal statutory mandate for the drug testing regulations issued by the Department of Transportation for the aviation, motor carrier, and rail industries.

This legislation enables the Urban Mass Transit Administration [UMTA] to re-implement its drug testing rules, which it was forced to suspend as a result of court action in January 1990. This legislation also requires the Department of Transportation to supplement all of these regulations with requirements for alcohol testing. The rights of those employees who are tested are protected by the incorporated guidelines established by the Department of Health and Human Services on laboratory accuracy and protection for individual privacy.

The language of the Omnibus Transportation Employee Testing Act of 1991 is identical to the Senate language that provides for drug and alcohol testing of transportation personnel in safety-related jobs contained in H.R. 2942, the FY 1992 Transportation Appropriations bill. Mr. Coughlin was successful in getting passed on the House floor, by a 413-5 vote, a motion to instruct the Transportation Appropriations conferees to retain the Senate language. The language was retained by the conference and H.R. 2942 was signed into law by President Bush on October 28, 1991.

H.R. 3371. INTERDICTION AMENDMENT TO THE COMPREHENSIVE VIOLENT CRIME CONTROL ACT

Mr. Coughlin added an amendment to H.R. 3371, the Comprehensive Violent Crime Control Act, which provides the Coast Guard

and Customs Service with the authority to order pilots flying planes suspected of drug trafficking to land or face possible criminal penalties. Currently, airborne drug traffickers are free to ignore the orders of law enforcement officials, without the danger of legal sanction. The proposal was based on administration language approved by the Coast Guard and Customs Service. The language was added to H.R. 3371 as section 1719 during the House Judiciary Committee's markup.

H.R. 3553. AMENDMENT TO TITLE V OF THE HIGHER EDUCATION ACT

At the request of Mr. Rangel, Representative Major Owens of the Education and Labor Committee, offered an amendment to the Higher Education Act during full committee markup on October 22, 1991. The amendment, like Mr. Rangel's bill, H.R. 3832, would establish a grant program to improve teacher training regarding drug-exposed children. Under the amendment, the Secretary of Education would make grants to schools of education for the development of curricula and instructional materials that provide teachers and other education personnel with effective strategies for educating drug-exposed children. Grants would go to schools in or near communities with high rates of drug abuse. In addition to providing instruction to teachers-in-training, grant recipients would have to make the training programs available to teachers in the field from surrounding communities. The amendment would also establish a clearinghouse of information developed by grant recipients.

Select Committee members Nita Lowey and Donald Payne spoke in favor of the Owens amendment, which passed without dissent and became part of H.R. 3553, the Higher Education Amendments of 1991, reported by the Education and Labor Committee on October 23, 1991.

H.R. 3696. STATEWIDE SUBSTANCE ABUSE ASSESSMENT AMENDMENTS ACT

On November 1, 1991, Mr. Rangel introduced H.R. 3696, the Statewide Substance Abuse Assessment Amendments Act. The purpose of this bill is to improve the management and accountability of publicly funded substance abuse treatment programs supported under the Federal Alcohol, Drug Abuse and Mental Health Services [ADMS] block grant.

This bill is based on a report by the General Accounting Office [GAO], prepared at Mr. Rangel's request, on the effectiveness of drug treatment programs funded under the ADMS block grant and on testimony presented at the Select Committee's October 17, 1991, hearing on drug abuse treatment. At the hearing, GAO presented the findings of its review of the block grant. The committee also heard testimony from administration and non-Federal treatment experts. Both the GAO report and the hearing are summarized in greater detail elsewhere in this report.

At the select committee's drug treatment hearing, GAO testified that the information Congress needs to determine if block grant funds are being used effectively is currently not available. GAO supported an initiative by the Office for Treatment Improvement [OTI], called the statewide systems development program [SSDP],

to improve state accountability for block grant funds, but GAO questioned whether OTI's initiative would be successful because the Department of Health and Human Services [HHS], OTI's parent agency, has not exercised authority granted by Congress to require state participation in the SSDP initiative. GAO recommended that HHS establish reporting requirements for the states that will provide the information HHS and Congress need in order to know if block funds are being used for treatment programs and services that are effective.

Although GAO concluded that HHS already has sufficient authority from Congress to establish the recommended reporting requirements, to date HHS has failed to exercise this authority. H.R. 3696 would require states to conduct annual substance abuse needs assessments as a condition for receiving ADMS block grant funds. These assessments would be conducted using uniform criteria developed by HHS in consultation with the states. They would measure the incidence and prevalence of substance abuse within each state as well as treatment capacity and utilization. OTI testified that such needs assessments are essential to its SSDP initiative. The data collected would provide the information GAO calls for in its report.

In response to state concerns voiced at the hearing that new Federal mandates not be imposed on the states without the dollars to implement them, H.R. 3696 requires HHS to make grants or contracts to the states for the conduct of these needs assessments. The costs of the assessments would be funded out of monies that are already set aside in the block grant for data collection, technical assistance and services research activities. Many of the activities currently funded by the set-aside are not directly related to management of the block grant and could be funded under other authorities. H.R. 3696 would require the block grant set-aside to be used first for statewide needs assessments which are essential to effective management of, and accountability for, block grant funds. H.R. 3696 reserves from the block grant set-aside \$13 million for 1992, \$26 million for 1993, \$39 million for 1994 and not less than \$39 million each subsequent year for state needs assessments. These amounts are consistent with OTI's estimate of the cost to phase in these assessments in all states over a 3-year period and to conduct them annually thereafter under OTI's SSDP initiative.

The bill also requires HHS to provide technical assistance to the states to help them develop the expertise they need to conduct these assessments and to utilize the data effectively.

H.R. 3696 was referred to the Committee on Energy and Commerce. No action was taken on the bill in the First Session of the 102d Congress.

H.R. 3832. THE EDUCATORS' AND DRUG-EXPOSED CHILDREN'S ASSISTANCE ACT

H.R. 3832, introduced by Mr. Rangel on November 20, 1991, was referred jointly to the Committees on Education and Labor and Energy and Commerce. The bill is comprised of three parts: emergency grants for improving drug-exposed children's access to special services; a national clearinghouse for information relating to

drug-exposed children; and a teacher training program to help prepare educators to work with drug-exposed children.

The emergency grants section amends the Individuals with Disabilities Education Act [IDEA]. Programs under this act currently serve children with disabilities but often do not include drug-exposed children, who are "at risk" for developing disabilities. H.R. 3832 would establish a grant program targeted to areas hardest hit by drug abuse. States receiving the grants would be able to expand eligibility for services in the targeted areas. States would not be required to expand their entitlements; they would be required to provide services only for as long as the Federal funds permitted. Grant recipients would be required to use funds to supplement, not supplant, current programs. Services provided by Part H and Part B of IDEA include physical, cognitive, language therapy, family counseling, and other necessary services. This section of the bill would have an authorization of \$150,000,000.

The section establishing a national clearinghouse would amend the Public Health Service Act, which includes the Alcohol and Drug Abuse Information Clearinghouse. H.R. 3832 would require this clearinghouse to disseminate information regarding drug-exposed children, such as (a) descriptions of children's characteristics; (b) effective classroom intervention strategies; and (c) curricular plans for teachers and teachers-in-training. This section proposes an authorization of \$10,000,000.

The last section establishes a grant program to improve teacher training. The Department of Education would provide grants to university-based schools of education to develop programs about drug-exposed children. Students of education would receive training about how to better integrate drug-exposed children into the classroom but grant recipients would also be required to make this training available to teachers from surrounding communities. This section would be authorized at \$15,000,000.

H.R. 4022. THE ENTERPRISE COMMUNITIES ACT OF 1991

On behalf of the committee, Mr. Rangel introduced a bill which would implement the concept of focused Federal law enforcement, social services, and community development programs in key distressed communities around the country.

The bill would create a comprehensive framework for action by the public, private, and non-profit sectors to rebuild 50 of the nation's most destitute communities. The thrust of the plan is to empower local leaders and community groups with the necessary resources to rebuild the social and political infrastructures of their own neighborhoods.

There are four parts to the bill.

1. *Tax Provisions.* The first part is a realistic fiscal approach to the creation of enterprise zones. Essentially the Federal Government, in concert with state and local governments, would offer a generous package of tax reductions and other fiscal incentives to attract new investments and commercial expansion into the zones. Fifty zones will be designated over a 4-year period, with 20 of these zones selected in the first year. One-fifth of the zones will be in rural areas. The designation is intended for 25 years. Nominations

will be made by state and local governments (including governing bodies of Indian reservations) with the final selection to be made by the Secretary of Housing and Urban Development.

2. *Community Policing.* The second component is a vigorous assault on crime—especially street crime and drug dealing. Economic revitalization can not occur in an unsafe and unstable environment. To combat these threats in the zones, the bill provides \$300 million in direct aid to local jurisdictions to put experienced officers on the street and concentrate new resources on hard core criminals and violent gangs. Included in this part of the bill are funds for proven community programs which provide alternatives to crime and drug abuse, especially those stressing prevention among high-risk youth. Much of this effort is already in the demonstration phase at the Justice Department as part of Weed-and-Seed. The bill requires a local match of \$1 for every \$3 contributed by the Federal Government.

3. *Housing and Community Development.* This part of the bill relies heavily on the efforts of community development corporations, which have grown dramatically over the past ten years. These community-based organizations foster and promote new economic development in economically distressed areas, and provide a coordinated local strategy for the revitalization of the communities in which they work. Over the next 3 years the title would provide \$300 million—through the Neighborhood Reinvestment Corporation—for important operating and programming capital for these groups. Among those groups eligible for funding would be community development loan funds and credit unions. In the 1980's, non-profit groups became the leading developers of new affordable housing for low-income families. The title would provide funding (\$150 million over 3 years) for the creation of such housing through an expansion of the existing program of the Neighborhood Reinvestment Corporation.

The title also provides funding (\$150 million over 3 years) for the development of employment support services and local enterprises aimed at the inclusion of high-risk populations in the local economic structure. Such initiatives would include microenterprises; the creation of community health centers; education and training for drop outs with a special emphasis on those in JPTA, Job Corps, and those covered in the Family Support Act of 1989; afterschool activities and daycare for workers and those actively seeking employment; literacy training; day care; transportation services; job counseling and job training; and other programs considered appropriate in meeting the objective of the title.

The title also calls for the sale of surplus properties held by the Federal Government within the boundaries of the enterprise zones to non-profit and for-profit organizations whose purposes further those of the bill. Such properties would be made available at a sale price not exceeding 50 percent of the appraised value of the property at the date of enactment.

4. *An Aggressive Assault on Drugs.* The fourth component is a sweeping attack on the demand side of illegal drug use, which would be concentrated in, but not limited to, the zones. This targets the special needs of schools systems coping with the massive influx of children exposed to drugs in utero, the lack of residential drug

treatment facilities and personnel in major drug centers, and access to treatment for pregnant addicts not presently covered by Medicaid.

Included in this section is Mr. Rangel's bill on drug-exposed children (HR 3832); the bill sponsored by Representatives Rangel, Bill Green, and Pete Stark to create a Substance Abuse Training Corps (HR 2027); Reps. Rangel and Town's bill on Medicaid coverage for pregnant addicts (HR 463); and the President's FY 91 request for \$99 million for additional treatment slots.

H. CON. RES. 21. TO EXPRESS THE SENSE OF THE CONGRESS URGING THE PRESIDENT TO RECOGNIZE AND INCLUDE THE DIRECTOR OF NATIONAL DRUG CONTROL POLICY AS A FULLY PARTICIPATING MEMBER OF THE PRESIDENT'S CABINET

H. Con. Res. 21 was introduced on January 7, 1991, and referred to the Committee on Government Operations, Subcommittee on Legislation and National Security.

H. Con. Res. 21 declares that the Anti-Drug Abuse Act of 1988 (Public Law 100-690) established the Director of National Drug Control Policy as a position at the same level of all Secretaries of Federal Departments. It declares that the legislative intent of the Anti-Drug Abuse Act of 1988 (Public Law 100-690) clearly supports the establishment of such a position at the level of Cabinet rank. The resolution declares that it is the sense of the Congress that the President of the United States recognize and include the Director of National Drug Control Policy as a fully participating Member of the President's Cabinet.

This resolution recognizes that since drugs are one of the major domestic ills confronting America today, it only makes sense to give the individual charged with bringing drug use down the same status as the Cabinet secretaries of the other departments of the Government. Cabinet status for the Director of National Drug Control Policy would send the clear message both to Americans and foreigners that bringing drug use down is a top priority of the American government.

H.J. RES. 123. TO DESIGNATE TUESDAY, OCTOBER 15, 1991, AS "NATIONAL LAW ENFORCEMENT MEMORIAL DEDICATION DAY"

This bill was introduced on February 6, 1991, by Mr. Rangel and referred to the House Committee on Post Office and Civil Service, Subcommittee on Census and Population. The Senate companion measure, S.J. Res. 107, National Law Enforcement Memorial Dedication Day, was introduced by Senator Daniel Patrick Moynihan on March 21, 1991, and referred to the Senate Committee on Judiciary.

When 51 cosponsors were obtained in the Senate and 218 in the House of Representatives, the committees of jurisdiction were discharged from consideration of S.J. Res. 107 and H.J. Res. 123. The Senate passed S.J. Res. 107 on October 8, 1991, and the House of Representatives then passed the Senate resolution on October 9, 1991. The bill was presented to President Bush on October 17, 1991 and signed into law by the President on October 18, 1991, as Public Law 102-133.

The resolution is as follows:

Whereas each day over 500,000 law enforcement officers place their lives at risk in order to maintain law and order in society and apprehend people who violate Federal, State, and local laws;

Whereas over the last 10 years over 1,500 law enforcement officers have been killed in the line of duty;

Whereas in 1989, 148 law enforcement officers were killed in the line of duty and preliminary figures for 1990 indicate that 119 law enforcement officers were killed;

Whereas over 60,000 law enforcement officers are assaulted in the line of duty each year, resulting in over 20,000 injuries; and

Whereas the National Law Enforcement Memorial Officers Memorial was established by an Act of Congress in 1984, and the memorial is scheduled for completion at Judiciary Square in Washington, District of Columbia in October 1991: Now, therefore be it resolved by the Senate and House of Representatives of the United States of America in Congress assembled, That October 15, 1991, is designated as "National Law Enforcement Memorial Dedication Day" and the President is authorized and requested to issue a proclamation designating October 15, 1991, as "National Law Enforcement Memorial Dedication Day".

The memorial was designed by Davis Buckley and is located at Judiciary Square, bordered by Fourth, Fifth, E and F Streets, Northwest. The centerpiece will be two 300-foot marble walls. Engraved on the walls will be the names of officers killed in the line of duty since January 11, 1794, when U.S. Marshall Robert Forsyth was shot while trying to serve a court summons on two brothers in Augusta, Georgia. He is believed to be the first law enforcement officer killed in the line of duty, and since his death more than 12,500 other police officers have died in the line of duty. The public law does not contain any authorization of appropriations. The National Law Enforcement Memorial was dedicated on October 15, 1991.

H.J. RES. 312. NATIONAL RED RIBBON MONTH

Mr. Coughlin introduced this commemorative resolution which designated November 1991 as Red Ribbon Month. Senator Lautenberg introduced an identical resolution, S.J. Res. 188, in the Senate.

Since the Senate companion resolution already passed the Senate, the House considered S.J. Res. 188 on the floor. It was passed by the House on November 6, 1991 and signed into law by the President on November 13, 1991. In 1991, Mothers Against Drunk Driving observed the grassroots organization's 10 year anniversary. As part of Red Ribbon Month, MADD distributed more than 90 million of its famous anti-drunk driving red ribbons.

H. RES. 146. FAST TRACK AUTHORITY FOR THE NORTH AMERICAN FREE TRADE AGREEMENT

On Wednesday, May 22, 1991, Mr. Rangel and Mr. Guarini appeared before the Rules Committee in support of an amendment that would direct negotiators of the North American Free Trade Agreement [NAFTA] to consider drug abuse and drug trafficking issues in their deliberations on the trade agreement.

Mr. Rangel told the Rules Committee that it would be a grave oversight if the U.S. Government entered "fast track" negotiations on free trade without including language on cooperative drug control.

The Chairman noted that, "A free trade agreement that ignores the ramifications of the illicit narcotics traffic would not be complete in my mind. If there is any one thing that represents a threat to the economies of both Mexico and the United States, it is the trafficking and abuse of illegal drugs. Moreover, it is a very real possibility that the removal of trade barriers between our nations will have some bearing on the way trade is conducted in this part of the world, affording drug traffickers new opportunities to transport their poisonous wares."

Mr. Rangel also noted that because of the present excellent state of cooperation between Mexico and the United States on drug control, the time could not be better for our negotiators to discuss and consider drug control issues in the context of the trade agreement. He stated, "Mexican President Salinas has done a laudable job of making drug control a priority of his administration. Members of Congress, the State Department and the Drug Enforcement Administration all have claimed that drug cooperation is the best that it has ever been. If we are confident enough about the economic and political future of Mexico to enter into a free trade agreement, we should take this opportunity to ensure continued cooperative efforts against the illicit trafficking and abuse of drugs."

The Rules Committee did not make the Rangel-Guarini Amendment in order. On May 23, 1991, the House gave approval to fast track authority for the NAFTA. During the floor debate, Mr. Rangel continued to object to the omission of drug trafficking issues from the NAFTA negotiations.

SPECIAL MEETINGS AND OTHER ACTIVITIES

MEETING WITH DRUG POLICY DIRECTOR BOB MARTINEZ

Bob Martinez, the former Republican Governor of Florida, was confirmed by the U.S. Senate as the Nation's second drug czar on Thursday, March 21, 1991, by a vote of 88-12. The new drug czar's first day included a meeting with Chairman Rangel and other members of the Select Committee following the vote. The meeting was held for the purpose of exchanging ideas and strategy on the Nation's drug problem.

The Governor's appointment followed the tenure of Dr. William Bennett, who served in that post for nearly 2 years before turning in his resignation in November 1990.

Mr. Rangel indicated that he would pursue a supportive relationship with the drug czar, and would, in addition, push for the drug czar to receive maximum support from the President and the administration for anti-drug resources.

The Select Committee was honored to have had the opportunity to meet with the new drug czar. "I think I speak for the entire committee in saying that, as Chairman, I want to make certain Mr. Martinez and I view the drug fight as a partnership in Govern-

ment, rather than an adversarial relationship," Chairman Rangel said.

"My own personal feeling is that we need to push for more support from the White House, and we need to make the root causes of drug abuse and drug crime a part of the overall strategy. If the drug czar cannot be a part of the Cabinet then at least there should be a constant dialogue with and involvement by all Members of the Cabinet on the Nation's drug control policies. That should be the goal of this new beginning," Mr. Rangel said.

The committee's ranking minority member, Lawrence Coughlin (R-PA), added that Governor Martinez brings with him a wealth of experience in fighting against drugs. Among the issues on the agenda facing Martinez at the Office of National Drug Control Policy is the continued development of the National Drug Control Strategy that was first introduced in 1990. Among other concerns will be the monitoring of progress in the Nation's High Intensity Drug Trafficking Areas.

INTERAGENCY MEETING ON METHADONE MAINTENANCE PROGRAMS

JUNE 6, 1991

Participants

Stuart L. Nightingale, M.D., associate commissioner for health affairs, Food and Drug Administration [FDA].

Charles R. Schuster, Ph.D., director, National Institute on Drug Abuse [NIDA].

Beny Primm, M.D., director, Office for Treatment Improvement [OTI].

Mark Barnes, counsel to the Secretary for Drug Abuse Policy, Department of Health and Human Services [HHS].

Gene Haislip, deputy assistant administrator, Office of Diversion Control, Drug Enforcement Agency [DEA].

Linda N. Lewis, Assistant Deputy Director for Treatment and Rehabilitation, Office for Demand Reduction, Office of National Drug Control Policy [ONDCP].

Arthur Webb, director, New York State Division of Substance Abuse Services [DSAS].

The Select Committee held this meeting as part of its continuing review of methadone maintenance treatment for heroin addiction. In 1990, the committee had held a hearing in New York City to review the findings of a General Accounting Office [GAO] report on methadone maintenance. This report, prepared at the committee's request, found serious deficiencies in the operation of methadone programs and the oversight of these programs by Federal regulatory agencies. The hearing in New York revealed that while methadone maintenance can be an effective treatment modality for heroin addiction, there is wide disparity in the quality and effectiveness of current methadone programs. The hearing documented serious problems of methadone diversion and continued illicit drug use by program clients, the failure by many programs to provide a comprehensive array of rehabilitative services essential to effective treatment outcomes, a lack of Federal standards to evaluate program performance, and a history of inadequate supervision and

oversight of methadone programs by Federal and State regulatory agencies. The hearing painted a picture of a treatment system that, while managing to help some, is in need of greater accountability.

The purpose of this meeting, 15 months after the committee's hearing, was to get an update on Federal/State progress to strengthen oversight of methadone maintenance programs and to discuss ways that Federal and State officials and treatment providers can work together to remedy abuses that have plagued methadone maintenance.

In his opening remarks, Mr. Rangel emphasized that the purpose of the meeting was to debate the merits of methadone maintenance but, recognizing that many methadone programs are ineffective, to see how the accountability and the results of such programs can be improved. He asked about plans to ensure compliance with methadone regulations, impose sanctions for violators, improve program effectiveness and assure the availability of comprehensive rehabilitative services, establish standards of performance, and help states improve the quality and effectiveness of their programs.

The Department of Health and Human Services [HHS] announced that the proposal to allow the use of interim maintenance in methadone maintenance programs has been withdrawn. The proposal made in March 1989 by the Food and Drug Administration and the National Institute on Drug Abuse was highly controversial. The General Accounting Office [GAO] recommended the proposal be withdrawn in their 1990 report to the Select Committee on methadone maintenance.

The Office for Treatment Improvement [OTI] said the GAO report was informative.

HHS also announced that the Federal Methadone Policy Review Board, an inter-agency panel responsible for coordinating Federal methadone policy, is presently working to create a more cohesive policy for the country's methadone clinics as well as improving the way in which methadone treatment is administered.

The Office of National Drug Control Policy [ONDCP] emphasized the importance of addressing deficiencies, maintaining improvements, and creating greater uniformity among programs. They said there was much work being done on establishing what constitutes a quality program. The New York State Division of Substance Abuse Services [DSAS] agreed that adopting a set of single standards for methadone treatment programs and creating a singular and cooperative approach will represent a tremendous breakthrough.

Mr. Jurith, the Committee staff director, said he was concerned that there were already existing regulations but that they have not been effectively enforced since the 1970's. He attributed much of the problem to lax oversight on the part of the FDA and NIDA. However, the FDA assured members that they had beefed-up enforcement programs. The FDA Methadone Policy Review Board now inspects over half the Nation's programs each year, they claimed.

Mr. Rangel suggested that the patients who frequent methadone clinics are often a problematic group who come with a variety of addictions and other problems. He suggested that this be a consideration when evaluating the success of methadone maintenance

programs. DSAS notes that 40 percent of the patients are in need of alcohol treatment. NIDA said 60 percent have psychiatric problems.

DSAS believes that to achieve greater success, programs must be aggressive and strictly adhere to regulations. According to DSAS, only a few programs have been as aggressive as they need to be. HHS suggested that, as a condition for receiving grant money, programs should have to combine regular treatment with educational, health, and other such programs. DSAS suggested that stopping admissions into programs that were failing to comply with regulations was another option since programs receive grant money on a per patient basis. DSAS also suggested sanctions, penalties, and fines as further means to encouraging program compliance.

Participants were in general agreement with OTI's assessment that \$3,500, the average annual allotment for a patient receiving methadone treatment, was not sufficient to deliver the kind of services that Mr. Rangel advocates. Because of under-funding, non-profit programs are penalized, OTI said. As a result, for-profit programs can be more effective because they are not dependent on low reimbursement rates. In addition to funding, DSAS said enforcement must be a main focus. NIDA argued that FDA regulations need to be re-examined. FDA regulations, according to NIDA, do not always ensure an effective program.

The Federal Methadone Policy Review Board would like to address ailing methadone treatment programs before they need to be closed down. It would also like to be able to clearly identify when and how to close down a hopeless program. To do this there must be information sharing on both the state and Federal level. The FDA said that recently there has been much improvement in this area, but the Review Board would like to further extend down to the state level and cooperate more closely with state officials, according to HHS.

Participants agreed that closing down a program was the least desirable option. If there is willingness and capability to operate a program under better conditions and any potential for improvement, programs should not be closed. Programs should only be closed when they become inconsistent with the public interest, according to the DEA.

HHS said there was a need to destigmatize drug treatment.

Mr. Gilman questioned whether methadone maintenance is an effective program. OTI testified that it is the most effective treatment for opiate addicts and for AIDS prevention. Mr. Hughes suggested that it was most desirable to wean patients completely off methadone rather than keeping them on the drug for an extended period of time. NIDA commented that this was often an unrealistic goal. On methadone, patients can function as normal, contributing members of society. Mr. Hughes also said he would like to see other options to methadone treatment. NIDA repeated that methadone treatment was the most effective treatment for heroin addicts.

Mr. Gilman asked whether there were treatment standards. FDA said there exist administrative standards in Federal regulations, but no treatment standards to establish the effectiveness of methadone treatment programs. Mr. Rangel said he would like to see

more prevention programs to keep people from needing methadone maintenance programs in the first place. NIDA agreed that prevention is a viable option and should be focused on. Mr. Payne said he was concerned that methadone maintenance programs do not keep patients from using other drugs. HHS invited the committee to examine a model methadone treatment program in Philadelphia.

Mr. Rangel asked why there were so few methadone clients who were eligible for Medicaid reimbursements for their drug treatment. DSAS said most drug users were single males or mothers who were forced to give up their children. These segments of the population are not eligible for Medicaid.

MEETING WITH AMBASSADOR CARLA HILLS, U.S. TRADE
REPRESENTATIVE

JUNE 19, 1991

On June 19, 1991, the Select Committee on Narcotics met with Ambassador Carla Hills to discuss including narcotics as an issue for discussion in the Free Trade Agreement with Mexico, and Canada and other trade initiatives. Ambassador Hills was accompanied by 3 of her top aides, Chip Rowe, Assistant United States Trade Representative for North American Affairs, Ambassador Miles Frechette, Assistant United States Trade Representative for Latin American, Caribbean and African Affairs, and Mary Tinsley, Assistant United States Trade Representative for Congressional Affairs.

Mr. Rangel stated that it would be helpful to the Select Committee if Ambassador Hills would issue a statement stressing to United States trading partners the importance which the United States attaches to including narcotics as part of any trade agreement. He stated that this statement did not have to be critical of any other country's anti-narcotics efforts, but would serve as a signal to our trading partners of the importance which the United States places on implementation of effective anti-narcotics policies. Ambassador Hills mentioned that she does not consult with the Bureau of International Narcotics Matters when entering into trade negotiations with foreign countries.

Mr. Rangel and Mr. Guarini told Ambassador Hills that they would be glad to promote the involvement of other committees of the Congress on trade issues, and stressed that all members of the Select Committee serve on other committees of the Congress. While Mr. Rangel has high regard for Ambassador Hills' abilities, he voiced concern about the priority of anti-drug policy on the agenda of the Cabinet.

President Salinas' anti-drug policies have been 10 times more effective than his predecessors, according to Ambassador Miles Frechette. The Mexicans believe their anti-narcotics policies are effective and therefore are very sensitive to criticisms of their anti-narcotics efforts. Consequently, including narcotics in the Mexico-U.S. Free Trade Agreement is a sensitive issue. Ambassador Hills said she had no problem herself, personally, bringing up the issue of narcotics during trade negotiations with Mexico.

Ambassador Hills emphasized the Mexicans do not want to be included in any agreement with the Andean nations on drugs. For their part, the Andean countries say if you want us to give you more progress on drugs, you must give us greater access for our products to U.S. markets.

Ambassador Hills stated that H.R. 661, The Andean Trade Preference Act of 1991, was drafted at President Bush's direction, upon his return from the Cartagena, Colombia summit. The bill makes Bolivia, Colombia, Ecuador, and Peru eligible for duty-free treatment on a number of goods imported from the beneficiary country. It also provides relief and emergency provisions in order to safeguard domestic industries. The Andean Trade Preference Act was subsequently incorporated into H.R. 1724 and was enacted into law as Public Law 102-182 on December 4, 1991.

Congressman Gilman wanted to know if there had been any progress made on reaching a world-wide coffee agreement. Ambassador Hills said no, because Colombia and Brazil had been unable to resolve their differences over Brazil giving up any of their existing share to the coffee market. Until Brazil and Colombia can resolve their differences there will not be any world-wide coffee agreement.

FIELD TRIP TO THE UNFOLDMENT SUBSTANCE ABUSE TREATMENT PROGRAM AT THE DC DEPARTMENT OF CORRECTIONS LORTON FACILITY

JULY 29, 1991

On July 29, 1991, members of the Select Committee, led by Chairman Rangel and ranking minority member Coughlin, toured the Unfoldment Substance Abuse Treatment Program at the DC Department of Corrections Lorton Facility. Select Committee members Frank Guarini and Wally Herger and DC Delegate Eleanor Holmes-Norton were also in attendance.

Unfoldment Inc. is a non-profit organization which provides drug abuse counseling and preventive education services to the residents in the District of Columbia. A new pilot program was established at the Lorton Correction Center in March 1990.

The visit by the Select Committee was a follow-up on the May 14, 1991, hearing on Drug Treatment in Prisons. The Executive Director of the Unfoldment Program at Lorton, Ms. Kemi Morten, joined the national panel of substance abuse and criminal justice experts to discuss the issue of prisons and drugs at the May 14th hearing. A thorough summary of the hearing and her remarks can be found in the hearing section of this report. It was at this hearing that Ms. Morten invited the members to tour the program.

The delegation was able to meet with the participants in the program, tour the housing, educational, and rehabilitative facilities. The Unfoldment Program is based on the Twelve Step Model of Substance Abuse designed to break the negative effects of institutionalization and lifestyle addiction. The goal is to reduce substance dependency and teach inmates to be responsible without authority. The treatment approach also focuses on the man, his family, reintegration into the community, education, cultural and vocational programming. Participation in the program is complete-

ly voluntary. The members were given the opportunity to see firsthand the importance of providing comprehensive substance abuse services for criminal offenders with histories of substance abuse.

MEETING WITH SECRETARY OF TRANSPORTATION SAMUEL K. SKINNER

NOVEMBER 13, 1991

On November 13, 1991, the Select Committee met with Transportation Secretary Samuel Skinner to discuss the Department's role in the national drug control strategy including the Coast Guard's and the FAA's activities in support of drug enforcement and interdiction, drug prevention efforts in the transportation industry and drug prevention efforts aimed at highway safety. The Secretary was accompanied by Admiral J. William Kime, Commandant of the United States Coast Guard, and Robert A. Knislely, Director for Drug Enforcement and Program Compliance.

In his remarks, Secretary Skinner noted that the Department of Transportation [DOT] is one of only a few Federal agencies with substantial resources invested in both supply reduction and demand reduction activities. On the supply side, he highlighted the Coast Guard's interdiction mission. He said drug trafficking is an evolving problem and cited the need to keep Coast Guard resources mobile to respond to shifting smuggling tactics employed by the traffickers. He praised the Defense Department for being fully engaged now in the anti-drug effort and for taking on surveillance and monitoring resources and functions which, he said, are best suited to DOD. He encouraged further consolidation of detection and tracking missions in DOD and said DOD's increased role in these areas had already helped to reduce "turf" fights among agencies that had hindered cooperation in the past.

Admiral Kime reinforced the Secretary's comments about DOD's enhanced role in support of drug interdiction and improved cooperation among agencies with interdiction responsibilities. He said the Coast Guard was working closely with Defense to assure the efficient transfer of Coast Guard aerostat radars and other detection resources to DOD as recently directed by Congress. He described this transfer as giving to DOD those things that ought to be DOD's. He cited a need for more help from the intelligence community and said DOD has been the moving force behind what help the intelligence community has given in detecting drug traffic. Although the Coast Guard is requesting less money for drug enforcement in 1992 than in 1991, Admiral Kime said he did not think the Coast Guard would be less effective because they are reducing routine patrols within 50 miles of the coast that are not too effective in stopping drug shipments and responding more to intelligence about specific vessels that are believed to be carrying drugs. He said much of the maritime marijuana trade into South Florida and the Gulf of Mexico has been cut off. Although not up to the levels of 1989, Coast Guard cocaine seizures in 1991 were 155 percent above 1990 seizures, and cocaine remains the primary drug of concern. In response to stepped-up efforts against drug flights into Florida, he said traffickers were making more air drops in the vicinity of the Bahamas, increasing the importance of OPBAT operations. He also

cited improved cooperation with Mexico on interdiction operations. Drug smuggling by container cargo remains a serious concern, he said. Customs has the lead with DOD in developing technology to detect drugs in containers. At present, only 1 to 2 percent of containers are inspected.

In response to a question, Admiral Kime said the administration does not support legislation authorizing Coast Guard to "shoot down" or "force down" suspected drug smuggling planes. The administration supports legislation included in the crime bill providing new penalties for suspected smuggling aircraft that fail to land when ordered, but would like to see some minor modifications in those provisions to conform them more closely to the administration's original proposal included in the National Drug Control Strategy.

Secretary Skinner said his role is to make sure the Coast Guard has the resources and the right people in place to do its job, to support the Coast Guard in any way he can to get the cooperation it needs from other agencies, and to fend off any obstacles to the Coast Guard's mission. Mr. Rangel expressed his concern that he has not seen the kind of leadership from the entire Cabinet on the drug issue that one would expect when the President has said drugs are a priority. In time of war, he said, those on the President's team should be out front and outspoken, not in the background in an administrative capacity. Secretary Skinner replied that DOT has led the fight nationally for drug testing of transportation and mass transit workers in safety-sensitive positions, but he also acknowledged his sympathy with the Chairman's remarks.

Mr. Knisley expanded on the Department's drug testing programs, characterized by the Secretary as the Federal Government's most significant demand-reducing activity. Knisley called the Department's drug testing regulations the "gold standard" in testing and said they cover 4 million transportation and transit workers in 250,000 companies nationwide. Twenty-eight states have adopted DOT's rule to apply to intrastate commercial motor vehicle operations. As evidence that drug testing is an effective deterrent, he cited data from the 1990 Household Survey that showed 12 percent of transportation workers had used drugs, compared to a rate of 3 percent from preliminary drug testing results for DOT-regulated industries. He noted that the recently passed Danforth-Hollings amendment to the DOT Fiscal Year 1992 Appropriations Act made testing applicable to mass transit workers and he acknowledged that DOT expects to find a larger problem there. As for the Department's testing of its own employees, he said only 1 percent tested positive.

Secretary Skinner responded to a number of members' questions on a variety of subjects. On the impact of a possible Mexico-U.S. free trade agreement on drug smuggling, he said it is impossible to inspect everything coming across the border. He said better intelligence is needed as well as better interdiction of overland shipments in Mexico. He said Mexico's efforts are improving. With regard to ONDCP's role, he rejected the need to rethink current drug policy structure, although he again said it would not hurt to reevaluate, based on what we now know, whether we need to have as many agencies involved in air interdiction. On drugs and driving, he said

that of 44,000 annual traffic fatalities, half are drug- or alcohol-related and 10 percent of the total involve drugs. He asked for continued congressional support for the Coast Guard, and he also asked for Congress to be patient as DOT implements the Danforth-Hollings amendment which requires alcohol, as well as drug, testing of transportation workers.

In addition to the issues covered in the meeting, Secretary Skinner submitted background papers addressing the FAA's Drug Investigations Support Program [DISP] and the FHWA's Drug Interdiction Assistance Program [DIAP]. Through DISP, the FAA is represented at the El Paso Intelligence Center [EPIC]. A 1989 computer match with the Bureau of Prisons revealed 93 inmates with airmen certificates subject to revocation; a match with an additional 39,000 inmates incarcerated for drug-related crimes is planned. The DIAP program has provided training to over 5,000 law enforcement officers from 43 states in the identification and apprehension of transporters and users of illicit drugs related to commercial vehicles. DOT reports 40 major drug seizures as a result of this training. DIAP also administers a grant program that has provided \$1.4 million to 13 states for commercial vehicle drug interdiction efforts.

GENERAL ACCOUNTING OFFICE [GAO] REPORTS

THE CRACK COCAINE EPIDEMIC: HEALTH CONSEQUENCES AND TREATMENT

JANUARY 30, 1991

HEALTH AND SOCIAL COSTS

AIDS and sexually transmitted diseases

While crack does not cause AIDS and STD's (sexually transmitted diseases), it promotes high-risk behavior such as sex-for-drugs or sex with multiple partners that contributes significantly to the spread of AIDS and STD's. 96% of teenage crack users are sexually active and of those, about half combine crack use with sex.

In some states and localities, increases in syphilis cases are particularly pronounced among cocaine users.

Pregnant women and their children

Anywhere from 100,000 to 375,000 infants are exposed to cocaine and other drugs each year. Research has found that drug use by women during pregnancy is unrelated to race or class.

Drug-exposed infants are more commonly born prematurely with low birth weights and higher-than-normal risks of complications, requiring extended hospital stays. As they get older, some of these children will need additional medical care plus counseling to overcome learning deficiencies.

Drug treatment before the third trimester can minimize the risk of premature birth and expensive neonatal care.

Physiological and mental disorders

Cocaine abusers are 6.5 times more likely than non-users to suffer a stroke. Abusers have a higher risk of heart failure and

neurological disorders (such as seizures). Crack smokers tend to suffer from lung disease ("crack lung").

76% of cocaine abusers suffer from emotional disorders. Psychiatric complications include difficulty concentrating and remembering; tendency for paranoid, aggressive behavior; and co-occurring emotional and mental disorders.

Arrestees and deaths

Cocaine continues to be the No. 1 drug found in adult and juvenile arrestee populations. In some cities, 80% of drug-using arrestees tested positive for cocaine. In May 1990, 68% of juvenile arrestees aged 9-18 who tested positive for drugs were cocaine-positive.

Cocaine-related deaths increased from 717 in 1985 to 2,297 in 1989, even though cocaine-related emergency room mentions began to decline in 1989.

EXTENT OF THE EPIDEMIC

Because surveys of drug use by the National Institute on Drug Abuse do not include certain populations, namely high-school dropouts, patients at drug treatment centers, the homeless, and arrestees, their numbers underestimate the actual extent of the cocaine problem. If these populations were considered, the estimate of the extent of the cocaine problem might be much higher.

Frequent abusers are increasing as a percentage of those who have used cocaine over the past year. Weekly cocaine use doubled from 5.3% of total cocaine users in 1985 to 11% in 1990; daily cocaine use more than doubled from 2.0% to 5.4%.

Crack, unlike heroin, is particularly popular among women and youth.

Many crack users are young, unemployed school dropouts who are socially disorganized and lack family support systems. Crack appeals to these youth because it is affordable, accessible, and produces a strong euphoria.

TREATMENT

No state-of-the-art treatment method for crack abusers exists. Most treatment practices are based on a heroin model.

Inner-city crack abusers generally suffer from socio-economic problems that need to be addressed by treatment programs (e.g., female addicts will require prenatal care, nutrition education, HIV testing, and job skills in addition to regular treatment).

CRACK CRISIS CONTINUES—REPRESENTATIVE RANGEL COMMENDS GAO'S STUDY

"Finally, a Government study that tells the whole story."—Representative Charles B. Rangel.

Washington.—Representative Charles B. Rangel (D-NY), today released a GAO study on the persistence and costliness of the crack cocaine epidemic. The report maintains that crack abuse is probably worse than recent Government surveys indicate and that some kinds of use are increasing. GAO also examines the health costs of crack use, including premature births and the spread of AIDS.

Mr. Rangel said:

Finally, a Government study that tells the whole story. GAO reveals how the Bush Administration's drug surveys exclude some groups and therefore underestimate the problem. Dropouts are excluded from the High School Senior Survey and the homeless, incarcerated, and other high-risk populations are not counted by the National Household Survey.

GAO describes an increase in frequent cocaine use, despite the decrease in casual use. Frequent users are increasing as a percentage of those who used cocaine during the past year. For example, GAO says weekly cocaine use doubled from 5.3% of past-year cocaine users in 1985 to 11% in 1990, while daily cocaine use more than doubled from 2.0% to 5.4%.

This report also shows the health risks associated with crack and cocaine abuse. Cocaine-related deaths continue to rise, increasing from 717 in 1985 to 2,297 in 1989.

Anywhere from 100,000 to 375,000 infants are exposed to cocaine and other drugs each year, according to GAO. This exposure causes premature births, low birth weights and greater risk of complications, all of which lead to long, costly hospital stays. When these children grow up, many will need special counseling and treatment to overcome learning and emotional deficiencies. But if we can treat the mother before her third trimester, according to GAO, we can prevent this needless and costly destruction of human health.

Mr. Rangel, Chairman of the Select Committee on Narcotics Abuse and Control, cited other findings by GAO.

Crack use often leads to high risk sexual behavior that contributes to the spread of AIDS. 96% of teenage crack users are sexually active and of those, about half combine crack use with sexual activity.

Cocaine and crack abusers are 6.5 times more likely than non users to suffer a stroke and face a high risk of heart failures and brain seizures. Heavy crack smokers often suffer from lung disease, called "crack lung." And 76% of cocaine abusers suffer from emotional disorders, including depression, excessive paranoia and aggression, and difficulty concentrating.

Mr. Rangel pointed out the strain on our criminal justice system as a result of crack abuse. "GAO tells us that cocaine remains the No. 1 drug found in adult and juvenile arrestee populations. In some cities, 80% of drug-using arrestees tested positive for cocaine."

Treatment programs for crack and cocaine are still largely insufficient, according to the GAO report. Mr. Rangel said:

Once again, we are reminded of how desperately we need to improve our Nation's drug treatment initiatives. GAO says that no state-of-the-art treatment method exists for crack abusers. Most treatment practices are based on outdated heroin treatment models. Even when they help

stem cocaine addiction, treatment programs usually fail to address the wide range of addicts' needs. Inner city crack addicts, for example, need basic life skills such as job training and child care to avoid returning to a life of drug dependency and hopelessness.

I intend to hold a hearing to further examine the extent of serious cocaine abuse in our Nation and the measurement of the problem by Government-sponsored surveys.

**TEENAGE DRUG USE: UNCERTAIN LINKAGES WITH EITHER
PREGNANCY OR SCHOOL DROPOUT**

JANUARY 15, 1991

The Select Committee requested that GAO develop information on the relationship between pregnancy or dropping out of high school. The committee's concern was prompted by the need to better understand the relationships between teen drug use and either teen pregnancy or quitting high school.

GAO found that there is insufficient evidence to directly link teen drug use to other problems. However, based on available data, GAO noted the importance of using surveys to address a wide range of problem behaviors among diverse populations. GAO found that strongly designed research can be conducted on drug issues, and that a California study found that frequent drug users experienced a broad range of developmental difficulties as children, long before drug use began.

The GAO report underscored that the weakness of research on youth problems studied in isolation and the generally accepted research view that youth problems occur in clusters together imply that drug education efforts might be especially helpful when they address the multiple factors that underlie frequent drug use. GAO found helping youth develop effective methods of dealing with the range of risky behaviors that are tempting to adolescents to be a useful approach.

GAO emphasized the need for stronger and more up-to-date knowledge about youth problems, with particular emphasis about constellations of problem behaviors rather than one or two behaviors in isolation.

**FEDERAL PRISONS: REVISED DESIGN STANDARDS COULD SAVE
EXPANSION FUNDS**

MARCH 14, 1991

Mr. Rangel commissioned a GAO review of Federal prison crowding and plans for expanding facilities. In March of this year, GAO released its report jointly to Mr. Rangel and Senator Sam Nunn of the Senate Committee on Governmental Affairs. Mr. Nunn had made a similar request and both requests were combined into one report. GAO's specific objective was to determine whether the Bureau of Prisons [BOP] within the Department of Justice is using reasonable and cost-effective measures of prison system inmate capacity in determining the extent of crowding and the need for additional facilities.

The 1980's were a period of unprecedented increases in the Federal inmate population, mirroring a condition in state and local correctional systems nationwide. The increasing inmate population has created concerns over the incidence of crowding in BOP facilities. The Bureau of Prisons is currently housing inmates at four security levels. Minimum-security facilities are camps that do not require a perimeter fence. Low-, medium-, and high-security facilities are prisons located within a secured perimeter. In January 1991, 21 percent of BOP's inmate population was housed in minimum-security facilities, 14 percent in low-security facilities, 31 percent in medium-security facilities, 9 percent in high-security facilities, and 25 percent in administrative and other facilities.

To address the concerns over the incidences of overcrowding and to accommodate projected inmate population increase, BOP has embarked on the most extensive and costly expansion program in its history. In fiscal years 1989 through 1991, BOP received a total of \$2.4 billion for its facility expansion program. Cost could reach \$2.9 billion by fiscal year 1995 and substantially more of additional expansion is approved to accommodate the 125,478 inmates BOP projects for 1999.

GAO's review stated that BOP needs to reassess the validity of its standards for computing capacity and its need for additional facilities. Over the last 3 years, BOP has been reviewing its definition of capacity and its adherence to a uniform single-bunking standard. As a result of its review, BOP has recently taken significant steps. First, it adopted a double-bunking standard for new medium-security facilities. GAO found that BOP could save substantial construction and operating costs by using a double-bunking standard to measure the rated capacity of all new and existing facilities. Moreover, additional budgetary savings could be achieved by adopting a double-bunking standard that requires a cell size of less than 90 square feet and extending it to all cells of the prescribed size in a facility.

GAO concluded that such changes would substantially reduce the need for \$315 million in expansion funds BOP is requesting for fiscal year 1992, and any additional prison expansion funding in fiscal years 1993 and 1994 to accommodate the projected 1995 inmate population. As a result of this review by GAO in July of this year, the Bureau revised its design standards for existing facilities, as recommended by GAO in this report. The new policy calls for double-bunking in one-half of the medium security prison cells having 75 or more square feet. The other cells would be single-bunked.

NARCOTICS CONTROL EFFORTS IN PANAMA

JULY 16, 1991

Several months after the United States invasion of Panama that resulted in the capture of Panamanian dictator Manuel Noriega, Chairman Charles B. Rangel requested the General Accounting Office to study the level of drug trafficking and money laundering in Panama. It was during the U.S. raid, called Operation Just Cause, that President Bush indicated Noriega's capture and trans-

port to the United States to face trial would put a major dent in the flow of illegal drugs through Panama headed for U.S. streets. In July 1991, the GAO released the results of the study, saying that all indications pointed to increased drug and money laundering activity in Panama despite the December 1989 military action.

"Although U.S. officials lack comprehensive statistics on narcotics-related activities in Panama, they believe the drug trafficking may be increasing and that Panama continues to be a haven for money laundering," the GAO said in its report, "The Drug War: Drug Control Efforts in Panama." The report noted that cocaine seizures were up in Panama from 1989 to 1990, and the largest-ever seizure of cocaine in Panama was recorded just a few months after Operation Just Cause.

The GAO report identified a myriad of problems with Panama's anti-narcotics enforcement apparatus that may have crippled the government's ability to effectively battle drugs and money laundering. The GAO attributed many problems to scarce resources, pointing out that the country's special anti-narcotics unit had no aircraft at the time of the study, and was served by only five vehicles that were restricted to 10 gallons of fuel daily. The report further stated that Panama's special drug force could not even fund the feeding of its five-dog canine detection inspection team.

Much of the GAO's report was researched through a series of interviews with U.S. officials who work in Panama in drug control and other capacities. Among other conclusions reached in the report:

Panamanian law enforcement officials are unable to patrol all known transshipment points and the country's borders.

Drug trafficking may have increased because traffickers no longer have to make large payments to Noriega's Panama Defense Force officials for drug shipments to pass through Panama.

Drug traffickers have stepped up their activity because they are aware that the government is shorthanded and without necessary resources to do the job.

Traffickers and cartel figures are establishing legitimate businesses in Panama, as fronts for drug and money laundering activity.

Panama's economy remains weak.

IMPROVING MANAGEMENT OF ASSISTANCE TO HIGH INTENSITY DRUG TRAFFICKING AREAS

JULY 25, 1991

As one facet of the select committee's oversight of narcotics enforcement, Mr. Rangel, the Chairman, in 1989 requested the General Accounting Office [GAO] to review the High Intensity Drug Trafficking Area Program.

Section 1005 of the Anti-Drug Abuse Act of 1988 (P.L. 100-690) permits the classification of "any specified area of the United States as a high intensity drug trafficking area". In January 1990, the Office of National Drug Control Policy [ONDCP] designated the Southwest border, New York, Los Angeles, Miami, and Houston as

HIDTA's. For fiscal years 1990 and 1991, Congress provided ONDCP with \$107 million to assist localities that ONDCP designated as HIDTA's.

GAO's review showed the following:

Although ONDCP designated the assistance program to be a collaborative effort, officials of key local law enforcement agencies in three of the five areas, e.g., managers of major metropolitan police forces, said they were not included in initial planning efforts on how best to spend the fiscal year 1990 funds.

ONDCP provided the fiscal year 1990 funds to Federal agencies, such as the Drug Enforcement Administration and Customs Service. These agencies used the funds primarily to (1) purchase investigative and office equipment and (2) move additional Federal agents to the five localities.

Although GAO agrees with ONDCP that it is premature to draw conclusions regarding the effectiveness of the fiscal year 1990 assistance, ONDCP has not established the foundation needed to make such determination in the future.

During the current assistance program planning cycle (fiscal year 1991), state and local law enforcement agency participation has increased and seemed generally satisfactory to the participants with whom GAO spoke in four of the five areas. Based on these results GAO recommended: (1) to establish a basis for accountability and assessment of the effectiveness of Federal assistance; and (2) promote increased collaboration among Federal, State, and local law enforcement agencies.

DIVERSION OF PRESCRIPTION DRUGS, PILL MILLS, AND MEDICAID FRAUD

In 1991, the Select Committee continued its staff investigation into the widespread underground marketing of illegally diverted prescription drugs. The committee was particularly interested in the extent to which Medicaid fraud was financing these schemes. New York State Medicaid prosecutor estimated that the cost to the Medicaid Program in New York City alone could be as high as \$150 million a year.

The committee laid the groundwork for its inquiry with requests from the General Accounting Office, the Drug Enforcement Administration, and the U.S. Department of Health and Human Services. The committee also relied heavily on the undercover operations of the New York State Department of Social Services, the Office of the New York State Attorney General, and the New York Police Department.

In the course of the initial investigation, a number of news stories appeared around the country indicating that the problem was much greater than the committee or any other agency apparently realized. Requests from various Members of Congress fueled interest in the committee efforts and expanded the scope of this phase of the inquiry. The committee has determined that it will hold hearings in 1992 to review the issue and assess the need for Federal legislation.

ADMS BLOCK GRANT: DRUG TREATMENT SERVICES COULD BE
IMPROVED BY NEW ACCOUNTABILITY PROGRAM

OCTOBER 17, 1991

With the enactment of the Anti-Drug Abuse Acts of 1986 and 1988, Federal funds for drug abuse treatment increased rapidly. As these expenditures grew, so did concerns that these resources be used for effective drug abuse programs.

In response to a request from Chairman Rangel, the General Accounting Office [GAO] reviewed the Alcohol, Drug Abuse and Mental Health Services [ADMS] Block Grant, the major funding stream for support of drug abuse treatment services and the primary vehicle for Federal drug abuse treatment funding to the States. GAO examined (1) how states have implemented the 1988 legislative requirement to assess the quality and appropriateness of drug treatment services supported by the ADMS Block Grant as specified in the Anti-Drug Abuse Act of 1988; (2) whether states are providing pertinent information for the Congress to know the effect of the Federal investment in drug treatment services; and (3) how the Department of Health and Human Services' [HHS] plans to hold states more accountable for the use of ADMS funds. In conducting its work, GAO reviewed implementation of the block grant in 10 states, which received about 60 percent of 1990 ADMS funds, and interviewed Federal and State officials involved in administering ADMS funds.

GAO found that Congress receives limited information on the results of the Federal investment in drug treatment services through the ADMS block grant. Most states do not provide information in their annual reports or block grant applications on the quality and appropriateness of the services they fund. As a result, HHS lacks data to report to Congress on the effectiveness of the block grant on the Nation's treatment delivery system.

GAO also found that HHS, through the Alcohol, Drug Abuse and Mental Health Administration [ADAMHA] which administers the block grant, provides minimal oversight of state block grant programs and activities. This is because of a departmental policy to defer to a state's interpretation of the block grant's statutory requirements unless the interpretation is clearly erroneous.

In 1990 ADAMHA established the Office for Treatment Improvement to enhance states' use of block grant funds. GAO's report reviewed a program developed by OTI—called the State Systems Development Program [SSDP]—to help assure that drug treatment services supported by block grant funds are effective in reducing drug abuse. This program was designed to provide treatment guidelines and technical assistance to help states improve their treatment programs, enhance Federal monitoring of states' performance, and collect data that will allow states to assess areas of greatest need and target ADMS resources accordingly. OTI's program was intended to improve services and increase state accountability for ADMS funds. GAO found, however, that consistent with HHS policy to grant states wide administrative discretion, implementation of OTI's program is left up to each state. GAO concluded that

the full potential of OTI's program would not be realized if states chose not to implement it.

GAO recommended that HHS establish reporting requirements that will provide HHS with information to determine whether states are providing drug treatment programs and services that are effective. GAO also recommended that HHS report to the Congress by 1995 on the progress of OTI's program.

GAO discussed its findings and presented its formal report at the Select Committee's October 17, 1991, hearing on drug abuse treatment, which is also summarized in this report.

MEMBER SERVICES

The Select Committee continued to provide a range of services to Members of Congress.

The Select Committee has been publishing a newsletter for nearly 4 years. The newsletter, which comes out about once a month, is distributed to all House Members. Each newsletter focuses on either a specific illicit narcotic or a topical drug issue. Recent newsletter topics include the plight of drug-exposed children, the need for comprehensive drug treatment programs for incarcerated substance-abusing offenders, the need for aftercare programs for ex-inmates with a history of substance abuse, and the need for a national commission to study the root causes of drug abuse.

The Select Committee also issues a weekly international narcotics report to every Member of the House. The weekly international report is comprehensive in scope and covers a variety of international drug-related developments involving interdiction, law enforcement, drug treatment, and diplomatic initiatives and agreements. The report is divided into regional sections focusing on Latin America, Europe, Asia, Middle East, and Sub-Saharan Africa.

In addition to the newsletters and international narcotics reports, Chairman Rangel and Ranking Republican Coughlin frequently issued "Dear Colleague" letters to House Members to keep them abreast of important drug concerns. The letters ranged from sharing recent news articles on emerging drug issues to informing Members of recent trends and developments in the war on drugs.

The Select Committee also continued to respond to individual Members' numerous requests for information on various aspects of the war on drugs for use in speeches, responses to constituents, and most importantly, legislative initiatives.

APPENDIX

PUBLICATIONS LIST

SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL PUBLICATION LIST

(102d Congress, 1st Session)

- 102-1-1 Study Mission to Panama and Colombia
(January 6-9, 1991)
- 102-1-2 National Drug Control Strategy
(February 6, 1991)
- 102-1-3 Heroin Control Strategy
(May 9, 1991)
- 102-1-4 Drug Treatment in Prisons
(May 14, 1991)
- 102-1-5 Andean Strategy
(June 11, 1991)
- 102-1-6 Federal Drug Interdiction Efforts
(June 20, 1991)
- 102-1-7 Field Hearing on Narcotics Abuse and Control—
Buffalo, New York
(July 5, 1991)
- 102-1-8 Hearing on the Justice Department's Role in the
War on Drugs
(July 25, 1991)
- 102-1-9 Drug-exposed Children in the Public Schools—
Problems and Policy
(July 30, 1991)
- 102-1-10 Study Mission to Syria, Pakistan, Israel and Italy
(August 3-13, 1991)
- 102-1-11 Drug-exposed Kids: a Crisis in America's Schools
(September 13, 1991)
- 102-1-12 Drug Abuse Treatment: A Review of Current
Federal Programs and Policies
(October 17, 1991)
- 102-1-13 Intervening With Substance Abusing Criminal
Offenders (New York City Field Hearing)
(October 28, 1991)
- 102-1-14 Annual Report