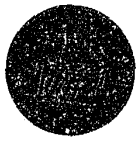
S. HRG. 101-1206

ONE-YEAR DRUG STRATEGY REVIEW



HEARING

BEFORE THE

COMMITTEE ON THE JUDICIARY
UNITED STATES SENATE

ONE HUNDRED FIRST CONGRESS

SECOND SESSION

ON

THE FIRST ANNIVERSARY OF THE PRESIDENT'S NATIONAL DRUG CONTROL STRATEGY

SEPTEMBER 5 AND 6, 1990

Serial No. J-101-94

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1-YEAR DRUG STRATEGY REVIEW

WEDNESDAY, SEPTEMBER 5, 1990

U.S. SENATE,
COMMITTEE ON THE JUDICIARY,
Washington, DC.

The committee met, pursuant to notice, at 1:44 p.m., in room SD-226, Dirksen Senate Office Building, Hon. Joseph R. Biden, Jr. (chairman of the committee) presiding.

Present: Senators Biden and Specter.

OPENING STATEMENT OF CHAIRMAN BIDEN

The CHAIRMAN. The hearing will come to order.

This afternoon the committee begins its final two hearings to review the President's first drug control strategy—issued 1 year ago today, as a matter of fact. These will be the 25th and 26th hearings we have conducted concerning the issue raised by the strategy in the 12 months since the initial strategy was released. The series of 26 hearings over the past year provided the most comprehensive congressional review of the President's drug strategy, as far as I know, and I want to commend my colleagues and the committee staff for the hundreds of hours that they have put in in this comprehensive review.

My opening statement will be somewhat longer than usual because today, to mark this anniversary, I am releasing a report prepared by the committee's majority staff. This is the report that I will be releasing later today.

The impetus for this report was my direction to the staff to look back over the record we had compiled in our hearings and briefings and attempt to come to some initial conclusions about how well the Nation has done in the past year and how well the strategy is working. The result of our research is this report: "The President's Drug Strategy After One Year."

The report attempts to address the questions that Americans have on their minds today, if they begin to focus on this issue at all 1 year into the drug strategy; that is, is the present strategy working? How well is it working? And what improvements need to be made, if any?

As with most Government policy, the answer is not quite as simple as a yes or no answer: yes, it is working, or, no, it is not; we have won or we haven't won. Some things appear to be working quite well. Others appear to be ineffective. And still others may be counterproductive.

Now, let me emphasize at the outset the purpose of requiring a drug strategy when we set up the legislation several years ago was

to provide us just such an opportunity to determine what works, what isn't working, what is working, keep it, what isn't working, change it, and what we have some doubts about discuss it. So this is not meant to be an indictment of, this is not a criticism of, this is a commentary on—and this is what we intended by the legislation at the outset—commentary on how well we are doing thus far and what changes we may need.

Let's start with the good news. On some fronts, there are signs that progress is being made. Here at home, overall, drug use appears to be down. In the Andean nations, the drug cartels are on the run. Law enforcement efforts appear to be putting the squeeze on cocaine supplies at the wholesale level, and drug seizures at the border are rising to new records as well. All of these are positive developments, and many others are discussed in detail in this report which I will be releasing today. But from my perspective, the most important step forward taken over the past year came from the President of the United States and his drug director William Bennett, who will testify at this hearing tomorrow.

These two men, President Bush and Director Bennett, did so much to help shape the Nation's attitudes and build a strong public disapproval for drug abuse. They brought the consciousness of the Nation to focus on this issue and generate some specific initiatives. Undoubtedly, this leadership played a key role in combating casual drug use, which appears to be continuing to go down—in fact, be plummeting.

In addition, Director Bennett, his deputies, and his key staff have made an immeasurable contribution to progress in this area by producing and promoting the first two drug control strategies in the past year. Of course, I have had my disagreements with the strategy, as evidenced by my release of an alternative drug strategy in January. And I continue to be troubled by some of its approaches. But the significance of the strategy itself and the perspective which should be given to these differences was well put by the New York Times, which wrote 9 months ago that notwithstanding our disagreements, the many similarities between the two plans suggest that the Nation could "celebrate an initial victory in the drug war, a victory over confusion."

These words are as true today as they were back in January. The President's first drug strategy and the subsequent debate over it do mark an initial victory over confusion. And that's the good news. But as anyone who lives in one of our major cities or rural towns can tell you, the war on drugs is far from won, and on some fronts we appear to be further behind than we were 1 year ago today.

America probably has more weekly cocaine users today than ever. Hard core cocaine addict count is up, and it appears to continue to rise. Most experts think we will see a record number of murders in this country this year, with drugs playing a key role in many of these murders, many of these killings.

Our drug treatment system remains terribly overwhelmed. Less than half of the drug addicts who could have been helped this year got drug treatment that they needed. Many key law enforcement needs remain ignored. The FBI only added one new drug agent this year, and local police forces have grown by only 1 percent since last September.

For 9 months, I have been calling for changes in drug policy in three basic areas. And as we reach the 1-year anniversary of the President's strategy, the need to move in three new directions—directions that I believe that I have pointed out—in my view is clearer than ever. First, we must do more to combat hard core addiction. The President's strategy is aimed mostly at casual use, which is down and continue to fall. But it is hard core users that cause our crime problems and are responsible for a tremendous percentage of drug distribution. These users will not give up their habit, and their criminal activities to support these habits will continue as well. And they will not give up the habit merely because social attitudes turn against drugs or because they hear a "just say no" message on television.

Getting these addicts off the streets into drug treatment or into jail, whichever is appropriate, is the only answer. Unfortunately, the administration continues to badly undercount the number of weekly cocaine users. Figures my staff are releasing today show the number close to 2.4 million, three times the administration tally—and a number, I might add, when we release the report underlying how we arrived at this conclusion, that was basically agreed to by everyone in the field—the number is well over 2 million, not under 1 million.

Even using the administration's own definition of which addicts could be profitably helped by drug treatment, less than half of those addicts, by the administration's own low numbers, less than half of those addicts received any help over the past year. For some addict groups, the shortfall is worse, and the consequences are even more devastating. Figures we are releasing today show that less than 1 in 10 pregnant addicts—women who are pregnant and addicted—got treatment this year. Less than 1 in 10. About 300,000 more drug babies have been born in America since the first drug strategy was released. Less than 1 in 7 addicts in prison have been treated, and 3.6 million criminal drug users were put back on the streets without having been treated for their drug use over the past year—3.6 million.

The shortsightedness of these two facts should be obvious. No drug strategy that permits them to continue unabated can be considered a success, in my view. No drug strategy that continues to put millions of users back on the street after having been in jail and continues to allow a circumstance where only 1 in 10 pregnant women who are addicted to drugs are treated can be considered a success.

Second, we must do more to move the Andean economies away from their drug dependency. If hardcore cocaine users represent the demand side root cause of our drug problem, then Andean farmers who grow the coca leaves represent the root of our problem on the supply side. We must do all that we can to get these people out of the business of growing coca leaves for their sustenance. The administration has emphasized military and law enforcement approaches to the Andean nations, and these approaches have had results. Since the first of the year, the price the cartel can afford to give farmers for coca leaves has fallen sharply. Yet unless the window of opportunity to remake the Andean economies is acted upon now with immediate programs to move farmers out

of coca production, no lasting reduction in supply of cocaine in this country will be achieved.

Unfortunately, the administration has rejected several proposals, including one offered this spring, to speed economic aid to the Andean nations to take advantage of this window of opportunity. Sooner or later, this window will close, and perhaps sooner than we think. Unless we move now, we may find the hundreds of millions we have spent and will spend on military approaches to this region will have been wasted.

Third, we must do more to promote drug education. All the experts, including prominent law enforcement leaders, agree that this is where the final victory in the drug war must be won. And on this front, we are making far too little progress. Notwithstanding studies released this year that proved that comprehensive drug education works, the rhetorical support of the drug director for these efforts has been mixed, and perhaps more importantly still, the financial support for drug education has been lacking.

My committee staff has conducted a study, which, as I said, we are releasing today, about our national progress in drug education. Using the administration's own definition of what makes an effective drug education program, we found that 1, only 1 of 50 States—Connecticut—has enough drug education funds available for its schools to enable them to get a comprehensive drug education message to all its students. More than half of the States—29—lacked resources to get this message to more than one in three students. Only 1 of 50 States has resources for a comprehensive program. Again, it is hard to deem a success a drug strategy that yields such meager results in education.

In closing, summarizing the 200-page analysis and 1 year of hearings in a few words is very difficult, but I would state my feelings today this way: Over the past year, much progress has been made in fighting the drug abuse, but declarations of victory in the drug war remain far, far away. And unless some changes are made in our approach to that struggle, success may permanently elude us.

To criticize or question the strategy is not to reject it out of hand. Changes in the administration's drug strategy are, as I see it, indisputably needed. But much of the strategy has been effective and is on track. Hopefully, this 1-year anniversary will be a time to admit the mistakes that have been made thus far and make needed changes. As I said at the outset of this whole process, no one that I know of is likely to be able to formulate a drug strategy that was complete, total, with all aspects of it likely to work. We have only done this once before, and that is over 70 years ago under different circumstances when the first major drug epidemic burdened this Nation.

So the purpose, again—and I can't emphasize this too much—is to allow the strategy to continue to grow, to further debate what we think will work in the future and what will not work, and to come up with a consensus that takes us through the next year. This next year's strategy will not contain all the answers either. This is an evolving process. We must make some changes.

I still believe that working together on a bipartisan basis we can triumph over the Nation's current epidemic. Tomorrow we will hear the administration's point man in this struggle, Director Ben-

nett, who will tell us his thoughts on this anniversary and his ideas on where to go from here.

We have a statement from Senator Thurmond which we will insert in the record at this time.

[The prepared statement of Senator Thurmond follows:]

STATEMENT BY SENATOR STROM THURMOND (R-S.C.) BEFORE THE SENATE JUDICIARY COMMITTEE, REFERENCE, HEARING ON THE NATIONAL DRUG CONTROL STRATEGY ON ITS ONE YEAR ANNIVERSARY, 226 SENATE DIRKSEN OFFICE BUILDING. WEDNESDAY, SEPTEMBER 5, 1990, 1:30 P.M.

MR. CHAIRMAN:

We are gathered for the first of two hearings which will review President Bush's National Drug Control Strategy. Today, we will hear testimony from several witnesses who confront the drug crisis on a daily basis. They should provide valuable insight into how successful the National Drug Control Strategy has been to date.

This week marks the one year anniversary of President Bush's comprehensive national strategy for winning the war on drugs. Last September, President Bush and Office of National Drug Control Policy Director William Bennett presented the United States with its first ever national plan for wiping out drugs. In the short time since its introduction, the Strategy has proven itself to be very effective.

The scourge of drugs has had a profound impact upon every facet of American life. Illicit narcotics, such as cocaine, crack, and marijuana, have become the major focus of virtually every law enforcement organization. Once perceived to be a problem of only major cities, drug abuse has spread into suburban areas and rural communities hitting virtually every neighborhood in the country.

Under the leadership of Drug Czar William Bennett, the Office of National Drug Control Policy provided the Bush

Administration with a comprehensive national strategy to combat drugs. This anti-drug strategy, although in its early stages of implementation, has resulted in diminished drug availability and decreases in causal drug use. The decrease in availability has resulted in an increase in price. According to the Drug Enforcement Administration, the price of cocaine has risen from a low of $11,000 a kilogram to as much as $35,000 a kilogram in just the past year.

The National Drug Strategy has proven to be a solid, well thought out plan for action. It represents a solid, direct, and effective measure aimed squarely at the drug epidemic which is undermining our communities, young people, and threatens our society. However, we cannot afford to dwell on recent successes. Despite the reported decrease in both cocaine use and availability, heroin availability and purity have increased markedly. As we continue to fight the war on drugs, a war which will not be won easily, our resolve to prevail must become stronger.

This hearing will examine our current situation in an effort to measure our successes and to provide us with an idea on what steps still need to be taken.

For these reasons, I look forward to today's testimony.

The CHAIRMAN. Today, we are going to hear from four distinguished witnesses representing the front lines on the drug war: Commissioner Lee Brown of the New York City Police Department; Chief Daryl Gates of the Los Angeles Police Department; Beverly Chisholm, who runs the Eleonore Hutzel Recovery Center in Michigan; and Dr. Mark Stern of the Albert Einstein Hospital in Philadelphia.

I welcome all of you and thank you for your willingness to share your thoughts with us today. I am anxious to hear what you have to say.

We will come up in two panels. The first panel will be Commissioner Lee Brown. Commissioner Brown joined the New York City police earlier this year after serving as the chief in Houston, TX. He is widely recognized for his innovative approach to law enforcement, including the concept of community-oriented policing which emphasizes high visibility foot patrols to help restore order in drug-plagued neighborhoods. And Chief Daryl Gates, not his first time before this committee, Chief Gates is also recognized as a leader in the law enforcement profession. He has served more than 25 years with the Los Angles Police Department. Among his major accomplishments has been the creation of the DARE Drug Education Program, which involves police officers in school-based drug education programs. DARE is a program that is now operating in all 50 States—and, I might add, in my State of Delaware operating very well.

I welcome you both. Commissioner Brown, why don't we begin with you and any opening statement you may have?

STATEMENTS OF LEE BROWN, COMMISSIONER, NEW YORK CITY POLICE DEPARTMENT, NEW YORK, NY; AND DARYL F. GATES, CHIEF OF POLICE, LOS ANGELES POLICE DEPARTMENT, LOS ANGELES, CA

Mr. BROWN. Thank you, Mr. Chairman.

I am Lee Brown, Police Commissioner for the city of New York, and I appreciate the opportunity to appear before you today at this hearing marking the first anniversary of the national drug control strategy.

When our President, President Bush, launched the strategy last September, we who deal daily with the devastation wrought by drugs on our streets and our inner cities applauded. At last, we said, the Federal Government was going to wage real war against drugs. Since that time, the Government has armed for war, but the battleground is the desert sands of the Middle East. Across the country, Americans support the President's efforts to ensure the continuing flow of oil. We worry about our young American men and women preparing for battle in foreign lands. And we cheer our President who has taken a very hard line.

Closer to home, though we need to wage a war of equal intensity, closer to home people are being killed, but they are not soldiers. They are children. They are innocent bystanders caught in a crossfire as fierce as any battleground. Mr. Chairman, I submit to you that if we are going to do battle against drugs, we must do no less

here at home than is being done in the Middle East to ensure the security of other nations.

We know there is not much new to say about the horrors of drugs. In fact, that is part of the problem. For years now, we have watched drugs do their destruction to our inner cities, and we have talked about it. Some evidence even suggests now there is a decline in the drug use in certain categories. But in many neighborhoods of our cities, we see only an increase in misery, an increase in despair, brought on by drugs. We see people trapped in a losing battle of hopelessness. We see children being born into this despair. We who have watched this happen are not surprised that school systems across the country are now concerned about the arrival of the first generation of crack babies in the classroom. We have known since the advent of crack that life for these children born with multiple disabilities—physical, psychological, and economic—would not be easy. It does not take a complicated projection to look into the future and see the teens and adults that these children will become.

No, there is not too much new to say about the horrors of drugs, but with the knowledge we do have, there is much more that needs to be done. We were happy with President Bush's announcement last September because he made it clear that the administration recognized the need for coordination and a national plan designed to combat illegal drugs at the Federal level of Government. The national drug strategy established in the minds of many Americans a perception that something can and would be done to provide respite to the Nation from what our President rightfully called "the scourge of drugs."

Initially, the President's address to the Nation and the subsequent media attention instilled the belief that the situation was neither hopeless nor the task impossible. In New York, this fostered a sense of confidence in Government that was further advanced by our city's designation as a high-intensity drug trafficking area. The feeling then was help is on the way.

In New York City, our police department has been a leader in the fight against drug abuse. Our drug enforcement efforts now encompass the full spectrum of drug trafficking. To maximize all available resources, we have reached out to other agencies in the law enforcement community to reduce local drug trafficking. We have collaborated with the school system to reduce demand for illegal drugs through education. We believe that these cooperative efforts have substantially improved the quality of life for residents and visitors of the city of New York.

Functioning in partnership with other agencies and the community, we have accomplished much. But a review of recent crime statistics, drug seizures, health-related information, and sociological data tells us that much, much more needs to be done. The need to do more, coupled with the feeling that New York did not measurably benefit from a designation as a high-intensity area, that no Federal funds were allocated directly to local law enforcement, has dampened much of the enthusiasm that greeted the President's announcement of a national drug strategy a year ago.

As I am sure you are aware, law enforcement must address both the illicit supply and illicit using of drugs. Fighting an appropriate

battle to address each, especially at the local level, is not easy. It is difficult. Constrained by jurisdictional limitations and finite resources, local law enforcement rightfully concerns itself with disrupting street drug traffic. It is there on the street that drug supplying and buyers demanding drugs complete the chain of profit in the drug trade.

Our tactical narcotic teams, commonly called TNT's, direct their efforts against drug trafficking in small geographically defined areas and have achieved great success. It is, however, our experience that when resources are spread thin, effectiveness is diminished and the impact lost. In the same way, Federal moneys appropriated under the national drug strategy are spread too thin.

To be specific, consider, if you would, that the New York City high intensive area actually covers northern New Jersey, Nassau, Suffolk, and Westchester Counties. I ask: How can we expect any level of funding to have an impact on the drug problem in such a large area?

The CHAIRMAN. Roughly how big is that population?

Mr. BROWN. Within the city of New York alone, we have over 8 million people, and certainly we add a couple more to that.

Now, I believe New York City is a one-of-a-kind city in that illegal drugs are shipped from around the world to our city for further distribution throughout much of America. I am also concerned that within the New York City region all the money allocated under the national drug control strategy went to Federal agencies.

Consider, if you would, these statistics: In 1989, New York City police made over 300,000 arrests. For the first time in our history, we were making more felony arrests than misdemeanor arrests, and 102,000 of those arrests were drug arrests. The five district attorneys and the special narcotics prosecutor's office filed over 50,000 indictments. In contrast, the combined efforts of the U.S. attorney's office in the southern and eastern districts of New York resulted in the filing of fewer than 2,000 indictments in all of 1989.

While Federal law enforcement agencies vigorously enforced the law, and indeed should be proud of the level of success they achieved this past year, they in no way approach what was accomplished at the local level.

In light of these facts, it compels me to ask why local law enforcement was excluded from funding under the high-intensity drug trafficking area program. It was not, in fact, until June of this year, when hearings conducted by a Senate committee, that the city of New York learned for the first time that our region was allocated only $4 million, of which local law enforcement agencies would receive nothing.

Although I am confident our Federal colleagues will put these moneys to good use, I believe $4 million is not significant to assist in combating the problem, as we see it.

On this first anniversary of the President's announcement, I must conclude that the national drug control strategy needs redirecting. Significantly more money is needed for drug treatment programs, drug education programs, as well as our enforcement initiatives.

More importantly, these funds must flow directly to the localities that are fighting on the frontline in the war against drugs each and every day.

For these reasons, my mayor, Mayor David Dinkins, and I have supported direct funding as the best way to make the high-intensity concept actually work.

Let me conclude, Mr. Chairman, by saying that I am encouraged that the Government at the Federal level recognizes the serious nature of the drug problem in New York City. The efforts by Federal agencies in our area are deeply appreciated.

However, until the Federal Government invests more funds in our city and local law enforcement is included in the appropriation of these funds, our goal to eliminate or at least measurably reduce the demand for drugs will not be fully recognized. Until this goal is achieved, we will be hard pressed to provide for our citizens a safe and peaceful existence.

One final thought, Mr. Chairman: As we examine our national drug control strategy, let us not lose sight of the problems of crime and violence, much of which is brought on by drugs on the streets of our city.

To address these complex problems, our country also needs a comprehensive national crime control plan, and it has been to that end that I have called upon our President to convene a group of the best and brightest thinkers in the Nation to tackle the complex issue driving criminal behavior today and to set an agenda for this decade that will carry us into the next century.

This should be a gathering not only of law enforcement and criminal justice officials, but also social scientists, health professionals, economists, educators, policymakers and others. We need to come together to develop a comprehensive plan of action. No single institution can do this alone, because there is neither a single genesis of these devastating problems, nor a single solution.

We have not yet had such an effort since the 1960's, when President Johnson convened his Commission on Law Enforcement Administration of Justice, under the chairmanship of Nicholas Katzenbach. A wealth of excellent ideas came out of that Commission, and today we face problems that the world had never dreamed of at that time.

In conclusion, Mr. Chairman, I suggest that we need more funds in our battle against the drugs in our cities, we need a comprehensive approach that includes, yes, law enforcement, because we will always be in the vanguard, but also include education and prevention, as well as treatment, and indeed we must have direct funding to the cities, where the battle takes place.

Thank you, Mr. Chairman.

[The prepared statement of Lee P. Brown follows:]

TESTIMONY OF

Lee P. Brown
Police Commissioner
City Of New York

On The
First Anniversary of the
National Drug Control Strategy

Before :

Senate Committee on the Judiciary

Washington, DC

September 5, 1990

INTRODUCTION

* * * *

Mr. Chairman and other distinguished members of the Committee: I appreciate the opportunity to appear before you today at this hearing marking the first anniversary of the National Drug Control Strategy.

When President Bush launched the strategy last September, we who deal daily with the devastation wrought by drugs on our inner cities applauded. At last the Federal government was going to wage real war against drugs. Since that time, the government has armed for war, but that battle ground is the desert sands of the Middle East.

Across the country, Americans support the President's efforts to ensure the continuing flow of oil; we worry about young American men and women preparing for battle in foreign lands, and we cheer a President who has taken a hard line. Closer to home, though, we need to wage a war of equal intensity. Closer to home, people are being killed, but they are not soldiers, they are our children and innocent bystanders caught in a crossfire as fierce as any battlefield.

Mr. Chairman, I submit to you that if we are going to do battle against drugs, we must do no less here at home than is being done in the Middle East to insure the security of other nations.

We know that there is not much new to say about the horrors of drugs. In fact, that's the problem. For years we have watched drugs do their destruction in our inner cities and we have talked about it. Some evidence even suggests now that there is a decline in drug use in certain categories. But in many neighborhoods of our cities, we see only an increase in misery and despair brought on by drugs. We see people trapped in a losing battle of hopelessness. Worse, we see children being born into this despair; we who have watched this happen are not surprised that school systems across the country are concerned about the arrival of the first generation of crack babies in the classroom. We have known since the advent of crack that life for these children, born with multiple disabilities, physical, psychological and economic would not be easy. It does not take a complicated projection to look to the future and see the teens and adults that these children will become. No, there is nothing new to say about the horrors of drugs. But with the knowledge we do have, there is much more that needs to be done.

Yes, we were happy with President Bush's announcement last September, because he made it clear that the administration recognized the need for coordination in a National plan designed to combat illegal drugs, at the

Federal Level of government.

The National Drug Strategy established, in the minds of many Americans, a perception that something can and would be done to provide respite to the Nation from what our President called, "The Scourge of Drugs."

Initially the President's address to the Nation and the subsequent media attention, instilled the belief the situation is neither hopeless nor the task impossible.

In New York, this fostered a sense of confidence in government.....and was further advanced by our city's designation as a "High Intensity Drug Trafficking Area".... the feeling then was "Help is on the way".

In New York City our Police Department has been a leader in the fight against drug abuse.

Our drug enforcement efforts now encompass the full spectrum of drug trafficking. To maximize all available resources, we have reached out to other agencies in the law enforcement community to reduce local drug trafficking. We have collaborated with the school system to reduce demand for illegal drugs through education. We believe that these cooperative efforts have substantially improved the quality of life for residents and visitors of the City of New York.

* * * *

THE NEW YORK CITY POLICE DEPARTMENT
NARCOTICS PLAN

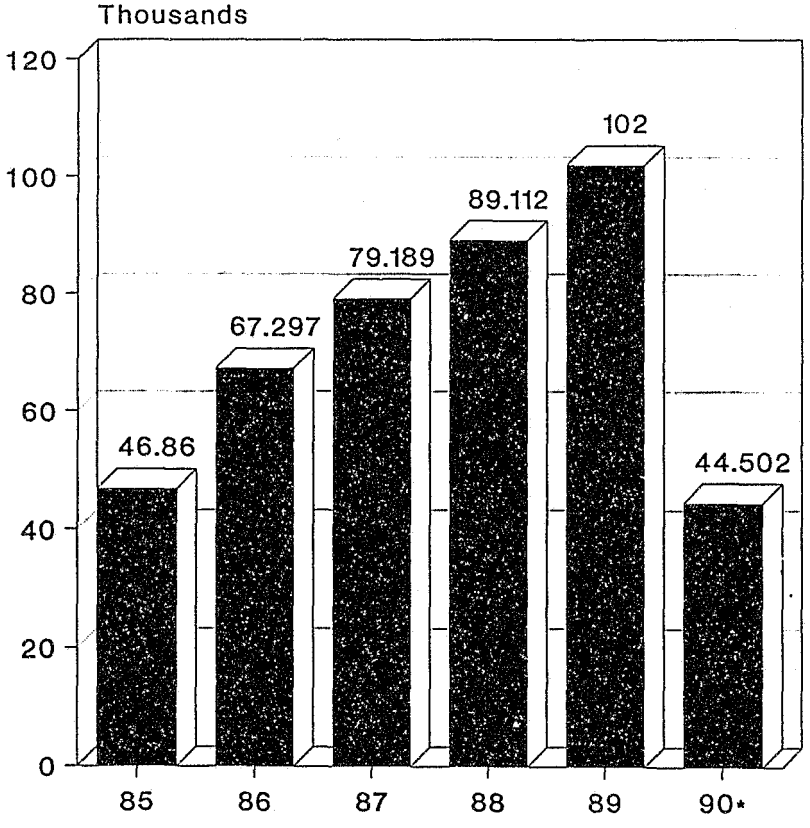
The New York City Police Department's approach to the drug problem is multifaceted and utilizes a broad range of department resources. While drug enforcement is the primary responsibility of the Narcotics Division under the direction of the Chief of Organized Crime Control, there are also Patrol based enforcement initiatives and public education and demand reduction programs administered by the Deputy Commissioner for Community Affairs.

STRATEGY

In response to dramatic increases in drug abuse and distribution, the Police Department undertook a major restructuring of the Narcotics Division, increasing personnel significantly while implementing new approaches. Simultaneous with the reorganization, a vigorous assault on street-level drug trafficking was launched throughout the city, to meet growing community concern over bold, open buying and selling. By 1987, drug complaints had risen to 61,230 annually, an all time high, and a 404 % increase over a ten year period.

The restructuring was completed as the 1980's ended. The decade closed out with a record 102,000 narcotics arrests made in the city in 1989, with over 50,000 being effected by the Narcotics Division. (See Fig. 1.0 [Arrests] and Fig. 1.1 [Personnel])

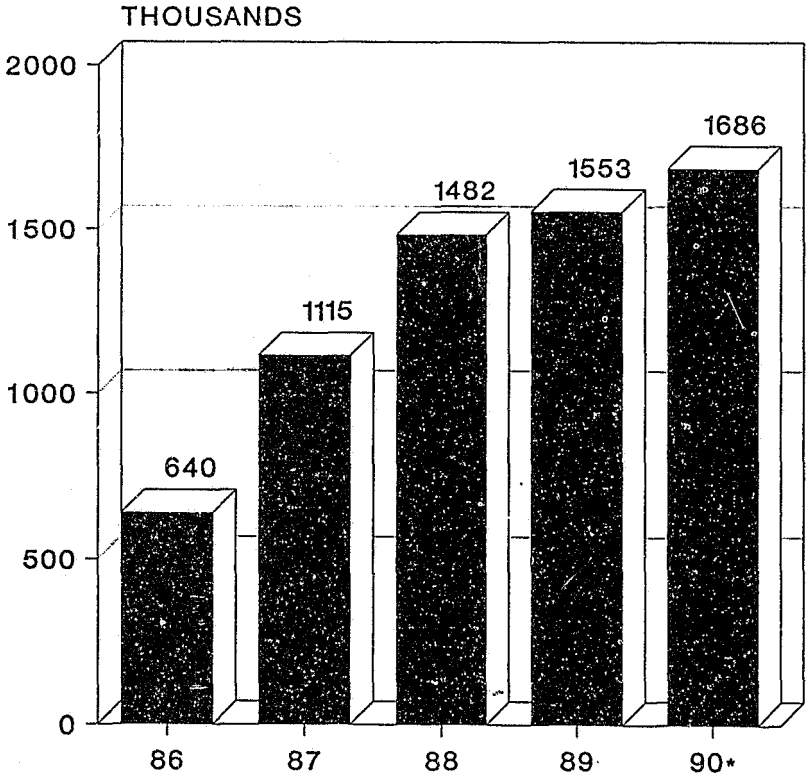
NARCOTICS ARRESTS BY ALL NYC POLICE AGENCIES 1986 - 1990



* DATA BASED ON FIRST 5 MONTHS OF 1990

FIG. 1.0

NARCOTICS DIVISION PERSONNEL 1986 - 1990



* DATA BASED ON FIRST SIX MONTHS OF 1990

FIG. 1.1

NARCOTICS BOROUGH COMMAND

Each of the six major Narcotics Borough Commands* presently consist of a Narcotics District which includes a Major Case Unit, a Tactical Narcotics Team, and a NITRO Unit.

Districts

Narcotics Districts are responsible for the primary enforcement of drug related laws in the borough. District personnel respond to all drug complaints and investigate both street and mid-level drug trafficking.

Major Case Units

The Major Case Unit, staffed by more seasoned investigators, conducts investigations of upper-echelon drug traffickers through the cultivation of confidential informants, development of tactical intelligence, and utilization of learned investigative expertise.

* Manhattan North/South, Brooklyn North/South, Queens, Bronx, (with a smaller commitment to Staten Island).

NITRO

The NITRO (Narcotics Investigative Tracking of Recidivist Offenders) Unit coordinates, develops, maintains and disseminates tactical narcotics intelligence both within the Department and in exchange with other law enforcement agencies. NITRO's strategic value is being realized in terms of the targeting capability it furnishes as well as the development of information sources.

The program is designed to focus the prioritized enforcement effort of participating criminal justice agencies on career felony drug offenders identified by the New York City Police Department's Narcotics Division. Agencies participating include: the Federal Bureau of Investigation, U.S. Custom Service, Drug Enforcement Administration, Immigration and Naturalization Service, Bureau of Alcohol Tobacco and Forearms, Internal Revenue Service and twelve other agencies of federal, state and local government.

The Narcotics Division coordinates the program utilizing an on-line computer system which has made possible the targeting of over 50,000 recidivist drug violators. All arrests of career felony drug offenders are enhanced by members of the Narcotics Division to strengthen prosecution and better assure conviction.

Tactical Narcotics Teams (TNT)

TNT is a narcotic enforcement overlay designed to complement other strategies rather than replace them. TNT seeks an immediate impact on serious street narcotic conditions to provide respite to citizen and community. Its goal is achieved by committing narcotics investigators to aggressive "buy-and-bust" activities for a relatively short period of time (up to ninety days) within a target area carefully selected by uniformed and narcotics commanders.

Three aspects essential to TNT success are: strong community support involvement, closely integrated and coordinated efforts of twenty-five city agencies participating in the overall program (led by the NYCPD), and a flexible, mobile, narcotics force.

Utilizing New York County as a study sample for final dispositions, it was shown that a total of 4,352 felony arrests effected (in Manhattan) by TNT between November 15, 1988 and January 30, 1990, 1,293 have resulted in felony convictions. Sentences range from "conditional discharge" to "nine years to life."

The convictions were distributed as follows:

	NUMBER	PERCENTAGE
State Prison.....	548 ..	42 %
City Jail.....	388 ..	30 %
"Time Served".....	10 ..	1 %
Probation.....	342 ..	26 %
Conditional Discharge...	5 ..	1 %
	1293 ..	100 %

Mid-Range & Top Echelon

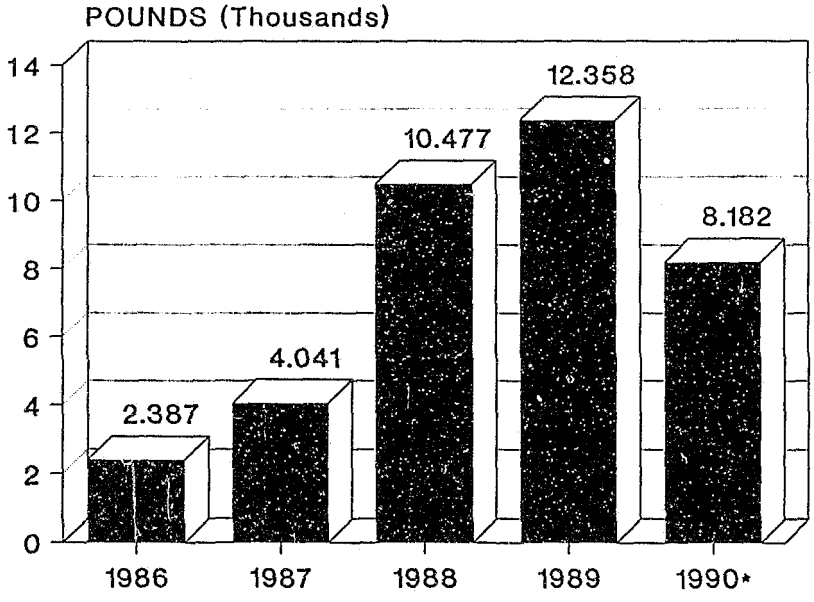
In recognition of New York City as a major port of entry for heroin, cocaine and marijuana ultimately consumed in the northeastern United States and elsewhere, intense enforcement efforts against middle and top echelon drug dealers such as the operations of the Medellin and Cali cartels is demanded. (See Figs. 2.0, 2.1, 2.2 [Drug Seizures] and Fig. 2.3 [Currency Seizures])

Primary efforts in this regard are sustained by the Drug Enforcement Task Force (DETF) and the Organized Crime Investigations Division (OCID). DETF is a tripartite team of personnel from the NYCPD, the Drug Enforcement Administration (DEA) and the New York State Police (NYSP). Established in 1971, it has an enviable record and reputation. In the past

three years over 25,000 pounds of cocaine and 415 pounds of heroin were seized as a result of task force investigations. Cash confiscations of over $25 million were made in 1989 alone. One single incident yielded $18.6 million, secreted in hidden compartments built into a cargo truck.

OCID is a full partner in the Joint Organized Crime/Narcotics Task Force (JOCNTF). This task force effort, staffed by NYCPD Detectives and Federal Bureau of Investigation (FBI), has had substantial success in heroin as well as organized crime investigations.

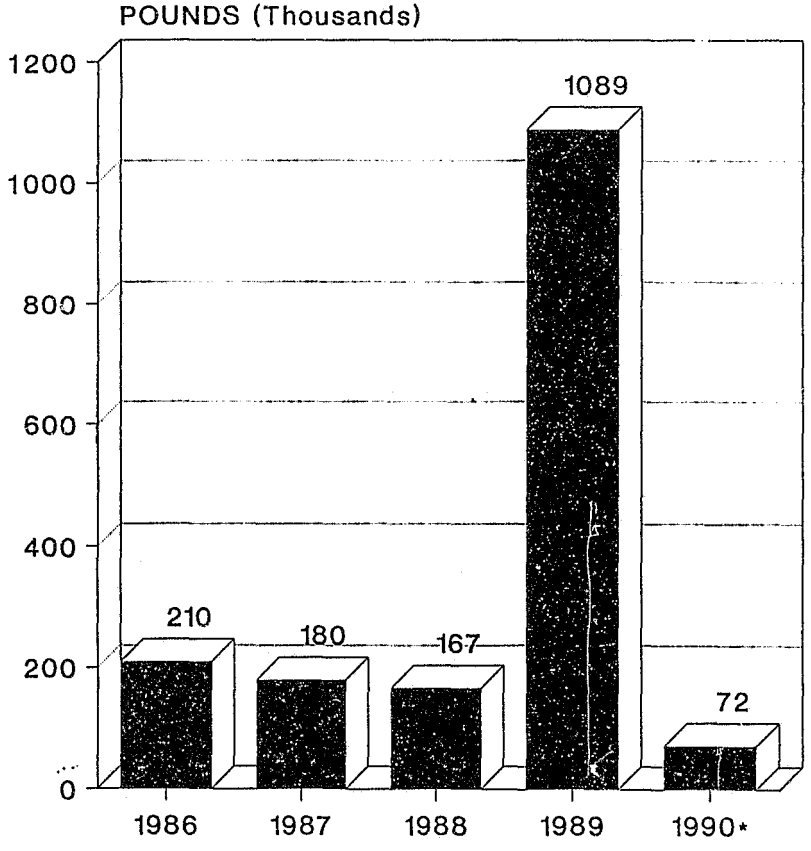
CRACK / COCAINE SEIZURES 1986 - 1990



* DATA BASED ON FIRST SIX MONTHS OF 1990

FIG. 2.0

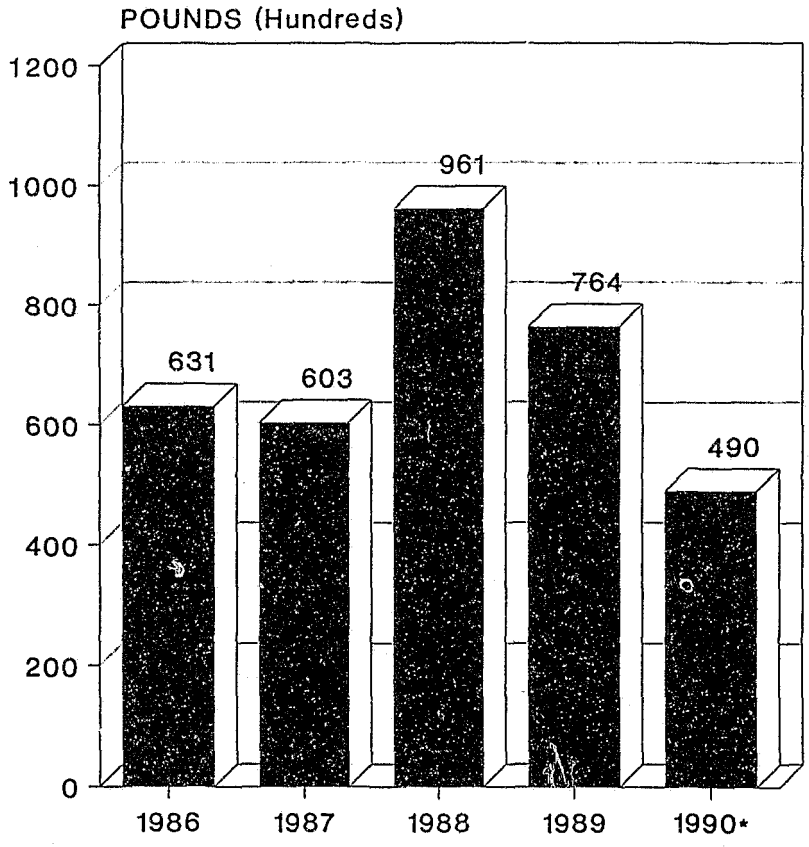
HEROIN SEIZURES 1986 - 1990



* DATA BASED ON FIRST SIX MONTHS OF 1990

FIG. 2.1

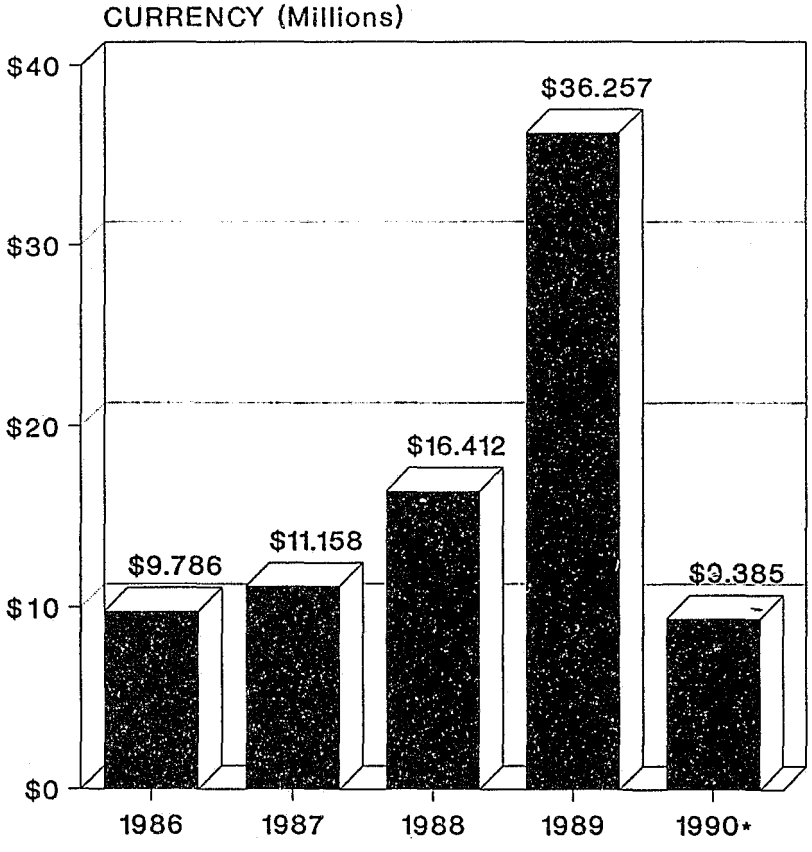
MARIJUANA SEIZURES 1986 - 1990



* DATA BASED ON FIRST SIX MONTHS OF 1990

FIG. 2.2

NARCOTICS DIVISION
CURRENCY SEIZURES



* DATA BASED ON FIRST SIX MONTHS OF 1990

FIG. 2.3

School Program to Educate and Control Drug Abuse (SPECDA)

The NYCPD's Narcotics Division continues to be deeply concerned with the involvement by youth in use and sale of illicit drugs. SPECDA employs a two-pronged approach to promote a drug free lifestyle among the city's youth. The first is education; utilizing the team teaching concept, police officers and Board of Education Drug Counselors educate elementary school children to the dangers of drug use and abuse.

The second is the enforcement arm of SPECDA. Narcotics Division personnel operate in close proximity to schools to provide a safe environment for children travelling to and from school.

Customer Accountability

In July of 1986, the NYCPD began its Customer Car Confiscation Program, laying to rest the popular misconception that the demand for drugs is attributable solely to "inner city addicts." The confiscation program is designed to deter suburbanites who regularly travel into the city to purchase drugs for both their personal use or re-sale in their home communities. It also discourages "recreational users" from driving to "drug prone areas" to purchase drugs.

Of the 4,292 vehicles seized, 49 % bear out-of-town registrations. (See Fig. 3.0).

Of those arrested for sale or possession of a controlled substance, regardless of amount, while they are vehicle occupants, risk forfeiture of the vehicle as well as incarceration.

Demand Reduction Days - Wall Street Initiative

This "demand reduction through enforcement" program targets both the buyer and seller in an attempt to discourage drug trafficking in our city's financial district, especially the Wall Street area. The program has demonstrated that demand for drugs obeys no economic boundaries, with arrestees coming from across the income strata.

Demand Reduction through Adult Education

The Narcotics Division provides a vital public service by conducting lectures on the dangers of drug abuse. These lectures are presented to corporations and interested community groups under the auspices of the Special Projects Unit. This program continues to receive enthusiastic support and interest from a wide variety of groups.

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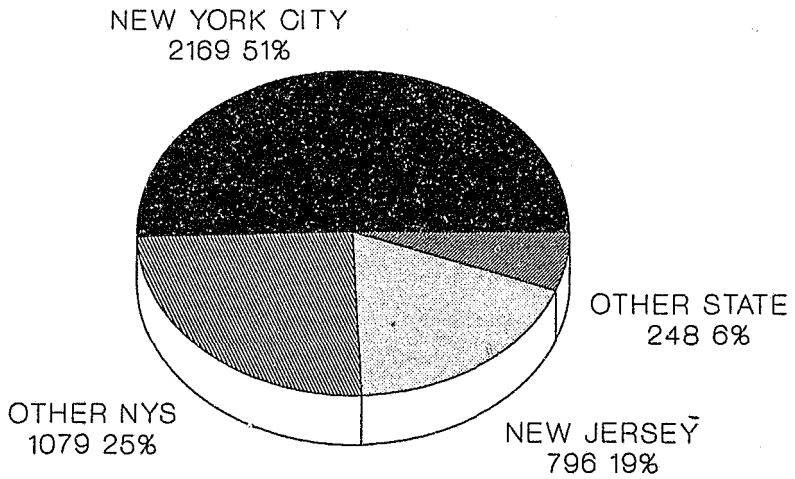
NARCOTICS DIVISION
CAR CONFISCATION PROGRAM
SEIZURE BY VEHICLE ORIGIN



4292 TOTAL CARS CONFISCATED
AS OF 8/21/90

FIG. 3.0

Demand Reduction Days-Wall Street Initiative

This "demand reduction through enforcement" program targets both the buyer and seller in an attempt to discourage drug trafficking in our city's financial district, especially the Wall Street area. The program has demonstrated that demand for drugs obeys no economic boundaries, with arrestees coming from across the income strata.

House/Apartment Forfeiture Unit

In an effort to curtail the use of residential premises for narcotics trafficking, the Narcotics Division initiated the House/Apartment Forfeiture Unit in April of 1988. This program is a coordinated effort involving the First Deputy Commissioner's Office, Organized Crime Control Bureau, United States Marshals Office and the Eastern and Southern Districts of the United States Attorney's Office.

The objective of the program is to identify and confiscate targeted residential premises that are used for the purposes of trafficking illicit drugs. Utilizing a wide variety of Federal and Local laws, privately owned houses are confiscated and leases for apartments are seized. This prevents drug dealers from using homes or apartments as "drug supermarkets."

Operation Padlock

When Local Law 42 was enacted on September 10, 1984 the New York City Police Department began its Padlock Law Enforcement Program. This law empowers the Police Commissioner to "padlock" any premise deemed to be a public nuisance because of its use in certain illegal activities such as drug trafficking. The Padlock Program successfully stabilized or inactivated over 90 % of the targeted locations in its first year of operation.

Current Enforcement Focus

The Narcotics Division currently deploys approximately 75 % of available resources to combat street level drug dealing. The remaining 25 % are deployed against middle and upper echelon drug traffickers. However, the growing analytical ability of NITRO in union with increased experience of operational personnel strongly suggests a natural progression to additional long term investigations requiring the manning of electronic eavesdroping operations, surveillance and other evidence gathering activities. The result will likely be some decrease in overall arrest activity with an increase in the quality of enforcement as traffickers at the management and distributor levels are identified and targeted for investigation.

PATROL SERVICE BUREAU INITIATIVES

Operation Takeback

Operation "Takeback" is the latest initiative undertaken by the Department to address open street level drug trafficking. This program combines personnel from Patrol Services, Organized Crime Control, Detective Bureau, and Warrants Division. The goal of "Takeback" is to reclaim the streets from drug traffickers. Currently, operation "Takeback" is in place in seven (7) areas throughout the city.

"Takeback" areas are saturated with uniformed personnel while narcotics investigators conduct concentrated "Buy and Bust" operations. Detective Bureau and Narcotics Division personnel investigate drug related homicides. Warrant Division personnel focus efforts against violators located within the "Takeback" areas.

Operation Pressure Point

The three Pressure Point Programs were created to reduce the blatant, street-level drug trafficking that had been plaguing areas of our city. Since its inception in January of 1984, this type of enforcement program has been largely

successful and has served as a model for other enforcement programs here in New York City as well as other municipalities. The cornerstone of the Pressure Point programs is the joint effort of the Narcotics Division and the Patrol Services Bureau. The Narcotics Division conducts "Buy and Bust" operations disrupting low-level drug operations. The Patrol Services Bureau provides a highly visible uniformed presence in the targeted area by assigning uniformed Police Officers to foot posts to maintain the cleansed areas.

Street Narcotics Enforcement Unit

The Patrol Service Bureau established Street Narcotics Enforcement (SNEU) Units to address short term blatant street narcotics conditions which have a considerable negative impact on the quality of life within patrol precincts. These Units are staffed by uniformed members of the Patrol Services Bureau.

Currently, there are S.N.E.U. units operating in forty five (45) precincts throughout the city. During the first six months of 1990, S.N.E.U. units effected 9,615 narcotics arrests.

Special Narcotics Abatement Program

The Special Narcotics Abatement Program (SNAP) was established in May 1984. The primary purpose of SNAP is to address illegal drug sales from store-front locations posing as legitimate businesses. This program utilizes uniformed personnel in the arrest of persons involved in the sale of controlled substances and marijuana. These arrests result from "buys" made by undercover officers assigned to the Narcotics Division, yet, actual arrests are effected by members of the Patrol Services Bureau. SNAP operates in 18 precincts and since inception has effected 3,316 arrests and seized 71 firearms, 17 vehicles and $372,130. Once arrests are effected the targeted premise is placed into the "Padlock" program.

Narcotics Eviction Program

The Narcotics Eviction Program is a pilot project initiated within the 23, 28, 30, and 34 precincts. In conjunction with the Manhattan District Attorney, Community Patrol Officers notify building owners when narcotics violations occur on their property. The goal of this pilot project is to facilitate the eviction of drug violators by providing the premise owner with the necessary documentation needed to satisfy the requirements of Housing Court. When called upon, officers also testify in Housing Court.

DEPUTY COMMISSIONER OF COMMUNITY AFFAIRS SPONSORED PROGRAMS

Drug Busters Program

Drugbusters is a narcotics intelligence gathering program coordinated by the Office of the Deputy Commissioner of Community Affairs. It provides an opportunity for community members to participate in the eradication of street-level drug trafficking in their community.

Community Affairs personnel train members of the community in techniques which improve their skill in the observation and reporting of narcotics related intelligence information.

To date there have been 13,231 citizens recruited city-wide. These Drug Busters have provided 1,304 Tips which have resulted in 516 arrests.

Crack Hotline

Established in 1986, the Crack Hotline is a community access program sponsored by the Deputy Commissioner of Community Affairs. This hotline is monitored 24 hours a day 7 days a week to accept drug complaints. In addition to its intelligence function, the personnel assigned to the Crack Hotline have made numerous referrals to the Cocaine Hotline for people requesting assistance with personal substance abuse problems. The hotline has referred over 21,000 callers

to the Cocaine Hotline.

Information obtained from the hotline is forwarded to specific enforcement units within the department.

Since inception the Narcotics Division has received over 52,000 referrals and the hotline has received over 135,000 calls.

The NYCPD is involved at drug enforcement at every level. This along with excellent relationships maintained with the five County District Attorneys, the United States Attorney of the Eastern and Southern Districts, the New York City Special Narcotics Prosecutor, as well as other law enforcement agencies has resulted in the building of a solid narcotics enforcement structure and strategy.

* * * *

Functioning in partnership with other agencies in the community, we have accomplished much.....but a review of recent crime statistics, drug seizures, health related information and sociological data, tells us that much more needs to be done.

The need to do more, coupled with the feeling that New York did not measurably benefit from designation as a "High Intensity Area" and that no Federal funds have been allocated directly to local law enforcement.....has dampened much of the enthusiasm that greeted the President's announcement of a

National Drug Strategy a year ago.

* * * *

THE DRUG PROBLEM

For several decades police departments have devoted some measure of their resources to combating the criminal aspects of illegal drugs. Strategies were usually based upon the premise that the use and sale of illegal drugs was, for the most part, confined to a drug subculture with an atypical lifestyle, or to the lowest levels of the social and economic chain.

Heroin, cocaine, marijuana and a host of other drugs, have been available for years. While the drug of choice has varied along with changing social norms, the problem appeared manageable and seemed to yield to some police strategies. Supply-side enforcement often yielded large quantities of seized drugs and demonstrated law enforcement's ability to infiltrate and attack drug supplies at the source. Police were content to focus on the manifest aspects of drug abuse and gave little thought to demand reduction through education.

These assumptions and strategies have been blown away by the explosion in drug abuse which few predicted and for which none were prepared. Crack became the catalyst which changed America's misconceptions of the drug problem.

Crack, a highly addictive form of cocaine, has had such a profound and devastating effect upon the quality of life in America that many Police Chiefs now compute time by the year that Crack became a problem in their jurisdiction. In New York City that year was 1986.

DRUGS IN NEW YORK CITY

The drug problem in New York City is directly related to physical and cultural aspects unique to a major transportation center and international gateway. New York and the surrounding metropolitan area serve as the port of entry for countless containers from all over the world and its three international airports greet millions of foreign travelers each year. Drugs from all over the world enter New York on their way to satisfy the appetites of drug abusers in the city and throughout the nation. New York is truly a drug marketplace without comparison.

Many of New York's neighborhoods contain all the elements necessary to foster drug abuse and these elements are aggravated by the ready availability of drugs. Unemployment, poverty and despair, create a climate in which the illegal drug business thrives.

New York's drug problem is more than just inner city based. As the center of a vast metropolitan area surrounded by many suburban counties, New York represents a true urban marketplace. Drug customers from New Jersey, Connecticut and surrounding counties drive into the city in quest of drugs creating a drug bazaar on some streets where dealers openly hawk their wares.

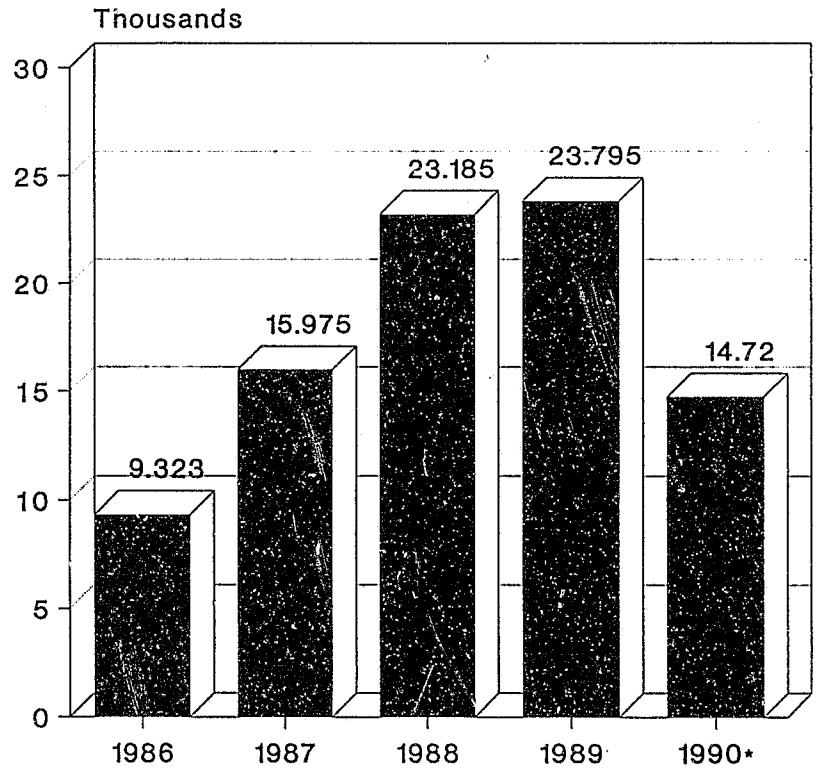
These factors destroy the stability of neighborhoods and the quality of life. Fear of violent crime and an atmosphere of lawlessness hold innocent citizens prisoner in their own homes.

The physical and economic costs to New Yorkers are staggering; Of the over 1900 homicides committed in the city in 1989, 28 percent were classified as drug related. During a single month that same year 84 percent of all males arrested in New York City tested positive for one or more drugs. Of over 10,000 drug related admissions to city hospitals in 1988, cocaine accounted for 39 percent. Crack use among women is on the rise and with many becoming involved in prostitution for drugs, crack now significantly contributes to the transmission of HIV and other sexually transmitted diseases.

While the cost in crime and health fields is all too apparent, less obvious but more devastating is its impact upon children and the family; Crack abusing women gave birth to 3,000 addicted infants in 1989. The city's infant mortality rate is 250 percent higher in births where drugs are a factor. There were 18,000 reports of child abuse and neglect in 1980; by 1988 the number had reached 55,000.

The magnitude of the problem is illustrated by the dramatic increase in drug arrests since 1986. (See Fig. 4.0, 4.1, 4.2 [Drug Arrests]).

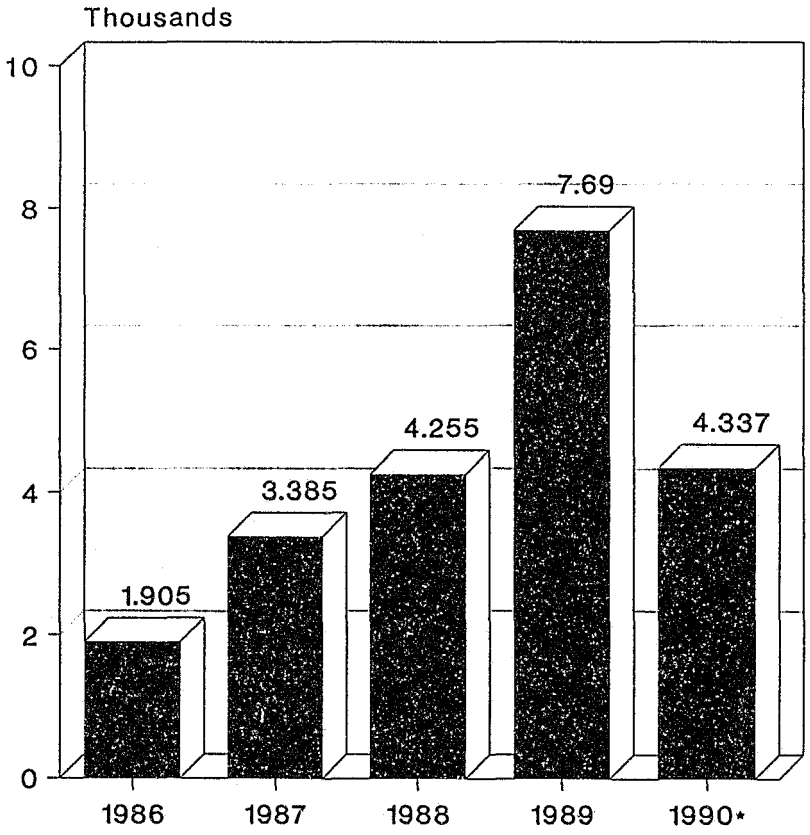
CRACK / COCAINE ARRESTS 1986 - 1990



* DATA BASED ON FIRST SIX MONTHS OF 1990

FIG. 4.0

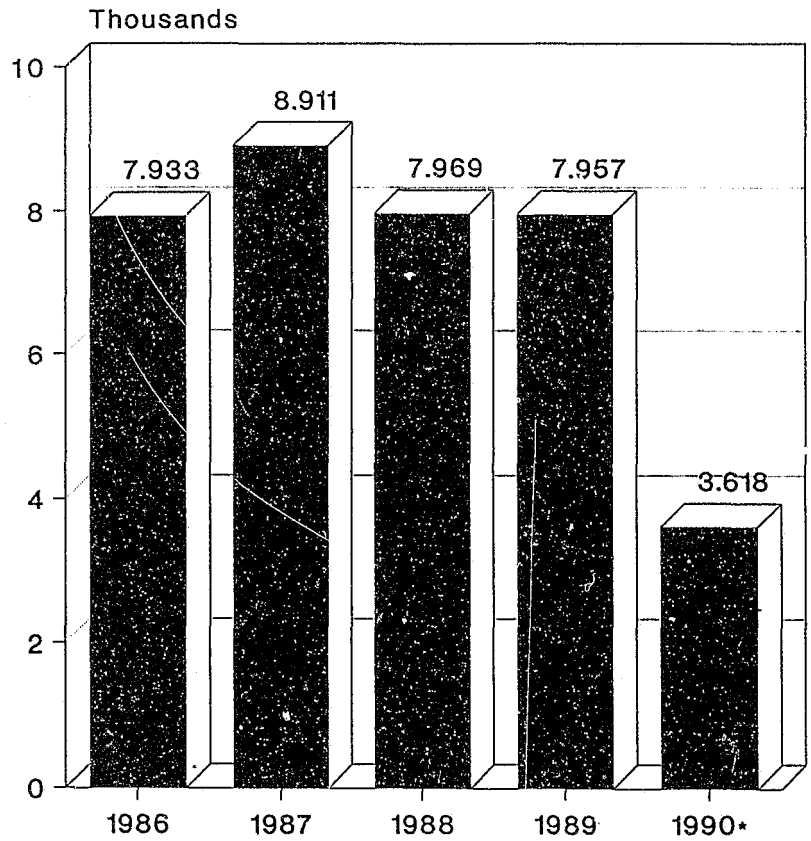
HEROIN ARRESTS 1986 - 1990



* DATA BASED ON FIRST SIX MONTHS OF 1990

FIG. 4.1

MARIJUANA ARRESTS 1986 - 1990



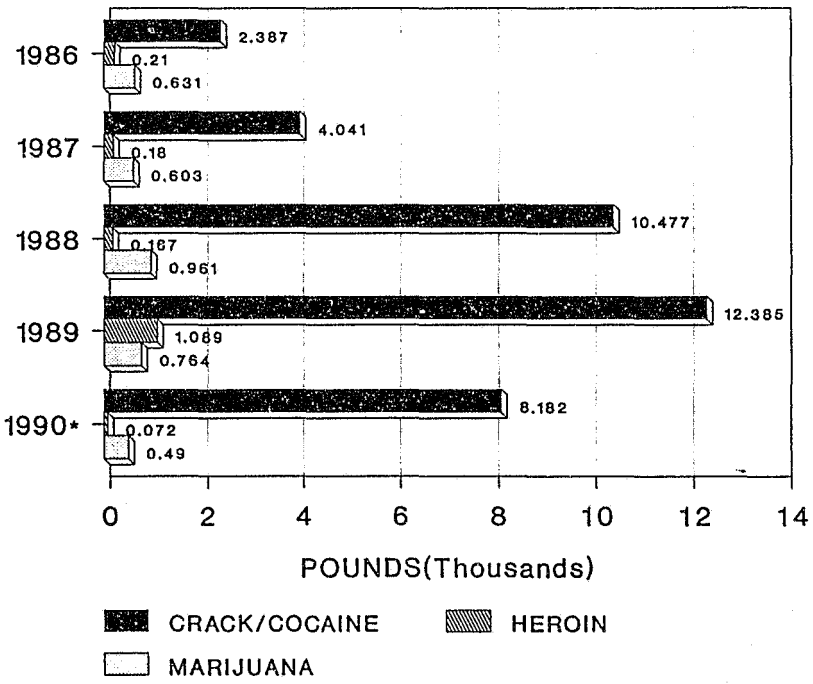
* DATA BASED ON FIRST SIX MONTHS OF 1990

FIG. 4.2

SUPPLY AND DEMAND

The principles of supply and demand, profit and risk, drive the drug trade with the price of drugs fluctuating according to supply and demand. Just a few years ago a kilogram of cocaine cost in excess of $40,000. In 1989 the price for the same kilogram had dropped to between $14,000 and $16,000. By 1990 the price had increased once again to over $30,000. During this period, New York City Police achieved record numbers of arrests and seized enormous quantities of cocaine. (See Fig. 5.0 [OCCB Drug Seizures]).

OCCB
DRUG SEIZURES
1986 - 1990



* DATA BASED ON FIRST SIX MONTHS OF 1990

FIG. 5.0

THE DRUGS

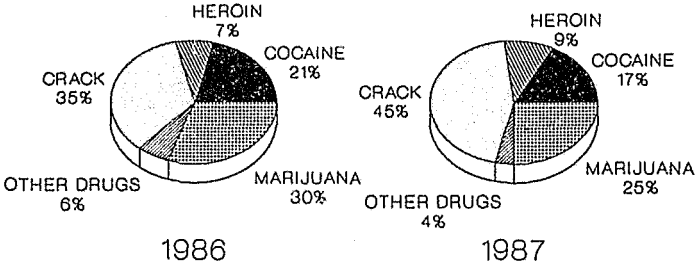
Cocaine, Heroin and Marijuana continue to dominate the drug picture in New York City. The plentiful supply of these organically produced drugs has precluded manufactured drugs like Methamphetamine from achieving the same popularity in New York as in some jurisdictions. LSD, amphetamines and other pharmaceuticals in pill form are still available, but there is no wide spread demand.

The Drug of Choice

An examination of arrests by the Narcotics Division over a four year period strongly suggests "CRACK" as the clear drug of choice, with arrests for that substance on an almost straight-line increase from 1986 to 1988 inclusive (and a leveling off in 1989). (See Fig. 6.0 [Arrests by Drug of Choice]).

Cocaine arrests (other than Crack) have not increased substantially in spite of dramatic increases in personnel assigned to the Narcotics Division. Heroin arrests, by contrast although fewer in number than either Crack or Cocaine have shown a consistent year-to-year increase.

ARREST COMPARISON BY DRUG OF CHOICE



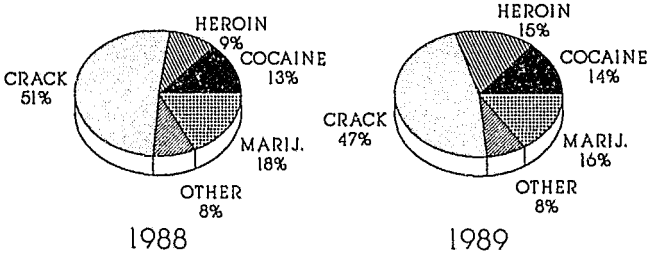


FIG. 6.0

Cocaine

Present anti-drug strategy evolved as a reflection of the various modes of importation at work in New York City, with smuggling techniques limited only by the imagination of the criminal.

The department has entered into a cooperative enforcement effort with the United States Customs Service at Kennedy and LaGuardia Airports. A joint endeavor, code named "Operation Southbound," has yielded 14 million in seized currency from outbound traffickers in just 11 months. The department and the Drug Enforcement Task Force work on an ongoing basis with Port Authority, Amtrak, Penn Station, and Grand Central Police. During the last six months of 1989 the DETF together with Penn Station Police, effected 16 arrests and seized 35 pounds of cocaine from outbound couriers.

Heroin

The Department has a close working relationship with the United States Custom Service, in an effort to limit narcotics entering by way of New York City's marine and air ports. This working arrangement occurs at a pivotal time, given the relatively recent dramatic changeover of the New York heroin supply from Southwest Asian to Southeast Asian sources.

In a marked departure from 1985, when "Golden Triangle" heroin accounted for as little as three percent of the incoming product, that region now supplies some seventy percent of the heroin reaching New York City streets. Average purity is over forty percent. During 1989, our Joint New York Police FBI Task Force seized over eight hundred pounds of Southeast Asian heroin in a single seizure (reported to be the largest heroin seizure in United States' History). Continuing evidence of heroin demand in the metropolitan area at a time when many believed use of this drug was on the wane. Another fact tending to contradict a decrease in heroin usage was that in 1989 heroin arrests effected by Narcotics Division personnel increased by 81 % over the previous year from 4,255 to 7,690.

Marijuana

Marijuana the most widely used illegal drug in America, is still plentiful in New York City. Once sold openly from store front "smoke shops" throughout the City, intensive enforcement efforts during the early 1980's closed these operations. Marijuana is currently a quality of life issue with street dealers concentrating in parks and near business districts.

These realities along with the criminal importation, distribution and use of narcotics and their sure companion, income-generating crime are the sources of what President Bush referred to as the "Scourge of Drugs". Drug trafficking and attendant crime, often violently committed, are having a profound negative effect on the ability of police forces across the country, New York City's included, to maintain public peace and control crime.

The vast majority of those arrested for criminal acts, violent or otherwise, are drug users. This has necessitated massive investment of resources in criminal justice efforts to reduce drug supplies, drive dealers from the street, and to dismantle drug networks.

* * * *

As members of this Committee are well aware, law enforcement must address both the illicit supplying and the illicit using of drugs. Finding an appropriate balance, to address each, especially at the local level, is difficult.

Constrained by jurisdictional limitations and finite resources, local law enforcement rightly concerns itself with disrupting street drug traffic. It is there, on the street, that dealers supplying and buyers demanding drugs complete the chain of profit in the drug trade.

Our Tactical Narcotics Teams, commonly known as "TNT", direct their efforts against drug trafficking in small geographically defined areas and have achieved great success. It is our experience that when resources are spread too thin, effectiveness is diminished and the impact lost.

In the same way, federal monies appropriated under the National Drug Control Strategy are spread too thin. To be specific, consider that the New York City "High Intensity Area" actually covers northern New Jersey, Nassau, Suffolk and Westchester Counties. How can we expect any level of funding to have an impact on the drug problem in such a large area ?

I believe that New York City is a one of a kind city in that illegal drugs are shipped from around the world to our city for further distribution throughout much of the United States.

I am also concerned that within the New York City region all the money allocated under the National Drug Control Strategy went to federal agencies. Consider these statistics: In 1989:

* New York City Police made over 300,000 arrests, 102,000 of these were drug arrests.
* The five District Attorneys and the Special Narcotics Prosecutor's office filed over 50,000 indictments.

In contrast:

* The combined efforts of the United States Attorney's Offices in the Southern and Eastern Districts of New York resulted in the filing of fewer than 2,000 indictments in all of 1989.

While federal law enforcement agencies vigorously enforced the law and should be proud of the level of success they achieved this past year, they in no way approached what was accomplished at the local level.

In light of these facts, it compels me to ask why local law enforcement was excluded from the High Intensity Drug Trafficking Program ?

It wasn't until June of this year, during hearings conducted by the United States Senate Appropriations Subcommittee on Treasury, Postal Service and General Government that New York City learned, for the first time, that our region was allocated only four million dollars, of which local law enforcement agencies would receive nothing.

Although I am confident our federal colleagues will put these monies to good use, I believe four million dollars is not a significant commitment to address the problem.

On the first anniversary of the President's

announcement, I must conclude that the National Drug Control Strategy needs redirecting. Significantly more money is needed for drug treatment programs, educational programs and enforcement initiatives. More importantly, these funds must flow directly to the localities that are fighting on the front line in the war against drugs. For these reasons, Mayor David Dinkins and I have long supported direct funding as the best way to make the High Intensity concept work.

Let me conclude by saying I am encouraged that government at the federal level recognizes the serious nature of the drug problem in New York City. The efforts by Federal agencies in our area are deeply appreciated.

However, until the Federal government invests more funds in our city, and local law enforcement is included in the appropriation of these funds, our goal to eliminate or at least measurably reduce the demand for drugs will not be fully recognized. Until this goal is attained, we will be hard-pressed to provide for our citizens a safe and peaceful existence.

One final thought, Mr. Chairman as we examine our National Drug Control Strategy, let us not lose sight of the problems of crime and violence, much of which is brought on by drugs. To address these complex problems, our country needs a comprehensive drug plan. To that end, I call upon

our President to convene a group of the best and the brightest thinkers in this nation to tackle the complex issues driving criminal behavior today, and to set and agenda for this decade that will carry us into the next century. This should be a gathering, not only of law enforcement officials, but also social scientists, health professionals, educators, policy makers, and others. We need to come together to develop a comprehensive plan of action; no single institution can do this alone, because there is neither a single genesis of these devastating problems, nor a single solution. We have had such an effort since the late 1960's when President Johnson convened his Commission on Law Enforcement and Administration of Justice under the Chairmanship of Nicholas Katzenbach. A wealth of excellent ideas came out of that commission, but today we face problems that the world never dreamed of then.

The CHAIRMAN. Thank you.
Mr. Gates.

STATEMENT OF DARYL F. GATES

Mr. GATES. Mr. Chairman, as you know, I have submitted a comprehensive outline and I have nothing prepared except that, but let me just, if I may, briefly run through some of the highlights of that report.

First of all, let me commend the chairman for speaking to the point that we now have a national strategy. I happen to remember back in the late seventies, when you were out struggling in the vineyard, as I was. I know you are a very forceful, articulate, entertaining speaker, and I suspect you found, as I have or I did in those days, that people were yawning and looking up at the ceiling and hoping you would finally get through talking about this subject, because they were not interested.

Well, they are interested now and I think, as you pointed out, we have in place a game plan, we have in place a national strategy. We did not have that in place before. It is serving as a rallying point, and while it may not be perfect, I think it is a good one. I think it has been well put together, well thought out. It does not follow everything I wanted, but it is a comprehensive strategy and I think it is very, very useful, from that standpoint, if nothing else.

I think it also has raised public awareness that was not there, although that began somewhere in the early eighties, but the strategy has helped to support that awareness.

I think more important than that is that it has served as a rallying point for Federal agencies. Federal agencies now know that the Federal Government believes this to be a serious problem, that we are indeed going to war, and I think that has turned some of the Federal resources in the proper direction. We have noticed a tremendous escalation in their priority of commitment to utilizing their existing resources to narcotic enforcement.

I think one of the issues that we are all, this committee and others, are a little bit guilty of, because we had a strategy, we put that in effect. Congress, very rightly, put some money behind it, and there was an immediate belief that we were going to have a lot of resources going into the field. That was unrealistic, I think everyone recognizes that, that you have to go out and hire people, you do not pay them very much at the Federal level anyway, and it is hard to hire people when you do not pay them enough, and then you have to train them and then they have to get some experience before you get them out in the field to do some good.

So, this first year, there has not been much in the way of additional resources coming out to assist in the problem, but I think they are coming and I think that they will, when they get there, be very, very useful.

In Los Angeles, we have seen a reduction in the flow of narcotics. As you know, we have considered ourselves a distribution point for many, many years, and our seizures in 1986 ran about 7 tons; in 1987, about 7 tons; in 1988, 6 tons; and then in 1989, with that huge seizure of 19 tons, went up to 25 tons.

This year, we are showing a substantial reduction, we are about 80 percent less in our seizures than we were last year. That is 80 percent, even though we put additional resources into it. Even though the priority on the Federal level has increased, we still have seen a reduction in those seizures, which tells me, I hope, at least is an indication that either my guys are not working as hard as I believe they are or there is less cocaine out there, less narcotics out there, and I think that is probably it.

The price of cocaine is up, the quality may be deteriorating, although we are finding at the street-level quality is still up. It is at about 70 percent, which is kind of an unusual situation, with the price going up, but still the quality on the street is maintaining it. We notice, though, that those who have the high-quality stuff are running out of it more quickly than those who are selling it on the cheap.

Many of our interviews with people who are in the business of selling narcotics are telling us that the interdiction of some of the chemical supplies that is part of the strategy to the Colombian drug labs has produced a poorer quality of cocaine, that they are not satisfied with the quality, it is not as high as it was. Although the purity might be there, it is just not as good as it was. We think that is a very good sign.

In terms of cash seizures—and that has been quite a stimulus for law enforcement in having cash seizures being returned to law enforcement, to be used to continue their enforcement effort—there has been a noticeable reduction in those seizures.

In 1986, we seized $29 million in cash; in 1987, we tapered off a little bit to $17 million, but back in 1988 to $34 million; in 1989, $33 million; and this year, for the first 7 months, we are only at $9 million, about a 25-percent reduction. Even though we are getting better at those seizures, we are doing more of them, but we are finding that there is an awareness by drug dealers about asset forfeiture laws, and so they are doing a better job in concealing those assets.

I would point out at this point that I am a little concerned with two things in asset forfeitures, that is, the huge effort to change the adoptive seizures. We think that is a loser and we hope that does not go anywhere. We finally got it pried loose the last time, but I know he is back working to get it in. I hope you will do something about that, Senator.

We are seeing a little change in the Justice Department, which is concerning me, in the formula, in terms of how they are going to share those assets. They have been very generous in the past and that generous sharing of those assets has gotten a lot of people that were not involved in narcotics enforcement involved.

At a time when you want to keep them there, it is not a time to change that formula, and Justice is changing that formula and, quite frankly, I am a little upset with that. Mainly, I am upset over the fact that they did not have the courtesy to come out and say, hey, we are changing the formula. We have had to pry that loose. They are now admitting they are changing the formula, but I think that is bad strategy and I am hopeful that we can do something about that.

We, too, have had a very active effort in the enforcement. We believe that it is absolutely essential, in order to keep peace and order on our streets. We have been making over 60,000 narcotic arrests in Los Angeles almost every year. Those arrests are down a little bit this year, which is another indication that things are moving along a little bit better.

We have many, many community projects that are working. We have got the community very active, particularly those communities where they have been troubled by narcotic markets for a long period of time, and they are working with us and that is proving to be a very, very effective strategy.

You mentioned drug abuse resistance education [DARE]. I am very proud of that program. As you know, we began it in 1983, it was a joint venture between Los Angeles Police Department and the Los Angeles city schools. It has worked very well. I am glad to hear that Delaware now has it. You were the 50th State to get it, Senator; 49 States had it, along with a lot of other countries, so I am pleased that you now have it in Delaware.

That has grown so rapidly, that I could hardly believe it, and the reason it has grown, I am confident, is because there is such a thirst, a hunger out there for that education. I think that is the one point you make that is so important, that education is, indeed, the key. We can turn our kids around, we can do it, we are doing it, and DARE is proving that day in and day out.

We have now a major police department teaching drug education. We have 7,800 DARE officers full time, 7,800 DARE officers full time in the United States—7,800. That is a major police department. We are teaching 4.5 million kids. There is an additional 20 million kids that are being impacted.

I noticed in your report, you say that Connecticut is the only State out of the 50 that can provide comprehensive drug education to every student. My feeling is, there is no State in this United States that can afford not to provide it to every single student, and it is just beyond my belief that we do not have every kid getting some kind of drug education—not some kind, some very effective comprehensive drug training, and in my judgment, DARE is a program that ought to be duplicated everywhere, principally because it gets the police officer in that classroom with those kids, providing a sense of values that did not exist before, and also developing a relationship between those kids and that police officers that I think will last for a long period of time.

You mentioned rehabilitation programs and the hardcore. I simply caution you, getting at the hardcore, I think you put it very well, you said either in prison or in rehabilitation program, but rehabilitation for hardcore or the casual users—I do not know what a casual user is, I have been in the business a long time and I do not know what a casual user is. I do not think there are any. I think if you have a problem, you have to deal with the problem, rehabilitation is difficult.

The Los Angeles Times—I hate to mention that organization, but sometimes I have to—the July 29, 1990, edition of the Los Angeles Times magazine, they had an article, "Coming Clean," and everyone should read that, because it is one of the best rehabilitation programs in the country, in my judgment. They talk about some of

the people that are going to that program and their experiences and the failures. I think you need to read that. Once again, it is the July 29 edition of the Los Angeles Times magazine, an article, "Coming Clean."

I will close with that.

The CHAIRMAN. You were kind enough to send me a copy of that article.

Mr. GATES. Oh, did they send you one. I thought they might.

The CHAIRMAN. You did. I just want you to know how much on the ball you are. I got it from you in the mail, from your office. Thank you.

Mr. GATES. I am going to end right there.

[The prepared statement of Mr. Gates follows:]

TESTIMONY ON PROGRESS IN THE WAR AGAINST DRUGS DURING THE FIRST YEAR OF THE NATIONAL DRUG STRATEGY

PRESENTED TO

THE UNITED STATES

SENATE JUDICIARY COMMITTEE

SEPTEMBER 5, 1990

BY DARYL F. GATES

CHIEF OF POLICE

LOS ANGELES POLICE DEPARTMENT

NATIONAL DRUG STRATEGY PROGRESS REPORT

I. HAVING A NATIONAL STRATEGY IS IN ITSELF VERY IMPORTANT PROGRESS.

IT HAS FUNCTIONED AS A GAME PLAN, A ROAD MAP AND A RALLYING POINT.

IT HAS PROVIDED AN ENHANCED SENSE OF PURPOSE AND COOPERATION BETWEEN A CROSS SECTION OF FEDERAL AGENCIES, THE MILITARY, STATE AGENCIES, LOCAL AGENCIES, AND PRIVATE INDUSTRY.

IT HAS GOADED SUPPLY NATIONS INTO EFFECTIVE ENFORCEMENT AND ERADICATION PROGRAMS. IT CAN EVEN BE ARGUED THAT IT HELPED RESTORE SOVEREIGNTY TO THE COLOMBIAN GOVERNMENT. THE COLOMBIAN GOVERNMENT'S ATTACK ON THE DRUG CARTELS AND THEIR COCAINE FIELDS HAS HAD A VERY POSITIVE IMPACT ON THE LOCAL NARCOTICS PROBLEM.

IT HAS GENERATED PUBLIC AWARENESS OF THE PROBLEM, CONCERN FOR ITS CONSEQUENCES, SUPPORT FOR AGGRESSIVE ENFORCEMENT ACTION ON BOTH SIDES OF OUR BORDER AND COMMITMENT TO DEMAND REDUCTION EFFORTS.

DESIGNATING LOS ANGELES AS A HIGH INTENSITY DRUG ZONE HAS NOT, TO DATE, RESULTED IN THE FUNDING OF ANY LAPD ANTI-NARCOTIC PROGRAMS NOR IN A SIGNIFICANT INCREASE OF FEDERAL RESOURCES IN THE LOS ANGELES AREA.

II. PROGRESS IN ATTACKING THE SUPPLY SIDE.

A. AGENCY COOPERATION

WHILE AT THE LOCAL LEVEL THERE HAS NOT BEEN A SIGNIFICANT INCREASE IN FEDERAL RESOURCES, THERE HAS BEEN A NOTICEABLE ESCALATION IN THE PRIORITY AND COMMITMENT OF EXISTING RESOURCES TO NARCOTIC ENFORCEMENT EFFORTS.

THERE HAS BEEN AN INCREASE IN MULTI-AGENCY TASK FORCES THAT INCLUDE VARIOUS FEDERAL AGENCIES, THUS, ALLOWING SUPERIOR FEDERAL CRIME FIGHTING TOOLS TO BE EMPLOYED (WIRE TAP, STRONGER LAWS, STIFFER SENTENCES THAN STATE LAW PROVIDES). THE FLOW OF INFORMATION BETWEEN SUCH AGENCIES AS THE DRUG ENFORCEMENT ADMINISTRATION, FEDERAL

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BUREAU OF INVESTIGATION AND THE UNITED STATES CUSTOM SERVICE HAS PROVIDED AN EXTENSIVE INTELLIGENCE NETWORK FOR THE DEPARTMENT. THE USE OF THIS INFORMATION HAS GREATLY ENHANCED THE EFFECTIVENESS OF DRUG INTERDICTION EFFORTS IN THE LOS ANGELES AREA. THE LAPD ALSO PROVIDES SUBSTANTIAL INFORMATION TO THOSE FEDERAL AGENCIES AND LENDS THEM PERSONNEL AND LOGISTICAL SUPPORT.

B. NARCOTICS SEIZURES

THROUGH JULY 31, 1990, L.A.P.D. SEIZED 1,760 POUNDS OF COCAINE; 80% LESS THAN THE 8,700 POUNDS SEIZED IN THE FIRST SEVEN MONTHS OF 1989. DURING AUGUST OF THIS YEAR, TWO NOTEWORTHY SEIZURES WERE MADE; 1,531 POUNDS ON AUGUST 16, AND 618 POUNDS ON AUGUST 24, BRINGING YEAR-TO-DATE SEIZURES TO 3,909 POUNDS; STILL A SUBSTANTIAL DECREASE WHEN COMPARED TO PRIOR YEARS:

1986 - 13,184 POUNDS
1987 - 13,345 POUNDS
1988 - 10,610 POUNDS
1989 - 49,197 POUNDS (INCLUDES A ONCE IN A LIFETIME SEIZURE OF 39,282 POUNDS IN A SYLMAR WAREHOUSE BY A MULTI-AGENCY TASK FORCE. ALL OTHER 1989 COCAINE SEIZURES TOTALED 9,915 POUNDS.)

INTERNATIONAL COOPERATION HAS PLAYED A POSITIVE ROLE IN THE INTERDICTION OF DRUGS RESULTING IN A DECREASE OF POUNDS SEIZED. FOR EXAMPLE, A RECENT SEIZURE OF 300 AIRCRAFT IN COLOMBIA SHOULD SIGNIFICANTLY IMPACT THE TRANSPORTATION OF DRUGS FROM SOUTH AMERICA.

C. PRICE OF COCAINE BY THE KILO IS UP --- QUALITY MAY BE DETERIORATING.

IN 1988, COCAINE PURCHASED IN LOS ANGELES SOLD FOR APPROXIMATELY $13,000/16,000 A KILO, DEPENDING UPON THE PURITY AND AMOUNT PURCHASED. IN RECENT WEEKS, THE PRICE PER KILO IN LOS ANGELES HAS RISEN TO $22,500/30,000. THIS RECENT SURGE IN PRICE CAN BE LARGELY ATTRIBUTED TO THE HARD WORK OF STATE, FEDERAL AND LOCAL AGENCIES TO SUPPRESS DRUG TRAFFICKING IN LOS ANGELES. IT IS ALSO LIKELY THAT THE HIGHER PRICES ARE REFLECTIVE OF A REDUCED SUPPLY. HOWEVER, STREET LEVEL PRICES IN LOS ANGELES HAVE NOT BEEN COMMENSURATELY REDUCED.

INTERVIEWS OF A LARGE NUMBER OF NARCOTIC ARRESTEES IN LOS ANGELES SUGGEST THAT DUE TO DISRUPTION BY COLOMBIAN OFFICIALS OF TRADITIONAL CHEMICAL SUPPLIES TO COLOMBIAN DRUG LABS, THE DRUG TRAFFICKERS HAVE BEEN FORCED TO FIND OTHER SOURCES FOR THE CHEMICALS NEEDED IN COCAINE

PROCESSING. THIS HAS CAUSED INFERIOR CHEMICALS TO BE USED RESULTING IN A POORER QUALITY OF COCAINE BEING EXPORTED. DRUG TRAFFICKERS ALSO HAVE REPORTEDLY INCREASED THE "CUTTING" OF COCAINE IN ORDER TO MAINTAIN A HIGHER PROFIT MARGIN. FIELD SOURCES HAVE INDICATED THAT DRUG TRAFFICKERS SELLING COCAINE AT A HIGHER PURITY LEVEL SEEM TO BE THE FIRST TO EXHAUST THEIR SUPPLY. HOWEVER, A RECENT QUANTITATIVE ANALYSIS OF SAMPLINGS OF ROCK AND POWDER COCAINE SEIZED FROM STREET DEALERS IN LOS ANGELES REFLECTS A 70 PERCENT PURITY LEVEL. THAT LEVEL OF PURITY IS SURPRISINGLY HIGH THOUGH THERE HAVE BEEN NO PREVIOUS QUANTITATIVE ANALYSES FOR COMPARISONS.

D. CASH SEIZURES

THROUGH JULY, 1990, SEIZURES OF U. S. CURRENCY BY LAPD TOTALED APPROXIMATELY 9 MILLION DOLLARS. THIS REPRESENTS A 25% DECREASE FROM THE 1989 YEAR-TO-DATE SEIZURE OF APPROXIMATELY 12 MILLION DOLLARS.

ALTHOUGH THE SEIZURES OF CURRENCY ARE DOWN, INCIDENTS OF SEIZURES HAVE INCREASED. THE DECREASE IN CURRENCY SEIZED MAY BE ATTRIBUTED, IN SIGNIFICANT MEASURE, TO THE AWARENESS BY DRUG DEALERS OF ASSET FORFEITURE LAWS AND THEIR EFFORTS TO CONCEAL ILLEGITIMATE ASSETS IN VARIOUS LEGITIMATE VENTURES (I.E., MONEY LAUNDERING).

L.A.P.D. CASH SEIZURES IN RECENT YEARS WERE:

1986 - $29.7 MILLION
1987 - $17.4 MILLION
1988 - $34.0 MILLION
1989 - $33.5 MILLION

E. L.A.P.D.'S AGGRESSIVE ENFORCEMENT EFFORTS

ENFORCEMENT OF CONSPICUOUS NARCOTIC LAW VIOLATIONS IS A PRIORITY FOR ALL L.A.P.D. FIELD OPERATIONS PERSONNEL.

IN ADDITION, THE DEPARTMENT HAS A SPECIALIZED NARCOTIC DIVISION WITH A PERSONNEL COMPLEMENT OF 440 OFFICERS AND 50 CIVILIANS. L.A.P.D. MADE 60,000 NARCOTIC ARRESTS IN EACH OF THE PAST TWO YEARS (1988/1989). THROUGH JUNE OF 1990, 24,600 ARRESTS HAVE BEEN MADE, 17% FEWER THAN THE 29,800 ARRESTS DURING THE FIRST SIX MONTHS OF 1989.

1. TARGETING GANGS

ON JANUARY 14, 1988, L.A.P.D. LAUNCHED THE GANG-RELATED ACTIVE TRAFFICKER SUPPRESSION (GRATS) PROGRAM TO ERADICATE GANG INVOLVEMENT IN DRUG TRAFFICKING. THE OBJECTIVE OF THIS PROGRAM IS TO TARGET GANG RELATED TRAFFICKERS AND THEIR CUSTOMERS AND TO ERADICATE BLATANT STREET SALES ACTIVITY. THE BUY-BUST STRATEGY IS AN INTEGRAL PART OF THIS PROGRAM.

FROM THE GRATS PROGRAM INCEPTION IN JANUARY, 1988, THROUGH AUGUST 25, 1990, THERE HAVE BEEN A TOTAL OF 31,036 ARRESTS. OF THESE ARRESTS, 10,243 WERE IDENTIFIED AS GANG MEMBERS OR ASSOCIATES. DURING THIS PERIOD, 1,675 FIREARMS WERE SEIZED AND 1,050 ROCK HOUSES WERE CLOSED. THE FILING RATE FOR THE 10,243 GANG MEMBERS OR ASSOCIATES ARRESTED BY GRATS PERSONNEL HAS BEEN 95%. AS OF JUNE, 1989, THERE HAS BEEN A REDUCTION OF 36% (210 TO 135) IN THE NUMBER OF IDENTIFIED NARCOTIC HOT SPOTS THROUGHOUT THE CITY.

2. WORKING WITH COMMUNITIES

THE CITY OF LOS ANGELES IS A VAST MOSAIC OF COMMUNITIES. L.A.P.D. WORKS IN PARTNERSHIP WITH EACH COMMUNITY TO DEVELOP ANTI-CRIME PROGRAMS TO ADDRESS THE RESPECTIVE COMMUNITY'S SPECIFIC CRIME PROBLEMS.

OPERATION CUL-DE-SAC AND OAKWOOD COMMUNITY BEAUTIFICATION ARE TWO SUCCESSFUL PROTOTYPE PROGRAMS.

OPERATION CUL-DE-SAC IS A SPECIALIZED METHOD OF CONCENTRATING POLICE RESOURCES IN A CAREFULLY SELECTED, HIGH-CRIME NEIGHBORHOOD. IT INVOLVES THE PHYSICAL BARRICADING OF SELECTED STREETS TO ARTIFICIALLY CREATE A "COMMUNITY" COINCIDENT WITH A VERY HIGH LEVEL OF POLICE ACTIVITY, COMMUNITY MOBILIZATION, AND CRIME ANALYSIS. THE BARRICADING OF STREETS SERVES TO ENHANCE COMMUNITY COHESION IN THE AREA AND DISRUPT CRIMINAL TRAFFIC PATTERNS, ESPECIALLY DRUG SALES AND GANG VIOLENCE.

IN 1989, VIOLENT GANG AND NARCOTIC RELATED CRIMES CONTINUED TO INCREASE THROUGHOUT THE CITY. IN ANALYZING CRIME TRENDS THROUGHOUT THE CITY OF LOS ANGELES, THE POLICE DEPARTMENT IDENTIFIED NEWTON

AREA REPORTING DISTRICT (RD) 1345 AS ONE OF THE MOST VIOLENT SQUARE MILES IN THE CITY. DURING 1989, GANG RELATED NARCOTIC TRAFFICKING AND ATTENDANT VIOLENCE RESULTED IN 5 HOMICIDES, 6 ATTEMPT HOMICIDES, 101 ASSAULTS WITH A FIREARM, 8 SHOOTINGS AT INHABITED DWELLINGS AND 37 GANG RELATED DRIVE-BY SHOOTINGS.

AS A RESULT OF THE VIOLENCE IN RD 1345 AND WITH THE SUPPORT OF THE PEOPLE WHO LIVE AND WORK WITHIN ITS BOUNDARIES, OPERATIONS CUL-DE-SAC BEGAN ON FEBRUARY 1, 1990. DRIVE-BY AND WALK-UP SHOOTINGS WERE REDUCED BY 71% AND PART I CRIMES WERE REDUCED BY 15%. ADDITIONALLY, THOMAS JEFFERSON HIGH SCHOOL, WHICH IS LOCATED WITHIN THE OPERATION BOUNDARIES, EXPERIENCED A 13% INCREASE IN ATTENDANCE. THIS SCHOOL ATTENDANCE INCREASE REPRESENTED APPROXIMATELY 7,500 STUDENT SCHOOL DAYS WHICH ADDED OVER $113,000.00 IN STATE FUNDS TO THE SCHOOL'S OPERATIONAL BUDGET.

EVEN IN EMBRYONIC FORM, THE PROGRAM HAS PROVEN TO BE VERY SUCCESSFUL IN REDUCING CRIME AND RESIDENT FEAR. PRELIMINARY STATISTICS INDICATE A DRAMATIC EFFECT ON THE REDUCTION OF HOMICIDES, TO THE EXTENT THAT IT MAY BE POSSIBLE TO BREAK WITH TRADITION AND IDENTIFY SOME HOMICIDES AS REPRESSIBLE CRIMES. (THE EXPERIMENTAL AREAS REPORTED 39 MURDERS DURING THE 12 WEEK PERIOD PRIOR TO DEPLOYMENT, BUT ONLY THREE DURING THE 12 WEEKS OF THE PROGRAM). ADDITIONALLY, THERE ARE INDICATIONS THAT CRIME PATTERNS ARE DISRUPTED, NOT MERELY MOVED TO A DIFFERENT NEIGHBORHOOD. A SCALED-DOWN VERSION OF OPERATION CUL-DE-SAC HAS BEEN APPLIED IN FOUR AREAS OF THE CITY. IT MET WITH AN INCREASING DEGREE OF SUCCESS AS THE LESSONS OF ONE AREA WERE APPLIED TO THE NEXT. IT IS VERY POPULAR WITH THE RESIDENTS.

OAKWOOD TASK FORCE - IN L.A.P.D.'S PACIFIC AREA, BORDERING THE PACIFIC OCEAN, LIES THE OAKWOOD COMMUNITY. IN EARLY 1988, THE COMMUNITY WAS BEING TERRORIZED BY VIOLENT GANGS ENGAGED IN NARCOTIC TRAFFICKING. WITH L.A.P.D. AS THE CATALYST, A GROUP OF FED-UP RESIDENTS GOT TOGETHER AND FORMED THE OAKWOOD BEAUTIFICATION COMMITTEE. A CAMPAIGN WAS LAUNCHED TO TAKE BACK THE COMMUNITY. THE COMMITTEE WAS INSTRUMENTAL IN ORGANIZING CANDLELIGHT MARCHES AND OTHER EVENTS TO ENCOURAGE WIDESPREAD COMMUNITY INVOLVEMENT AND SUPPORT. THE ENTIRE COMMUNITY BOUNDARY WAS POSTED WITH SIGNS NOTIFYING EVERYONE THAT OAKWOOD WAS A GANG AND NARCOTIC ENFORCEMENT

ZONE. A TASK FORCE OF POLICE OFFICERS WAS ASSIGNED SPECIFICALLY TO PATROL IN VEHICLE AND ON FOOT AROUND THE CLOCK. OTHER GOVERNMENT AND COMMUNITY SERVICE AGENCIES JOINED THE TASK FORCE. THE COURTS ADOPTED SPECIAL CONDITIONS OF PROBATION RECOMMENDED BY THE CITY ATTORNEY'S TASK FORCE REPRESENTATIVE FOR NARCOTIC AND GANG SUSPECTS ARRESTED IN OAKWOOD. WITHIN NINE MONTHS REPRESSIBLE CRIME WAS REDUCED BY 44% AND NO GRAFFITI COULD BE FOUND. SOME GANG MEMBERS CONTINUED TO LIVE IN THE AREA BUT THEY ARE NOT IN CONTROL OF THE NEIGHBORHOOD.

OFFICERS AND PEOPLE ON THE STREET SEEM MUCH LESS HOSTILE TOWARD ONE ANOTHER, AND THERE HAS BEEN ONLY ONE POLICE VEHICLE VANDALIZED SINCE JUNE, 1989. IN MANY CASES, PEOPLE WHO ARE KNOWN AS DRUG DEALERS OR GANG MEMBERS, AND WHO PREVIOUSLY GREETED OFFICERS WITH VIOLENT ACTS, NOW ADDRESS THE OFFICER BY NAME (AS THE OFFICER DOES THE SUSPECT). THE CONSTANT PRESENCE OF OFFICERS AND THE FAMILIARITY BETWEEN THEM AND THE COMMUNITY HAS CONTRIBUTED MUCH TO THE MAJOR REDUCTION OF CRIME IN OAKWOOD.

ON MAY 21, 1990, THE OAKWOOD COMMUNITY WAS VISITED BY PRESIDENT GEORGE BUSH WHO PRESENTED TO MR. FOSTER WEBSTER, CHAIRMAN OF THE OAKWOOD BEAUTIFICATION COMMITTEE, A MUCH DESERVED POINT OF LIGHT AWARD.

III. PROGRESS IN ATTACKING THE DEMAND SIDE.

A. DRUG ABUSE RESISTANCE EDUCATION --- D.A.R.E.

THE D.A.R.E. PROGRAM WAS ESTABLISHED IN 1983, AS A JOINT VENTURE BETWEEN THE LOS ANGELES POLICE DEPARTMENT AND THE LOS ANGELES UNIFIED SCHOOL DISTRICT, TO TEACH FIFTH AND SIXTH GRADE STUDENTS DECISION-MAKING SKILLS NECESSARY TO RESIST PEER PRESSURE TO EXPERIMENT WITH DRUGS. THE 17 WEEK ELEMENTARY SCHOOL CURRICULUM IS TAUGHT BY UNIFORMED POLICE OFFICERS. IN ADDITION, THE PROGRAM WAS RECENTLY EXPANDED TO INCLUDE STUDENTS IN GRADES K-12.

IN THE SEVEN YEARS SINCE ITS INCEPTION, THE D.A.R.E. PROGRAM HAS EXPANDED TO MORE THAN 150,000 CLASSROOMS IN OVER 3,000 COMMUNITIES IN ALL 50 STATES, (IN DELAWARE, D.A.R.E. IS BEING TAUGHT ON A MILITARY INSTALLATION, BUT HAS YET TO BE IMPLEMENTED IN PUBLIC SCHOOLS) AUSTRALIA, NEW ZEALAND, AMERICAN SAMOA, CANADA AND IN THE DEPARTMENT OF DEFENSE SCHOOLS WORLDWIDE. ADDITIONALLY, MANY OTHER COUNTRIES INCLUDING GREAT BRITAIN, ISRAEL, MEXICO, AND NIGERIA ARE EXPLORING IMPLEMENTATION OF D.A.R.E. IN THE PRECEDING YEAR ALONE, THE D.A.R.E. PROGRAM HAS INCREASED FROM 3,539 D.A.R.E. OFFICERS TO 7,876. AN INCREASE OF 123 PERCENT.

IN 1990-91, IT IS ANTICIPATED THAT 4.5 MILLION STUDENTS WILL RECEIVE THE D.A.R.E. CURRICULUM AND AN ADDITIONAL 20 MILLION STUDENTS WILL BE IMPACTED BY THE OTHER COMPONENTS OF THE D.A.R.E. PROGRAM.

THE EVALUATION AND TRAINING INSTITUTE (ETI), AN INDEPENDENT RESEARCH GROUP, EVALUATED THE EFFECTIVENESS OF THE D.A.R.E. PROGRAM BY CONDUCTING A FIVE-YEAR LONGITUDINAL STUDY.

OF THOSE D.A.R.E. STUDENTS SURVEYED IN 1989, 78% SAID THEY KNOW MORE ABOUT DRUGS BECAUSE OF D.A.R.E. AND 66% INDICATED THEY USE NO DRUGS OR LESS DRUGS BECAUSE OF D.A.R.E. WHEN ASKED ABOUT THE STRUCTURE OF THE PROGRAM, 86% OF THE D.A.R.E. STUDENTS INDICATED THEY LIKED THE PROGRAM AND 88% OF THEM HAD INCREASED RESPECT FOR THE POLICE.

EVALUATIONS OF D.A.R.E. HAVE ALSO BEEN CONDUCTED BY OTHER STATES. ALL OF THE EVALUATIONS HAVE BEEN POSITIVE AND HAVE RECOMMENDED THE CONTINUATION AND EXPANSION OF D.A.R.E. MOST RECENTLY, TWO STUDIES CREDITED D.A.R.E. FOR DRAMATIC REDUCTIONS IN SUBSTANCE ABUSE IN LOS ANGELES CITY SCHOOLS.

B. POLLS OF HIGH SCHOOL STUDENTS

A DRAMATIC DECREASE IN THE INCIDENCE OF SUBSTANCE ABUSE IN LOS ANGELES CITY SCHOOLS WAS REPORTED IN A RECENTLY PUBLISHED STUDY CONDUCTED BY THE CALIFORNIA DEPARTMENT OF EDUCATION. THE STUDY FOUND THAT SUBSTANCE ABUSE HAS DROPPED 53% IN THE LAST FOUR YEARS IN THE AVERAGE LOS ANGELES CITY SCHOOL. THE STUDY CREDITED THE D.A.R.E. PROGRAM AND RECOMMENDED THAT A SIMILAR APPROACH BE APPLIED TO OTHER CRIME AREAS. A 1988 DEPARTMENT OF JUSTICE STUDY (REPORT TO THE ATTORNEY GENERAL: BIENNIAL SURVEY OF DRUG AND ALCOHOL USE AMONG CALIFORNIA STUDENTS IN GRADES 7, 8 AND 11) ALSO FOUND THAT SUBSTANCE ABUSE ON SCHOOL CAMPUSES HAS DECLINED IN THE THREE GRADES STUDIED.

A SIGNIFICANT DECLINE IN THE NUMBER OF DRUG POSSESSIONS FOR THE SECOND YEAR IN A ROW WAS REPORTED IN THE LOS ANGELES UNIFIED SCHOOL DISTRICT'S ANNUAL CRIME REPORT. THE REPORT IS COMPILED FROM DATA SUBMITTED BY EACH OF THE MORE THAN 600 LOS ANGELES CITY SCHOOLS. DURING THE 1989-90 SCHOOL YEAR, THERE WERE 288 REPORTS OF DRUGS, INCLUDING ALCOHOL, FOUND ON CAMPUS, A DECREASE OF 15% FROM THE PREVIOUS YEAR. DISTRICT OFFICIALS ATTRIBUTED THE DECLINE IN PART TO THE D.A.R.E PROGRAM.

C. SCHOOL BUY PROGRAM

IN 1974, AN INCREASING NUMBER OF INCIDENTS INVOLVING DRUG OVERDOSE AND OTHER DRUG-RELATED PROBLEMS BY JUVENILES IN LOS ANGELES PROMPTED THE LOS ANGLES POLICE DEPARTMENT TO FOCUS ON THE ISSUE OF DRUG TRAFFICKING AND ABUSE BY JUVENILES. AN ANALYSIS OF THE PROBLEM SHOWED THAT JUVENILE CASES OF DRUG OVERDOSE AS REPORTED BY THE LOS ANGELES COUNTY-UNIVERSITY OF SOUTHERN CALIFORNIA MEDICAL CENTER WERE INCREASING.

IN ADDITION, THE LOS ANGELES UNIFIED SCHOOL DISTRICT REPORTED A SHARP INCREASE IN DRUG-RELATED INCIDENTS ON HIGH SCHOOL CAMPUSES. IT WAS DISCOVERED THAT 56% OF ALL HIGH SCHOOL STUDENTS ADMITTED TO HAVING USED ILLICIT DRUGS. THE CORRELATION OF THESE FACTS LED TO THE SUSPICION THAT HIGH SCHOOL CAMPUSES IN THE CITY HAD BECOME SANCTUARIES FOR DRUG DISTRIBUTION.

IN THE FALL OF 1974, THE LOS ANGELES POLICE DEPARTMENT PLACED ONE UNDERCOVER OFFICER, POSING AS A STUDENT, IN ONE OF THE CITY'S HIGH SCHOOLS. THE OFFICER REPORTED WIDESPREAD DRUG ABUSE ON CAMPUS BY STUDENTS AND FLAGRANT NARCOTIC TRANSACTIONS, SOME WITHIN THE CLASSROOMS, WITH RELATIVELY NO FEAR OF DETECTION. AS A RESULT OF THESE FINDINGS, THE SCHOOL INVESTIGATIVE BUY PROGRAM WAS IMPLEMENTED.

WORKING CLOSELY WITH SCHOOL DISTRICT ADMINISTRATORS, "TARGET SCHOOLS" ARE SELECTED, YOUTHFUL APPEARING UNDERCOVER OFFICERS ARE ENROLLED AND AN INVESTIGATION IS INITIATED. OFFICERS SEEK OUT DRUG DEALERS BY MAKING "BUYS" OF DRUGS ON AND AROUND SCHOOL CAMPUSES. WHEN ENOUGH EVIDENCE HAS BEEN GATHERED, DEALERS ARE ARRESTED DURING LARGE-SCALE "ROUNDUPS" ON CAMPUS. CLOSE LIAISON THROUGHOUT THE OPERATION IS MAINTAINED NOT ONLY WITH SCHOOL ADMINISTRATORS, BUT ALSO WITH SCHOOL SECURITY, AND COURT PERSONNEL. IN ADDITION TO THESE ENFORCEMENT OPERATIONS, THE DEPARTMENT CONDUCTS A PROGRAM TO EDUCATE AND REHABILITATE YOUNG FIRST-TIME OFFENDERS THROUGH COUNSELING AND REFERRALS.

SINCE THE INCEPTION OF THE SCHOOL BUY PROGRAM, OVER 5000 PEDDLERS HAVE BEEN ARRESTED, WITH A CONVICTION RATE OF 90%. IT HAS PROVEN TO BE AN EFFECTIVE METHOD OF COMBATING THE SALES OF DRUGS IN AND AROUND HIGH SCHOOL CAMPUSES.

THERE ARE SOME ENCOURAGING SIGNS OF REDUCED DRUG USAGE ON THE CAMPUSES. IN RECENT OPERATIONS, STUDENTS HAVE REPEATEDLY APPROACHED UNDERCOVER OFFICERS AND ADVISED THEM TO STAY AWAY FROM DRUG INVOLVEMENT. IN ADDITION, OFFICERS REPORT THAT IT IS BECOMING INCREASINGLY

DIFFICULT TO PURCHASE OR OBTAIN DRUGS ON THE CAMPUSES. AS AN EXAMPLE, IN THE FALL SEMESTER OF 1982, 303 ARRESTS WERE MADE, 219 OF WHICH WERE STUDENTS. IN THE SPRING SEMESTER OF 1990, 139 ARRESTS WERE MADE, 99 OF THE ARRESTEES WERE STUDENTS.

D. REHABILITATION PROGRAMS.

WE MUST TRY TO RESCUE THOSE MILLIONS OF AMERICANS WHOSE MINDS AND SOULS HAVE BEEN VOLUNTARILY SURRENDERED TO DRUGS. WE NEED TO OFFER THEM SOME TOUGH BUT LIMITED OPTIONS. THOSE WHO CONTINUE TO ABUSE DRUGS ARE CHOOSING TO BE DISLOYAL AMERICANS, FIFTH COLUMNISTS WHOSE EVERY ABUSE IS AN ACT OF SABOTAGE AGAINST THE FREEDOMS OF OUR SOCIETY. EXERCISING THAT OPTION LEADS TO FORCED CONFINEMENT AND TO CIVIL PENALTIES.

THE OTHER, AND THE PREFERABLE OPTION, IS TO MANIFEST A SINCERE DESIRE TO BE REHABILITATED. THOSE WHO EXERCISE THAT CHOICE SHOULD FIND AN INVITING, FULLY EXTENDED HELPING HAND. THERE ARE SOME VERY GOOD, VERY TOUGH REHABILITATION PROGRAMS IN THIS COUNTRY. WE NEED TO FIND OUT WHICH WORK AND DISCARD THOSE THAT DO NOT.

COCAINE ADDICTION, THE MOST PREVALENT DRUG ADDICTION TODAY, IS ESPECIALLY DIFFICULT TO TREAT DUE TO ITS INTENSELY ADDICTIVE PROPERTIES. THE SADLY SLIM ODDS OF SUCCESSFUL REHABILITATION IN ONE OF CALIFORNIA'S MOST HIGHLY RESPECTED PROGRAMS IS CONVINCINGLY REPORTED IN THE JULY 29, 1990, EDITION OF LOS ANGELES TIMES MAGAZINE. A COPY OF THE ARTICLE, COMING CLEAN, SHOULD BE INCLUDED IN THE RECORD OF THESE PROCEEDINGS.

EVEN THOUGH THE ODDS ARE AGAINST THEM, WE SHOULD OFFER THE OPPORTUNITY TO THE MILLIONS OF AMERICA'S ADDICTS TO ONCE AGAIN BECOME LOYAL CITIZENS, TO RENOUNCE THEIR ALLEGIANCE TO DRUGS BY GOING THROUGH THE DIFFICULT BUT NECESSARY PROCESS OF REHABILITATION. NO ONE WHO HAS THE WILL SHOULD BE TURNED AWAY. OUR TOUGH STANCE IS TOUGH LOVE - NOT THE DESIRE TO PUNISH, NOT TO ENABLE, BUT TO RETURN TO INDIVIDUALS THE PRECIOUS GIFT OF LIFE.

E. LOS ANGELES EMERGENCY ROOM DATA

THE COCAINE RELATED EMERGENCY ROOM ADMISSIONS LISTED BELOW WERE SUBMITTED BY A PANEL OF CONSISTANTLY

REPORTING HOSPITALS IN THE LOS ANGELES METROPOLITAN AREA TO THE NATIONAL INSTITUTE ON DRUG ABUSE, ROCKVILLE, MARYLAND. FOLLOWING IS THE NUMBER OF REPORTED TREATMENTS IN EMERGENCY ROOMS FOR COCAINE ABUSE IN SIX MONTH INTERVALS FROM JANUARY, 1988 TO DECEMBER, 1989:

JAN/JUNE 1988	JULY/DECEMBER 1988	JAN/JUNE 1989	JULY/DECEMBER 1989
1,413	1,552	1,722	1,358

UNFORTUNATELY, A RELIABLE COUNT OF DEATHS IN THE CITY OF LOS ANGELES DUE SOLELY TO DRUG OVERDOSE WAS NOT AVAILABLE.

IV. NATIONAL STRATEGY IMPERATIVE.

PERHAPS THE MOST REALISTIC ASSESSMENT OF THE NATIONAL DRUG STRATEGY ON ITS FIRST ANNIVERSARY IS THAT IT HAS HELPED THE NATION CUT ITS LOSS RATE IN THE NARCOTIC WAR. IT HAS GIVEN US POSITIVE INDICATIONS THAT THE WAR CAN BE WON. IT HAS POINTED US IN THE RIGHT DIRECTION DOWN A VERY LONG ROAD AND ENABLED US TO TAKE THE FIRST TWO OR THREE STEPS IN THAT DIRECTION. WE NOW NEED TO STEADFASTLY MAINTAIN OUR RESOLVE AND COMMITMENT TO WINNING THE WAR. TOWARD THAT END, THE GOVERNMENT SHOULD:

A. INCREASE FEDERAL AND LOCAL RESOURCES. THERE IS STILL A SHORTAGE OF TRAINED PERSONNEL. IN ADDITION TO STRIKE FORCE PERSONNEL, STAFFING LEVEL IN THE LOS ANGELES AREA SHOULD BE SUBSTANTIALLY INCREASED. AGENCIES SUCH AS THE U.S. COAST GUARD, U.S. CUSTOMS, DEA, FBI, AND THE U.S. MARSHAL SERVICE SHOULD DEPLOY A GREATER NUMBER OF AGENTS IN THE LOS ANGELES AREA.

B. MAINTAIN THE ESTABLISHED ASSET FORFEITURE SHARING SYSTEM. SECTION 402 OF THE PENDING HOUSE CRIME BILL (H.R. 6269) WOULD SHARPLY CURTAIL ADOPTIVE ASSET FORFEITURE FUNDS PROVIDED TO LOCAL AGENCIES AND SHOULD BE DELETED FROM THE BILL.

EQUITABLE SHARING PROVISIONS PURSUANT TO ASSET FORFEITURE ARE A CRITICAL ELEMENT IN SUSTAINING THE ENFORCEMENT EFFORTS OF LOCAL AGENCIES.

EXTENSIVE ASSETS, WHICH INCLUDE MONEY, PROPERTY AND VEHICLES HELD BY DRUG KINGPINS AS WELL AS LOCAL STREET DEALERS REPRESENT THE PRECISE REASON WHY SUCH INDIVIDUALS PLY THEIR TRADE. THE SEIZURE OF THESE ASSETS ACTS AS A MAJOR DETERENT TO DRUG TRAFFICKERS AT ALL LEVELS SINCE IT DECREASES THE PROFITABILITY FACTOR.

THE ASSET FORFEITURE SHARING PLAN WAS PREDICATED ON THE NEED TO ACTIVELY INVOLVE LOCAL LAW ENFORCEMENT AGENCIES IN THIS NATION'S WAR ON DRUGS. SECTION 402 RUNS COUNTER TO THIS PRINCIPAL. IT IS OF THE UTMOST IMPORTANCE THAT THE CURRENT EQUITABLE SHARING PROVISIONS REMAIN INTACT.

C. ESTABLISH BETTER BORDER CONTROL AND IMMEDIATELY DEVELOPE PROGRAMS TO BEAR THE COSTS OF ARRESTS, PROSECUTION, WAREHOUSING AND DEPORTING ILLEGAL ALIENS ENGAGED IN CRIMINAL ACTIVITY, ESPECIALLY NARCOTIC TRAFFICKING.

PROXIMITY OF THE UNITED STATES TO THE MAJOR NARCOTICS PRODUCING COUNTRIES (COLOMBIA, MEXICO, ETC.) MAKES BORDER PATROL AND FEDERAL INTERDICTION EFFORTS ESSENTIAL TO CURTAILING THE INFLUX OF DRUGS INTO THIS COUNTRY AND THE LOS ANGELES REGION IN PARTICULAR.

SOUTHERN CALIFORNIA, PARTICULARLY LOS ANGELES, IS NOW THE NARCOTICS TRANSHIPMENT CENTER OF THE UNITED STATES.

THE STATE AND LOCAL CRIMINAL JUSTICE SYSTEM CANNOT ABSORB THE TREMENDOUS COST OF ENFORCEMENT, PROSECUTION AND INCARCERATION OF FOREIGN NATIONALS ENGAGED IN THE DRUG TRADE IN SOUTHERN CALIFORNIA.

D. EXPAND D.A.R.E

THIS YEAR IN OVER 3,000 COMMUNITIES IN ALL 50 STATES, 4,500,000 CHILDREN IN 150,000 CLASSROOMS WILL RECEIVE THE D.A.R.E. CURRICULUM AND AN ADDITIONAL 20 MILLION STUDENTS WILL BE IMPACTED BY OTHER COMPONENTS OF THE D.A.R.E. PROGRAM. D.A.R.E. HAS ALSO BEEN IMPLEMENTED IN SEVERAL FOREIGN NATIONS AND IS BEING CONSIDERED BY OTHERS. EVERY EVALUATION HAS SUBSTANTIATED THAT D.A.R.E. IS THE PREMIER OFFICER-LED DRUG ABUSE RESISTANCE EDUCATION PROGRAM. EFFORTS SHOULD BE UNDERTAKEN AT ALL LEVELS, LOCAL, STATE AND FEDERAL, TO DESIGNATE D.A.R.E. AS THE OFFICIALLY RECOGNIZED DRUG ABUSE PREVENTION EDUCATION MODEL.

E. ATTACK THE RAVAGES OF POVERTY BY ESTABLISHING A DOMESTIC PEACE CORPS.

ACCORDING TO AN ARTICLE IN THE LOS ANGELES TIMES, ONE IN EIGHT OR 32 MILLION AMERICANS FALL BELOW THE POVERTY LINE. MOST OF THOSE WHO ARE ABSORBING POVERTY'S HARDEST AND MEANEST BLOWS ARE HUDDLED WITHIN OUR INNER CITIES. WHILE I AM NOT ONE WHO BELIEVES THAT POVERTY IS THE ROOT CAUSE OF CRIME (I HAVE SEEN TOO MANY POOR WHO ARE NOT INVOLVED IN CRIME AND TOO MANY RICH WHO ARE), I DO BELIEVE THAT POVERTY EXACERBATES CRIME, POVERTY AGGRAVATES IT AND POVERTY AREAS PRODUCE A DISPROPORTIONATE SHARE OF THOSE WHO RESORT TO CRIME AND VIOLENCE.

HAVING BEEN THE CHIEF OF POLICE OF OUR NATION'S SECOND LARGEST CITY, LOS ANGELES, SINCE 1978, I HAVE A TWELVE YEAR ACCUMULATION OF AGONIZING CAUSES TO LOOK FOR WAYS TO MAKE DAY TO DAY LIVING LESS PAINFUL AND LESS THREATENING FOR THIS GROWING NUMBER OF NEARLY FORGOTTEN AMERICANS WHO HAVE LITERALLY BEEN EXCLUDED FROM THE AMERICAN DREAM. THE EXPERIENCE HAS LED ME TO AN OBVIOUS CONCLUSION: AT ALL LEVELS OF GOVERNMENT AND EVEN MORE IMPORTANTLY, OF THE PRIVATE SECTOR, WE MUST WORK HARDER AND MORE INNOVATIVELY TO STOP THE CONTINUATION OF THAT EXCLUSION.

OUR PAST HISTORY IN THIS REGARD CAN BE LIKENED TO A RICH FATHER WHO DOES NOT REALLY WANT TO GET CLOSE OR INVOLVED WITH HIS CHILDREN, SO HE JUST THROWS MONEY AT THEM, TRYING TO BUY THEIR AFFECTION. INSTEAD OF INCLUDING THEM, HE ALIENATES THEM AND THEY BECOME EVEN MORE DISTANT. AMERICA MUST RECOGNIZE THAT IT HAS TO GET INVOLVED WITH ITS CHILDREN BEFORE THEY BECOME EXCLUDED, PARTICULARLY ITS INNER-CITY KIDS. WHY WE ALLOW THOSE BEAUTIFUL LITTLE FACES TO TURN INTO THE FACES OF SOCIOPATHIC MONSTERS THAT WE MUST ARREST, PROSECUTE AND IMPRISON IS BEYOND UNDERSTANDING.

UNFORTUNATELY, SOME OF OUR INNER-CITIES HAVE BECOME TANTAMOUNT TO THIRD WORLD NATIONS. WE SPEND A GREAT DEAL OF MONEY SENDING OUR PEACE CORPS VOLUNTEERS TO THIRD WORLD UNDERDEVELOPED NATIONS. OUR HOPE IS THAT WE WILL IMPROVE THE QUALITY OF THE THIRD WORLD PEOPLE'S LIVES BY TEACHING THEM TO BECOME COMPETITIVE AND SELF-SUSTAINING. THERE EXISTS THE SAME NEED TO IMPROVE THE QUALITY OF LIFE IN OUR INNER CITIES, NOT BY THROWING MONEY AT THEM, BUT BY THROWING THE WEIGHT OF OUR SOCIAL, FINANCIAL, CORPORATE AND TECHNOLOGICAL EXPERTISE. WE NEED TO DEVELOP A DOMESTIC VERSION OF OUR VOLUNTEER PEACE CORPS THAT HAS THE ENTHUSIASTIC AND DIRECT INVOLVEMENT OF CORPORATE AMERICA.

THIS DOMESTIC PEACE CORPS CAN BEGIN TO TURN AROUND THE 40% TO 50% DROPOUT RATE FROM OUR INNER-CITY SCHOOLS. THEY CAN TEACH AND INSTILL WITHIN THE INNER-CITY PEOPLE THE NECESSARY OBLIGATIONS THAT GO WITH BEING PARENTS AND PRODUCTIVE CITIZENS. THEY CAN DEMONSTRATE HOW HARD WORK AND SELF-DISCIPLINE WILL PAY OFF IN BRIGHT FUTURES AND GOOD JOBS. THEY CAN TEACH NON-VIOLENT CONFLICT RESOLUTION IN AN AREA WHERE BEING THE VICTIM OF A HOMICIDE IS THE LEADING CAUSE OF DEATH FOR BLACK MALES. THE DOMESTIC PEACE CORPS CAN BE SUCCESSFUL IF GOVERNMENT, BUSINESS AND INDUSTRIAL COMPLEXES COOPERATE IN AN EFORT TO PROVIDE ADEQUATE, QUALITY JOBS TO THOSE INNER-CITY PEOPLE WHO DECIDE TO TAKE THE HIGH ROAD OF OPPORTUNITY.

NOW, ALMOST 16 MILLION EMPLOYED AMERICANS FALL BELOW THE POVERTY LINE. IT MAKES GOOD BUSINESS SENSE TO PROVIDE THIS ALIENATED GROUP OF ABOUT 20% OF THE AMERICAN WORK FORCE WITH THE NECESSARY EDUCATIONAL AND TECHNOLOGICAL SKILLS TO BECOME ACTIVE PRODUCTIVE MEMBERS OF THAT WORK FORCE. CORPORATE AMERICA SIMPLY CANNOT COMPETE IN THE WORLD MARKET WITH AN ENFEEBLED, ILLITERATE LABOR FORCE.

SIMPLY STATED, WE NEED TO BEGIN WORKING ON A FRONT-END APPROACH TO GOOD CITIZENSHIP - NOT WAIT UNTIL WE MUST DEFEND OURSELVES BY INCREASING THE SIZE OF OUR POLICE FORCES, ADDING PROSECUTORS AND COURTS AND BUILDING MORE PRISONS. IT'S A VISION TO BE SURE, BUT A VISION WHOSE TIME HAS COME IF WE ARE TO SURVIVE AS A FREE SOCIETY - FREE OF CRIME, FREE OF DRUGS, FREE OF FEAR. IT IS A VISION THAT CAUSES ME TO BE EVER ALERT FOR OPPORTUNITIES TO MAKE IT A REALITY.

WE NEED TO SEIZE EVERY OPPORTUNITY TO COMMENCE THE DEVELOPMENT, ORGANIZATION AND IMPLEMENTATION OF A MODEL PROGRAM. LOS ANGELES IS AN IDEAL CITY IN WHICH TO DEVELOP SUCH A MODEL. LOS ANGELES IS THE HOME OF D.A.R.E. PRIOR TO 1983, D.A.R.E., ALSO, WAS ONLY A VISION. BY ANY MEASUREMENT, IT IS A SUCCESS. NOW THERE IS A DESPERATE NEED FOR COMPANION PROGRAMS TO REACH OUT TO POVERTY LEVEL CHILDREN AND THEIR PARENTS IN THEIR HOME AND WORK ENVIRONMENTS. A DOMESTIC PEACE CORPS WITH HEAVY INVESTMENT AND COMMITMENT BY PRIVATE CORPORATE CITIZENS COULD BE THE IDEAL COMPANION PROGRAM.

F. ESTABLISH MANDATORY RANDOM DRUG TESTING PROGRAMS FOR ALL PERSONS ENGAGED IN WORK ACTIVITIES THAT DIRECTLY AFFECT THE SAFETY AND HEALTH OF THE PUBLIC.

OCCUPATIONS THAT SHOULD BE INCLUDED ARE POLICE OFFICERS, FIREFIGHTERS, TRAIN ENGINEERS, AIRPLANE PILOTS, BIG RIG TRUCK OPERATORS AND ALL WHO PERFORM MEDICAL SERVICES.

The CHAIRMAN. Well, gentlemen, let me begin with some questions. This is an evolving strategy, but as you said, Mr. Brown, you are there in the city and you and your colleagues are required to, first and foremost, try to make the neighborhood safe and work out from there.

I kind of view this in chunks, if you will. In the last 12 to 15 months, the debate between the administration and the Congress—and I say administration and Congress, because the Democrats have not merely agreed with my proposals or the proposals generated by the Chair, but the Republicans have agreed, as well. The votes we have had, where there have been disagreements, have been overwhelming, 90 to 10, 95 to 5, I mean they have been overwhelming votes. There is not much disagreement here in the Senate, on Capitol Hill, about the chunks on which we focus.

The first round in the debate basically was, well, what responsibility does the Federal Government have. We went through that. The initial strategy was laying on the States a significant responsibility that would have cost tens of billions of dollars or at least billions of dollars, and we sort of worked that one out.

Then we got to the point where we were willing to significantly increase, in my view not sufficiently, but significantly increase aid to State and local law enforcement. In 1989, it went up from $150 million to $450 million in 1990, but we still have a fight. The Senator from Texas and myself keep fighting about it. I think it should be direct aid, I think it should go directly to the cities. I do not think it should go roundabout, but that fight remains.

There are other fights. I also in the drug strategy proposed, I think that number should go to $900 million, not $600 million this time out, but again, differences in degree, once we settle the fight about the Federal Government's responsibility, which basically has been settled when the Congress overwhelmingly rejected the President's underlying premise about how aid would go to States and under what circumstances they would get aid, based on how much they were spending.

Now, although we are going to continue that fight, I expect—and it is a positive one, not a negative one—the next area of encounter is education and treatment, whether or not they work. Now, the administration, up to very recently, has basically argued that education does not work—and I am overstating it slightly, but I think that is a fair representation—and treatment, where it works, is really not available, because we do not have enough treatment personnel out there, we do not have enough people in the business of knowing how to treat people, because of what happened from 1980 to 1990, in terms of wiping a cadre of people out. So, that is the next battleground, in terms of direction, overall direction of the drug effort.

Now, having said that, here is my question to both of you: You both mentioned education as being important. You also both made reference to treatment regimes. Commissioner Gates, you indicated that you should take a close look, some work, some do not. But if we are able, as I am proposing, to drastically increase the amount of money that will go to targeted cities, both your cities being in that category, the proposal I propose allows for part of that money to go to treatment, not all of it to go to law enforcement. How do

you respond to that general proposition, as to whether or not more money should go into the cities for treatment regimes, as well as local law enforcement efforts?

Mr. BROWN. Mr. Chairman, I do not see these as being competing needs. We need money in all areas. I think we have to recognize that a big part of the drug problem is the addict problem, and until we can address that through effective treatment programs, we are going to continue dealing with the problem on the streets of our city.

So, indeed, I believe that we must have adequate funding for treatment and education and prevention, just as we must have adequate funding for law enforcement. I do not think we can be successful in separating one from the other. We must have a comprehensive approach.

Now, my response and also the response of my mayor would be that, yes, indeed, we do need increased funding for treatment in our cities. We do not have adequate funding right now. We cannot expect to effectively deal with the drug problem, when someone who is addicted, and maybe that person will wake up one morning and say I want to take care of this problem that is destroying my life and come in for a treatment problem, and we say come back in 3 or 4 months, we might be able to get to you.

That is not sufficient, that is not acceptable, and indeed we must have a comprehensive approach that will address all aspects of the drug problem. Law enforcement will always be in the vanguard, because people are suffering. We must continue to do what we do to give immediate relief to people who are suffering, but that will not stop the problem, indeed, as long as we have addicts who are going to continue to have a drug problem.

Mr. GATES. I would respond somewhat similarly. Clearly, I think the strategy that Dr. Bennett has put forth touches on all of those and has increased, and the Congress has increased the money for rehabilitation, and I do not think there is a conflict there.

My concern is that you can throw money down a rathole in rehabilitation by coming up with programs that simply do not do the job, and that is one of the reasons I pointed this out. That is a good, I mean a really fine rehabilitation program, one of the very best, in my judgment, and it shows the failure rate of a good program.

So, while I am not against spending more money for rehabilitation, I think it has to be wisely spent, and I am not sure that we are in a position at this point to spend money wisely. There are still people who think methadone is a good system. I think it is horrible. I think that is one of the worst things that has ever come along. So, I think we have to be very, very clear on how we are going to spend that money. We can also spend money foolishly in law enforcement, and we all know that, also.

So, I do not think we are competing. I think the strategy has put them in a good relationship. The only thing I would agree with, the educational part of it is I think is weak and I think we need to do more with that.

The CHAIRMAN. Well, let me ask you both to respond to this: It is interesting—and I do not say this critically, I say this as a matter of observation—that a number of people, when we are talking about the areas of attack, interdiction, education, treatment, local

law enforcement, Federal law enforcement, that it is basically only when we get to treatment that we talk about success rates as a measure of whether or not it is a dollar well spent.

Interestingly enough, in our entire interdiction effort, no one estimates we interdict more than 11 percent of what comes in, and yet no one that I have ever heard says, because we only get 1 in 10, we should stop interdicting, spending the money for interdiction.

I find that in education, no one suggests that because in a vast number of States in America, we have a dropout rate that is appallingly high, not much lower than the failure rate in treatment programs, that we say we should spend no more money on education, and the list goes on.

I would just point out that there are failures in treatment, but one thing prevails, that people, while in treatment, even though they end up not being "cured," are people who commit significantly fewer crimes than those who are not in treatment, just merely being in treatment. Whether or not they are in treatment for 6 days, 6 months or 1 year, and they go right back to the street, the crimes committed in that process are drastically lowered than when they are out of treatment.

Mr. GATES. The same thing happens when they are in jail.

The CHAIRMAN. Yes, exactly. That is why I think, as you well know, they should be one of two places, in jail or in treatment——

Mr. GATES. You put it very well.

The CHAIRMAN [continuing]. Which leads me to this question about treatment. No one that I know—I should not say that—no one that I think is taken very seriously suggests that all addicts—by the way, the definition we are using is a definition of the National Institute of Drug Abuse, which is that a casual user is one who uses no more than once a month, and a heavy user is someone uses more than once a week, but most of the addicts that we think about in the normal way are people who consume 4, 5, 6, 7 times a week, sometimes 10, 11 times a day, if it is crack, it depends. No one that I know is suggesting that all addicts are candidates for treatment.

As a matter of fact, by the administration's figures, about 50 percent of the addict population that they identify are even candidates for treatment, candidates for a successful treatment regime, let me put it that way.

So, what I would like to explore with you, just for a minute here, is does it make sense for us to find those treatment regimes, such as those education programs like DARE that are working, and proselytize them, fund them, push them? Is that something that should be done at the Federal level?

Mr. GATES. I do not think there is any question that it should be done. I just caution that you can spend an awful lot of money, without a great deal of success. I am not saying not to do it, I am saying that we should do it. Like everything I think needs to be a joint effort, I do not think the Federal Government should do it all, I think States ought to do part, and certainly cities ought to do part.

I think, once again, you have to be realistic about what can be done and what cannot be done. Something that I think is very important, we have out there a whole army of volunteers that work

in the rehabilitation program or nothing. They work in it, because they have to. They are recovering addicts, recovering alcoholics, and they are a tremendous force. As a matter of fact, they probably are the most successful of all in reducing addiction in this country, and I do not know that we really give them the kind of support that they need. They are a caring, loving, wonderful group of people that really need more support, and if that is what you are talking about, I am all for it.

Mr. BROWN. I would agree. I think we have to fully understand that there is no one treatment program, just as there is no one answer to the drug problem. And to the extent we find programs that are successful, it should be expended, and I am convinced that there are a number of programs that are successful.

I have visited some in my city. I have seen how we spend our money, but the majority of our treatment programs now are geared toward methadone maintenance, where the big part of our problem at this point in time is crack cocaine.

So, we have to carefully examine what we do in treatment and expand it, because, as I said earlier, a big part of the drug problem and, thus, a big part of the crime problem is the addict problem. Unless we can address that, we are going to continue to see the problems that we see on the streets of our city.

The CHAIRMAN. One of your fellow New Yorkers, Senator Moynihan, I think he is one who said that the decision to take a controlled substance, in the first place, is a moral decision; the decision of whether or not to continue to consume drugs, quite often, is a medical problem, is a mental problem, is a disease of the mind.

When you have 6 million people who are addicted, by definition of the National Institute of Drug Abuse, even if we stopped every single solitary person who is not now consuming a drug from ever consuming a drug, you still have a whole lot of folks out there committing crimes and mayhem in the community. It would be nice if we could do the other, as well.

Mr. GATES. I guess it gets down to one of my concerns about, again, that definition of "casual user" and what you do with the whole group. The casual user ought to be taken out and shot, because he or she has no reason for using drugs, if there is such a thing as a casual user, and then we ought to direct our attention to those that really have an addiction problem.

The CHAIRMAN. Let me ask you both this about the high-intensity drug area question: As you know, each of the five areas were scheduled to receive about $4 million under the formula in the present high-intensity drug plan, what kind of impact would $4 million have on drug trafficking in either of your cities?

Mr. BROWN. As I point out in my prepared remarks, it covers, first of all, too large of an area for New York. New York is a large city by itself, and to spread it into New Jersey and other counties surrounding New York City diminishes the impact considerably.

I have great confidence in the colleagues that we work with at the Federal level. However, I believe if we are really going to make an impact, we have to provide some of the money to local government. That is not in the plan, as we know it today.

The battles against drugs are being carried on at different levels, but the main battles are in the streets of our cities, day in and day

out. That is where we spend our time, making over 100,000 arrests in New York City in 1 year. That is going to continue.

So, I think we can better utilize the concept of the high-intensity area, if we had direct funding to the cities.

The CHAIRMAN. What would $4 million do in Los Angeles?

Mr. GATES. Well, it is ridiculous. I think it is $5 million that they were talking about.

The CHAIRMAN. Is it $5 million?

Mr. GATES. Yes, they were talking about $5 million. I do not know how they come up with another million, but we have got a bigger area, and I think there lies the problem. No one can really see how that money is going to be effective in its use.

The way you expand, you know, if you look at the operational situation, the way we expand the size of our operation is to provide overtime, money for overtime. If I say, hey, I want to put another 500 officers on the street, as we did during the Olympics, we expanded the department by the use of overtime money. Now, there is a limit on what you can do with that kind of an expansion, but that is the only way you increase the size.

Now, what we have been trying to do in the southern California area, with the high-intensity effort, is to put together a task force or some sort, and we are moving in that direction, where we get all of the agencies involved and put together some kind of a task force to spend this $5 million. I have not been very supportive of that, because I am not sure that they have clearly defined objectives and $5 million is not going to do much, and I have got my own task forces running.

The CHAIRMAN. Apparently, the Director in the agency decided that you may be right and may decide not to give you any of it, I guess, because they are only going to use it for Federal law enforcement in your areas, is that right?

Mr. BROWN. That is correct.

Mr. GATES. Yes.

Mr. BROWN. Let me put it in perspective. We recently kicked off a program in New York we call Operation Take Back.

The CHAIRMAN. Operation Take Back?

Mr. BROWN. Take Back, to take back our streets, that is the intent of it. We chose just 7 areas in our city, 7 of our 75 precincts, where we had the fastest growing crime rate, violent crime, homicides, and robberies. With $4.7 million for a 3-month period, we were able to put 200 additional officers on the streets. That is for only a 3-month period, to deal with the problem that is a long-standing problem.

Today, we spend over $240 million in narcotic enforcement in our city alone. So, if you look at the $4 million for the broader area, in that perspective, you will see that it will not have a tremendous impact on what we need to do to address the problem, and that is coupled with the problem that none of the money comes to the cities, where——

The CHAIRMAN. Has any of that money that we are talking about gotten to you, anyway? I mean has any of it gotten directly, indirectly and/or, to the best of your knowledge, through Federal efforts in the region? My understanding is that the Drug Director's

Office has still not even approved the high-intensity plan for the New York area.

Mr. BROWN. To my knowledge, the money is not available in our area to carry out the intent of the program.

The CHAIRMAN. Well, Chief Gates, let me ask you, you expressed a strong concern that the Federal Government drug agencies in Los Angeles, particularly DEA, do not have the resources they need to meet the drug-fighting responsibilities.

Mr. GATES. I do not think there is any question about that.

The CHAIRMAN. Now, since the first national drug strategy was released 12 months ago, has the DEA office in Los Angeles received enough new agents, as far as you are concerned?

Mr. GATES. No; none of the agencies have. The only agencies, the U.S. attorney has increased his staff substantially, but none of the enforcement agencies have increased.

The CHAIRMAN. Are there enough FBI agents in your area to handle the caseload?

Mr. GATES. No. Senator, you know, one of these I keep stressing is that, we talk about money and that is important, of course, and I agree, I would like to see the money come directly to the cities, rather than go to the State. I have problems with grant funds, anyway, I think it is a poor way to spend the taxpayers' buck. But I really want to see the Federal Government do what the Federal Government ought to be doing.

I think the initiatives in Colombia are important, things you point out with the Andean nations are important. I would like some tighter control on the border, and I would like the Federal Government to take on the responsibility of dealing with criminals that come into my city, who are not citizens of the United States of America and come into the United States, because we do not control our borders.

The CHAIRMAN. Have you seen any change in the border control situation? Has it improved since the first strategies were put in place?

Mr. GATES. There has been modest improvement, but just modest improvement, and much more needs to be done. For example, there is probably no county or State in the United States that has enough jails or prisons. You realize, that if the Federal Government were to take over the responsibility of the criminal aliens that come into the State of California, particularly in my city, you would take about 30 percent of the load off of my police department, 30 percent of the load off the local prosecutor, 30 percent of the load out of the county jail, 30 percent out of my prisons, and you would free up enough space so we would not have to build many more prisons or many more jails. That is a Federal Government responsibility and I do not think you are assuming it, and if you have got some extra money, I hope you would use it there.

The CHAIRMAN. So, from your perspective, you would just as soon see us take care of our piece of it, that is, increase the number of DEA agents, increase the number of FBI agents, U.S. attorneys and us get in the business of prosecuting and housing those convicted who are illegal——

Mr. GATES. Right; illegal aliens that are committing crimes here, that become a local responsibility, but really are a Federal responsibility. That would lift a tremendous burden——

The CHAIRMAN. That is a valid point.

Mr. GATES [continuing]. Just a tremendous burden, in all of the States that border Mexico, in particular.

The CHAIRMAN. Gentlemen, I have so many questions. Let me just end with a couple and then I will, with your permission, without trying to make work for you, submit three or four to you that you can, maybe, take a look at on the way back to your respective cities and maybe have your staff take a look at and submit for the record.

Not too many years ago, New York said crack is coming, crack is coming, crack is coming, and everybody else around the country sort of said, "Yeah, that's New York," and sure as heck, crack is coming.

Now, from the hearings that I have conducted, some of your folks, Chief Brown, have said heroin is coming again, heroin is coming again, cocaine may be cresting and moving down, that remains to be seen, but heroin. Tell me a little bit, are street level purities—and I am told they have increased tenfold for heroin in the past decade, and while that was going on, the price of heroin has dropped. So, the very thing we are heralding as a change in cocaine, whereas, the purity is down and the price is up, for heroin we are seeing the purity is up and the price is down, evidencing, I assume, an abundant supply. From your perspective, is the heroin problem in New York on the rise, Chief?

Mr. BROWN. Without a doubt, heroin is on the increase in New York City. Comparing last year with the previous year, we have over 80 percent in the seizures in our city. This year, we are seeing almost a 20-percent increase, and in a couple year period we will see a 100 percent increase in heroin.

We found also that the price did go down, it is now going back up, but the purity is going up, as well. So, that is a major problem that combines itself with the not decreasing crack cocaine problem in our city. That still is the major problem, but the heroin problem is going up considerably, which poses another specter that we can say again, beware, heroin is here, just as we said about crack cocaine, it is a serious problem in New York City.

The CHAIRMAN. Chief Gates, how about heroin in your city?

Mr. GATES. The same thing, we have increased our seizures of heroin substantially in the last year, along with marijuana and methamphetamines, ice. We just took one of the largest labs just a couple of weeks ago that we have ever seen, that has ever been seen, which clearly indicates that if you control the cocaine problem, there are other problems that are going to erupt, as long as you have the addict population.

The CHAIRMAN. One of the things that I have been told in the hearings I have conducted in both cities, and in your city, in particular, Chief Brown, is that we are having—we always have had polyabusers who abuse more than one substance, including alcohol—but that we are finding a new phenomenon. As folks have decided how to deal with their abysmal depression that follows the momentary high from crack, they have been mixing it in various

ways, ingenuity is prevailing, with heroin, and as a consequence, the heroin consumption is up.

In addition to that, heroin addiction is on the increase, coupled with—and I would like you both to speak to this for a minute—because of the high purity of heroin, the availability and the efficacy of smoking heroin, rather than injecting heroin, has made it a more palatable drug for younger people who are entering the drug stream, rather than the IV user that even the young drug abuser initially looks at and says "not me" underneath the bridge abutment, with that needle, but smoking, it is a different story. Women, in particular, have now, the phenomenon is women are becoming a larger percentage of abusers with regard to heroin. Is that the experience in your cities?

Mr. BROWN. We are experiencing that. We feel probably conservatively we have some 200,000 heroin abusers in New York City. That is probably a conservative figure. We do find increasingly a large number of people abusing more than one drug, cocaine, heroin, going back and forth from one to the other. I suspect that accounts for the fact that we had the over 80-percent increase in arrests for heroin last year and an almost 20-percent increase this year, so it is a major problem in New York City that is on the increase.

We have not seen ice in our city. We got one case of ice and I think it came from the west coast, probably one of your people coming through to New York, but we have not seen that as a problem in our city. Probably the reason is because the ice provides such a long high and, thus, those who supply the market do not want that to happen, they would prefer to see the 15-minute high and the repeat performance on the crack cocaine.

Mr. GATES. We have a cultural awareness program in Los Angeles for people who use and deal in narcotics and also gang members. We like to make sure that they understand there are other places in the United States that they ought to find out about, and that is the reason we send them to New York. [Laughter.]

We are finding the same thing, basically. I do not think there is any real data that supports it, but I think the smoking of heroin is a natural follow-on to the use of rock or crack cocaine, which is also smoked, so I think it is a natural follow-on. We are the only major Nation I guess that injects heroin. Most of them smoke it and now we are doing it, so I think it is a natural followup.

I would worry more about meth. I think meth is the kind of thing that those who are using crack today would get into much more quickly, because it gives them the same kind of impact that they want, bringing them down. Heroin might be what they use to better control that high, and I think that is a possibility.

The CHAIRMAN. Well, the reason that some of your colleagues who testified before us have indicated that it now is more in vogue to smoke heroin, the old expression "chase the dragon," because it is now more efficient to do so, because the purity is up so much more, it need not be taken in main-line concentrated form, to make sure what little purity is there is absorbed to its fullest.

Gentlemen, I have a number of other questions. What I am going to do, though, with your permission, is lay out several of them for you, and they relate to the decisions we are going to have to be

making in the next month or so and for the next strategy, as to what the general direction and emphasis should be. I have them formulated, but I would like to submit them to you, so we have them for our own input when we debate and decide upon what the second-year strategy is going to look like.

I would not take either of your jobs on a bet. Thank God, you are both so darn competent and willing to do the jobs that you are doing. How many officers in your police force? I know you are attempting to add 1,000 by making other layoffs, but how many in your force?

Mr. BROWN. We have about 25,500 right now.

The CHAIRMAN. 25,500. And how about you?

Mr. GATES. We are a little department of 8,400.

The CHAIRMAN. 8,400. That is an awful lot of police officers and you all have your hands full and you have very, very difficult jobs. I thank you on behalf of the entire Senate for being willing to come here today.

You wanted to say something, Chief Gates?

Mr. GATES. Just a couple of comments, if I may. First of all, as you, I believe that the President and Dr. Bennett have done a magnificent job, I really do. I really think this has been a marvelous year, not perfect, but a tremendous start, but I think it is just that. It is a start and I think we have to look at our commitment, just as a drug addict who is recovering has to look at his commitment, every 24 hours we have got to get up and we have got to say, hey, we are committed to doing this thing and we have got to do it.

Finally, I would like to thank you. I know there is a lot of debate, but I will just tell you that, in my judgment, Senator Biden has done more in that debate than almost anyone in the United States. I have seen you out there many, many years ago, when it was not popular, when no one was looking at it, and you were there. I appreciate that very much. I do not agree with everything you say and everything you do, but I really appreciate all the effort you have put into it and I hope you continue.

Thank you.

The CHAIRMAN. Well, I do not even agree with everything I say and so, but hopefully I am learning too. [Laughter.]

Mr. BROWN. I would like to express my appreciation to Chief Gates. He has made a major contribution to this country and this DARE Program. It is really something that will make a difference in the long run.

I think, too, that the President and Dr. Bennett has done a good job. I had a chance to respond to his announcement ago today, and I said at that time that is was a great first step, and now I think it is time that we take the second step and the second step has to be to put the resources to do the job that is at hand.

Too, I express my appreciation on behalf of law enforcement for your leadership in helping to address the problems of drugs, violence and crime in America. We thank you for what you do.

The CHAIRMAN. Well, it sounds a little bit like a mutual admiration society, but I guess, to sum it all up, we all know we have a hell of a job left to do and, like you said, one step at a time, Chief Gates.

I thank you both for being here. Thank you very much.

Our next panel of witnesses is made up of two very distinguished people: Ms. Beverly Chisholm, director of the Eleonore Hutzel Recovery Center, in Detroit, a recovery center that, since opening 21 years ago, has been and remains one of the few programs in the Nation to treat pregnant addicts. Prior to taking over as director of the recovery center, Ms. Chisholm served in the Detroit City Health Department, where she worked in drug treatment.

Also, Dr. Mark Stern is Chairman of the Emergency Medicine Department, the Philadelphia Albert Einstein Medical Center. The Albert Einstein Medical Center has one of the busiest emergency rooms and trauma centers in the Philadelphia area, treating many of the casualties of the drug wars raging in inner-city Philadelphia.

Dr. Stern came to the medical center 4 years ago as an emergency room physician. In addition to practicing medicine, Dr. Stern teaches at the Temple University Medical School, which I will not ask him about right now, about the strike. I am a local boy, so that has all been on the news, doctor.

Dr. Stern has also founded an innovative drug education program, bringing elementary school children to the medical center, to show them first hand the toll of drugs on the body.

I welcome you both. Ms. Chisholm, you may begin with any statement you may have.

STATEMENTS OF BEVERLY J. CHISHOLM, DIRECTOR, ELEONORE HUTZEL RECOVERY CENTER, DETROIT, MI; AND MARK STERN, ACTING CHAIRMAN OF EMERGENCY SERVICES, ALBERT EINSTEIN MEDICAL CENTER, PHILADELPHIA, PA

Ms. CHISHOLM. Thank you, Mr. Chairman.

I would like to extend by deepest appreciation to Senator Biden and the entire Judiciary Committee for your generous invitation to testify in these proceedings.

I am encouraged by the interest demonstrated. It most assuredly gives importance to a positive relay system between treatment providers and legislators, when forums such as this occur. The common goal and bond between us is formulating national policies impacting on the enormous drug abuse problems that we now see prevalent in this Nation.

As you have already mentioned, I am director of the Eleonore Hutzel Recovery Center, a program that was formulated in 1969. The initial charge of that program was to treat pregnant addicts. In the implementation stages of the program, the pregnant addicts were targeted for treatment. Services due to inadequate receptivity displayed by medical providers furnishing prenatal care. For those women who are opiate addicted, the program does offer a complete chemotherapy program, inclusive of methadone therapy.

During pregnancy, if women enter the system early enough, their methadone dosage will gradually be decreased, as the pregnancy advances. The intent is to produce a drug-free baby and to prevent women from self-medicating during their pregnancy with opiates.

Many women, fearing punitive action from human service organizations, remained outside of treatment and essential prenatal care. As you are aware, the Nation had witnessed increased inci-

dence over the last 5 years in birth addiction, low birth weight, and an array of medical issues precipitated by the mothers' substance abuse during pregnancy, requiring long-term medical intervention post partum, and finally an inability to establish the parent/child bonding, due to the long-term hospitalization and illnesses. The bonding is absolutely essential in the initial postpartum phase for mother and child alike.

The mothers, through parenting instruction that they are taught at the Eleonore Hutzel Recovery Center, are learning how to be parents. They learn about their bodies and proper care and growth expectations for their babies. They learn the severe long-term side effects that drugs may have on their child and/or children.

Researcher James West, from the University of Iowa, suggests that even small amounts of alcohol can be injurious to developing fetuses. The most recent study indicates that in the United States, more than 7,000 babies a year, one of every 750, are born with fetal alcohol syndrome, which is characterized by growth deficiency, facial abnormalities, damage to the central nervous system, including the brain area and, in severe cases, major organ system malformations.

The Journal of National Institute of Health reported in their studies that low levels of alcohol consumption during pregnancy may damage the brain of the fetus, in particular, the part that is thought to be important for learning and memory.

Only alcohol has been mentioned. However, there are similar statistics with greater numbers of babies born to mothers with other addictions, most specifically crack cocaine.

Over the last 21 years, the program has expanded to provide 17 separate services. We are a multidisciplinary team, providing multimodality treatment services to addicted women and their preschool-age children. In recent years, the program has grown and come to understand the need for a complete child treatment component and intensive outpatient component. The program promotes family unity. In many cases, mothers are reunited with their children that have either been in the foster care system or living with friends and/or family.

The Eleonore Hutzel Recovery Center is a grant-funded program through the city of Detroit, Bureau of Substance Abuse, which provides 80 percent of our total annual budget. Hutzel Hospital contributes the additional 20 percent. Our program's uniqueness is the medically based model, providing holistic care to every client entering the program. That care consists of medical exams, psychosocial assessment, individual and family counseling, psychiatric consultation, a child treatment component, a pregnancy program, vocational and spirituality component, and the recovery program. We also have an aftercare component.

Eleonore Hutzel Recovery Center, additionally, required a domiciliary care unit on August 26, 1989. Domiciliary is a 24-hour structured living environment for recovering women and their preschool-age children. Domicile is a cost-effective treatment modality that opts, instead of residential, we place women in structured living environments, where they do not have to be in institutionalized settings.

Eleonore Hutzel Recovery Center targets indigent, urban, uninsured women requiring substance abuse treatment. Because of the Federal Government initiatives in 1985 that limits dollars on teaching institutions, our sponsors are now threatened, which is Hutzel Hospital. Hutzel Hospital has to pay back a sum of $1.7 million, due to that legislation, and that certainly impacts on the money that they can afford to put into the program system.

Due to the prominent population of African-Americans, the need for culturally, competent programming is essential. The cultural sensitivity affords each client a sense of culturally belonging and value, thereby strengthening the knowledge base of heritage. For the newly recovering black woman, the question of whom am I raises the question of racial identity. Any healing process which is to deal with the whole person must deal with the black identity issues, in order to have a positive impact on recovery.

In the city of Detroit, women are finding themselves single parents, heads of households, and many social services dependent. It is increasingly self-evident that the demise of the black family is imminent.

The Eleonore Hutzel Recovery Center treats women using all substances of abuse. The primary substance of abuse in the city of Detroit is crack cocaine. Crack cocaine is an intensely concentrated derivative of cocaine. It is usually prepared for smoking, a process known as freebasing.

Unlike most of its predecessors, crack cocaine has been an entry level of substance of abuse for people who heretofore did not have histories of substance abuse usage. The drug has crossed all social-economic boundaries and has demonstrated no particular preference for race, creed, nor color.

This drug does more than destroy families. Future potential is condensed to aimless wanderers walking through the streets, in search of the euphoric mystique of crack, a 10- to 15-second high before the smoker comes crashing down into a deep depression. This drug is more than a suggested genocide of a people; it is causing the annihilation of a nation.

The President of the United States put together a drug strategy 1 year ago that forced the Nation to acknowledge the epidemic of illicit drug usage in an effort to address the problem. In my opinion, it was at that time that the Nation was finally off the reactive strategizing mind set and moved into a proactive posture.

The United States governing bodies recognized a national crisis far more devastating than the Vietnam conflict or what is presently occurring in Kuwait and Iraq. The war on drugs is a national dilemma. This drug crisis has impacted on all levels of social systems.

Due to the escalating drug-dependent culture, the Nation is viewing more homelessness, demise of the family unit, increased crime, increased homicides, increased numbers of individuals dependent on federally subsidized programs for daily living support, and finally an increase in the medically debilitated. More often than not, the medical arena finds that a person has to habilitate before any consideration can be given to rehabilitation.

In large measure, the women presenting themselves to Eleonore Hutzel Recovery Center for treatment come with an array of prob-

lems. Most clients come in from dysfunctional families that display high incidence of incest and rape. It is an obvious conclusion, in my opinion, that the Nation is presently identifying a population of people predisposed to live lives of substance abuse. They are adult children of alcoholics. Many have parents who have either experimented with or currently are using illicit drugs. They are incest survivors and, in many cases, have no identifiable work histories.

If the Nation buys into a proactive posture, then the entire United States will be forced to demonstrate a more concentrated effort on prevention. Babies born addicted are seldom tracked or connected with appropriate therapies and counseling as required. These children will someday reach adulthood and will become parenting adults. The weight of standardized treatment does not allow adequate funding for followup. Most program budgets such as the Eleonore Hutzel Recovery Center are expended for direct treatment services.

Additional dollars must be targeted for prevention and followup. In the followup model, a provision for relapse prevention and treatment must be clearly identified. More programming for youth is needed.

We would be well advised to consider the youth and design campaigns for the youth; also, a peer counseling approach in treatment. Sharing ideas of abstinence among peers gives legitimacy to sober practices. More intense job study programs are needed for the youth. Encouraging continuity in the educational process while earning an income may encourage more youth to complete the 12th grade.

An early orientation to the work ethic will strengthen the likelihood of youth seeking viable employment rather than entering into the No. 1 entrepreneurship of selling drugs. There is a need for job training and retraining programs that prepare adults to be competitive in today's job market. Vocational training should not be an adjunct activity of substance abuse treatment. Instead, it should be a mandate of treatment planning.

Finally, more community-based forums to encourage networking among treatment providers is imperative. The U.S. drug czar, William Bennett, has proposed stiffer penalties for substance-abusing pregnant addicts. The legal system openly speaks to accountability; no one argues that point.

If the penal system were prepared to provide rehabilitation as a portion of incarceration, the concept would be a lot more palatable. If we are simply being punitive and not rehabilitative, we are not offering the individual an avenue of change. The cycle is simply broken during incarceration and then resumed upon return.

We are advocating change through abstinence, a behavioral modification concept based on Narcotics Anonymous' 12-Step Program. Through additional information and a quality structure and an environment for change, we can hope to see positive results.

The Eleonore Hutzel Recovery Center has contacts with approximately 3,500 women annually seeking various levels of treatment services. Based on the number of babies born addicted each year, reported emergency room admissions and the personal communication with other treatment providers, we know we are only tapping a small number of women that need treatment services.

We have the expertise, the clinicians, the physicians, the technicians, the psychologists, et cetera. What we lack is adequate resources to meet the dictates of treatment. We have come a long way to reach this level of recognizing the substance abuse problem. We must remain mindful that there is a lot of work to do, more intensive work than done to date. We need to look into existing resources and discover methods to extrapolate funds that can be used to save lives.

In conclusion, I would like to say that substance abuse is an illness, a disease as deadly as cancer, AIDS, heart disease, et cetera. Like other diseases, in most cases, it is not curable, but it is treatable. We don't have to witness the demise of this great Nation to a drug. We do have to emerge recommitted to the war and to expand on our beginning toward addressing this problem. We can all be surgeons in this once instance. For this disease, we can cut away through treatment until the disease lies in a permanent state of remission.

Thank you.

[The prepared statement of Beverly J. Chisholm follows:]

Eleonore Hutzel Recovery Center

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Testimony Preparation For:

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Chairman: Senator Joseph Biden

Prepared by: Beverly J. Chisholm

I would like to extend my deepest appreciation to Senator Biden and the entire Judiciary Committee members for your generous invitation to testify in these proceedings.

I am encouraged by the interest demonstrated. It most assuredly gives importance to a positive relay between treatment providers and legislators when forums such as this occur. The common goal and bond between us is formulating National policies impacting on the enormous drug abuse problem.

Historical Overview

I am the director of the Eleonore Hutzel Recovery Center (EHRC) located in the city of Detroit. The EHRC was named to recognize the person who made numerous contributions to women. Eleonore Hutzel served on the Board of Trustees of Hutzel Hospital for thirty-nine years. She died at the age of ninety-three in Hutzel Hospital. Ms. Hutzel recognized as early as 1910 that women had medical/social gender specific issues and sought to improve the quality of life for women.

In 1969 the Eleonore Hutzel Recovery Center become operationalized and charged to address the complex dynamics surrounding substance abusing women. In the implementation stages of the program, pregnant addicts were targeted for treatment services due to the inadequate receptivity displayed by medical providers furnishing prenatal care. For those women who are opiate addicted the program does offer a complete chemotherapy program inclusive of methadone therapy. During pregnancy, (if women enter the system early enough) their methadone dosage will gradually be decreased as the pregnancy advances. The intent is to produce a drug free baby.

Present Treatment

Many women fearing punitive actions from human service organizations remain outside of treatment and essential prenatal care. As you are aware the nation had witnessed increased incidence over the last five years in birth addiction, low birth weight, an array of medical issues precipitated by the mothers substance abuse during pregnancy requiring long term medical interventions postpartum, and finally an inability to establish the parent/child bonding due to long term hospitalization and illness. The bonding is absolutely essential in the initial postpartum phase for mother and child alike.

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Researcher James West, University of Iowa, suggests that even small amounts of alcohol can be injurious to developing fetuses. The most recent studies indicate that in the United States more

than 7000 babies a year, one of every 750 are born with fetal alcohol syndrome(FAS), which is characterized by growth deficiencies, facial abnormalities, damage to the central nervous system including the brain area and in severe cases, major organ system malformations.

The journal of National Institute of Health (NIH) reported in their studies that low levels of alcohol consumption during pregnancy may damage the brain of the fetus, in particular the part that is thought to be important for learning and memory.

Only alcohol has been mentioned, however their are similar statistics with greater numbers for babies born to mothers with other addictions, most specifically crack cocaine.

Over the last 21 years the program has expanded to provide seventeen separate services. We are a multi-disciplinary team providing multi-modality treatment services to addicted women and their preschool aged children. In recent years the program has grown and come to understand the need for a complete child treatment component and intensive outpatient component. The program promotes family unity. In many cases mothers are reunited with their children that have either been in the foster care system or living with friends/family.

The Eleonore Hutzel Recovery Center is a grant funded program through the City of Detroit, Bureau of Substance Abuse which provides 80% of our total program budget. Hutzel Hospital contributes the additional 20%. Our program's uniqueness is the medically based model providing holistic care to every client entering the program; that care consists of medical exams, psychosocial assessment, individual and family counseling, psychiatric consultation, a child treatment component, a pregnancy program, vocational and spirituality component and the recovery program. Eleonore Hutzel Recovery Center additionally acquired a domiciliary unit on August 26, 1989. Domiciliary is a 24 hour structured living environment for recovering women and their pre-school aged children.

Eleonore Hutzel Recovery Center targets indigent, urban, uninsured women requiring substance abuse treatment. No City of Detroit resident is refused treatment due to inability to pay. Our clientele is 98% black and 2% mixed ethnicities. Due the predominant population of African-Americans the need for culturally competent programming is essential. The cultural sensitivity affords each client a sense of belonging and value thereby strengthening the knowledge base of heritage. For the newly recovering black women, the question of "who am I?" raises the question of racial identity. Any healing process which is to deal with the whole person must deal with black identity issues in order to have a positive impact on recovery.

In the City of Detroit women are finding themselves single parents, heads of households and many, social services dependent. It is increasingly self-evident that the demise of the black family is imminent.

Crack Cocaine

The Eleonore Hutzel Recovery Center treats women using all substances of abuse. The primary substance of abuse is crack. Crack cocaine os an intensely concentrated derivative of cocaine. It is usually prepared for smoking, a process known as freebasing. Unlike most of it's predecessors crack cocaine has been an entry level of substance abuse practice for individuals not necessarily having a history of previous usage. The drug has crossed all socio-economic boundaries and has demonstrated no particular preference for race, creed or color.

This drug does more than destroy families, future potential is condensed to aimless wandering walking the streets in search of the euphoric mystique of crack, a 10 to 15 second high before the smoker comes crashing down into deep depression. This drug is more than a suggested genocide of a people; it is causing the annihilation of a nation.

Government Response

The President of the United States put together a drug strategy one year ago that forced the nation to acknowledge the epidemic of illicit drug usage and an effort to address the problem. In my opinion it was at that time that the nation was finally off the reactive strategizing mindset and moved into a proactive posture.

The United States governing bodies recognize a national crisis far more devastating than the Vietnam Conflict or what is presently occurring in Kuwait and Iraq. The war on drugs is a national dilemma. This drug crisis has impacted on all levels of social issues. Due to the escalating drug dependent culture the nation is viewing more homelessness, demise of the family unit, increased crime, increased homicides, increased numbers of individuals dependent on federally subsidized programs for daily living support and finally an increase in the medically dehabilitated. More often than not the medical arena finds that a person has to habilitate before any consideration can be given to rehabilitation.

EHRC Program Issue

In large measure the women presenting themselves to Eleonore Hutzel Recovery Center for treatment come with an array of problems. Most clients come in from dysfunctional families that display high incidence of incest and rape. It is an obvious conclusion in my opinion that the nation is presently identifying

a population of people predisposed to lives of substance abuse. they are adult children of alcoholics (ACOA's). Many have parents who have either experimented with or currently using other illicit drugs, they are incest survivors and in many cases have no identifiable work histories. If the nation buys into a proactive posture then the entire United States will be forced to demonstrate a more concentrated effort on prevention.

Recommendations

Babies born addicted are seldom tracked or connected with appropriate therapies and counselling as required. These children will someday reach adulthood as parenting adults. The weight of standardized treatment does not allow adequate funding for follow-up. Most program budgets are expended for direct treatment services. Additional dollars must be targeted for prevention and follow-up. In the follow-up model a provision for relapse prevention/treatment must be clearly identified. More programming for youth is needed. We would be well advised to consider the youth to design campaigns for the youth; also a peer counseling approach in treatment. Sharing ideas of abstinence among peers gives legitimacy to sober practices. More intense job/study programs for youth. Encouraging continuity in the educational process while earning an income may encourage more youth to complete the twelfth grade. An early orientation to the work ethic will strengthen the likelihood of youth seeking viable employment rather than enter into the number one entrepreneurship of selling drugs. There is a need for job training and retraining programs that prepare adults to be competitive in today's job market. Vocational training should not be an adjunct activity of substance abuse treatment instead it should be a mandate of treatment planning.

Finally, more community based forums to encourage networking among treatment providers is imperative.

Assessment of National Strategy

The United States Drug Czar, William Bennett has proposed stiffer penalties for substance abusing pregnant addicts. The legal system openly speaks to accountability, no one argues that point. If the penal systems were prepared to provide rehabilitation as a portion of incarceration the concept would be a lot more palatable.

If we are simply being punitive and not rehabilitative we are not offering the individual an avenue of change. The cycle is simply broken during incarceration and then resumed upon release.

We are advocating change through abstinence a behavioral modification concept based on narcotics anonymous twelve step program. Through educational information and a quality structure and environment for change we can hope to see positive results.

The Eleonore Hutzel Recovery Center has contacts with approximately 3500 women annually seeking various levels of treatment services. Based on the number of babies born addicted each year, reported emergency room admissions and personal communication with other treatment providers we know we are only tapping a small number of women that need treatment services. We have the expertise, clinicians, physicians, technicians, psychologists etc. What we lack is adequate resources to meet the dictates of treatment. We have come along way to reach this level of recognizing the substance abuse problem. We must remain mindful that there is a lot of work to do; more intensive work than done to date.

We need to look into existing resources and discover methods to extrapolate funds that can be used to save lives.

In conclusion, I would like to say that substance abuse is an illness. A disease as deadly as cancer, AIDS, heart disease etc. Like the other diseases in most cases it is not curable but it is treatable. We don't have to witness the demise of this great nation to a drug. We do have to emerge recommitted to the war and expand on our beginning toward addressing this problem. WE can all be surgeons in this one instance, for this disease we can cut away through treatment until the disease lies in a permanent state of remission.

Thank you.

The CHAIRMAN. Thank you very much.

Dr. Stern, Senator Specter dutifully arrived here this morning, thinking the hearing was this morning, and it originally was until the Secretary of State came to testify at 10:00 and the time was shifted.

He has pressing engagements, but is very concerned and interested in your testimony, and asked if he would be able to interrupt before you begin your testimony to ask a question, and I would welcome his doing that.

Senator SPECTER. Thank you very much, Mr. Chairman. I begin by commending our diligent chairman for conducting these hearings. The Capitol is very quiet except for the Judiciary Committee hearing room.

I welcome both Ms. Chisholm and you, Dr. Stern, to the hearing. I note that you are a neighbor in the north Philadelphia area. The question that I appreciate being able to ask at this time relates to your anticipated testimony that the incidence of cocaine addiction, overdoses, or problems coming into your hospital has not decreased in the course of the past year or some period of time, which is at variance with a national study just released. The national study released shows that hospital admissions for drug use are down, but you say that overdose drug deaths continue to rise.

I ask whether it is true that at the Einstein Northern Division you have found those admitted with drugs on the increase, or what you have found, and ask for any explanation you would have for whatever variance there may be between that and the recent national study.

Dr. STERN. What I am finding and what my colleagues are finding at Einstein is, in fact, that there is not a decrease in the use of drugs in the area—not only Einstein, but in the northeast and other major institutions in Philadelphia.

Senator SPECTER. Other hospitals besides Einstein?

Dr. STERN. Right.

Senator SPECTER. Which ones?

Dr. STERN. Temple, for sure, and even some of the community hospitals. At least my colleagues on a personal level—I don't have statistics to support that—in the outlying areas do report that there is an increase in drug use, or at least they are noticing it more appreciably.

Senator SPECTER. An increase?

Dr. STERN. An increase, yes, particularly in cocaine. Crack is the No. 1 drug in the Philadelphia area.

Senator SPECTER. Do you have any idea as to any reason for the difference between your findings and the national study?

Dr. STERN. I really don't have—I mean, I don't know how they are taking statistics. I am sure they are taking them—I mean, I had some understanding of the Dorn statistics, and I am not exactly sure. It seems to me that people are becoming so desensitized to drug use, patients coming in using drugs, that it is almost becoming the norm rather than the exception is what I am finding, particularly with the people who work with those, nurses, technicians, and physicians.

Senator SPECTER. Well, I regret that I cannot stay, but I think your findings are important, especially when you add other institu-

tions, such as Temple. Of course, Einstein and Temple are in a very troubled area of the city of Philadelphia, which is a very troubled area in itself.

But I think it is important to make a determination, to the extent that this committee can, about the accuracy of the other findings about a decrease. I have only seen the news accounts, but I think we ought to check them because I think it is not helpful if we start patting ourselves on the back on progress in the war on drugs if, in fact, those statistics are not sound.

My own sense is that we are not winning the war on drugs, but that is only a sense I have. But if there are statistics to the contrary, then they are important. But if those statistics are not representative or there is some doubt about them, then I think that is something we ought to know about it. We ought not to pat ourselves on the back too soon on this important problem.

Dr. STERN. If I may, due to the short notice I had, I wasn't able to contact as many people or prepare as well as I would have liked to. I did contact a number of people in the Philadelphia area who work in shelters, work with the homeless, and their findings, again, just on a gut reaction—they have not felt that there was any decrease in the use of drugs and, in fact, have felt that there was an increase in violence probably secondary to drug use.

Senator SPECTER. Well, I appreciate your permission, Mr. Chairman, in allowing me to intervene. It may be that on the drug issue, Philadelphia has problems very different from the rest of America, as it is known to have on some other subjects.

Thank you very much.

Dr. STERN. Thank you.

Senator SPECTER. Thank you.

The CHAIRMAN. Thank you, Senator.

Doctor, if you would proceed with your statement now, we would appreciate it.

STATEMENT OF DR. MARK STERN

Dr. STERN. Well, first, I would like to thank this committee for inviting me to speak. I am Dr. Mark Stern, the acting chairman of the emergency department at Albert Einstein Medical Center in Philadelphia. Einstein is a level 1 trauma center and the second busiest emergency department in Philadelphia. Trauma accounts for half of all deaths of individuals from 5 to 17 years of age, and approximately 80 percent of deaths for patients age 15 to 24 years; that is, 80 percent.

Alcohol and substance abuse are factors in over half of all the accidental traumas, and 70 to 80 percent of all violent traumas. Drug-related trauma incidents have increased in the Philadelphia area in the past 5 years, and in 1987 nearly half of the cocaine-related emergency room admissions in the Delaware Valley were women.

It has been estimated that at some Philadelphia hospitals, 1 of every 4 newborns is a crack baby. At Albert Einstein Medical Center, 100 newborns a year are children of mothers who routinely use cocaine. In the city as a whole, perhaps 4,000 cocaine-addicted

mothers are giving birth to children who may be physically affected by their mother's use of drugs.

Albert Einstein Medical Center addresses the health care needs of more than 20,000 patients annually and has outpatient visits that exceed 240,000.

The CHAIRMAN. Outpatient visits?

Dr. STERN. Outpatient visits.

The CHAIRMAN. So that is someone who comes into the emergency room or——

Dr. STERN. The clinics; basically, all the clinics throughout the institution.

The CHAIRMAN. Close to a quarter of a million people?

Dr. STERN. Right.

The CHAIRMAN. Wow.

Dr. STERN. The Albert Einstein Medical Center provides a substantial amount of uncompensated care to the community each year. The emergency unit of the center is the front line of treatment for trauma injuries and the most likely entry point into the medical system for substance abusers and those affected by drug and alcohol related injury.

Over the past 4 years, the trauma admissions have significantly increased. In 1987, there were 743 trauma admissions, compared to 1,036 in 1990—an increase of almost 300 patients. In 1987, 21.7 percent were penetrating, violent trauma. By 1990, this percentage has grown to 31 percent. Our early projections for 1991 based on the first 2 months of this fiscal year show an even higher increase of trauma admissions.

In 1988, a study conducted by the Einstein Trauma Service involving 169 trauma admissions—87 percent of violent trauma and 79 percent of nonviolent trauma incidents were drug and/or alcohol related. In a recent paper prepared by the Einstein Trauma Service and presented at the American Trauma Society in May 1990, which described a new phenomenon of baseball bat assault injuries, approximately 78 percent were drug related. Cocaine and alcohol were the predominant substances.

In a personal survey of emergency medicine attendings, nurses, trauma personnel, and directors of the neonatal unit and psych emergency services, all unequivocally felt they have not experienced a significant or noticeable decrease in the drug problem in their areas of expertise.

I believe health care professionals are becoming more desensitized to the drug related patient and are accepting them as the norm rather than the exception.

How the large influx of drug-related patients affects the emergency unit and the hospital overall is a massive use of resources. Whenever a trauma patient is admitted, all of the hospital resources are directed toward that patient, which decreases the availability of these resources for other patients.

Over the past few years, Einstein has developed a few programs, out of necessity, to help combat the drug epidemic and its fallout. One program works with addicted pregnant women and assists them in receiving pre-natal and perinatal care. They have found in the drug-addicted mother, 70 percent receive poor or no pre-natal care.

A program I have developed works with elementary school children bringing them to the emergency neonatal unit and psych emergency services to experience the results of drug abuse. A problem the program is attempting to address is the conflict between the economic advantages of selling drugs and the status of drug use versus the desire for some of the students to remain drug free. The goal of this program is to demonstrate there are alternatives to drug use.

The CHAIRMAN. Thank you very much. Let me begin with you, doctor. Has your program of bringing elementary school children into the trauma center met with resistance in the community?

Dr. STERN. It is interesting because when we first set it up, there was some resistance, not by the school, but by parents of some of the students.

The CHAIRMAN. Saying I don't want my child seeing that, I don't want my child exposed to that?

Dr. STERN. Not so much that. Most of these kids, interestingly enough, these 10- and 11-year-olds, when you take them in and we sit down and talk to them during this session, most of them have seen drug addicts, have seen shootings on their blocks. I would say 90 percent of them have seen some sort of trauma right in front of their homes, dealing of drugs. They could identify drugs probably better than anybody in this room.

Part of the problem is that parents—again, the problem that I am finding is there is a real conflict, and the conflict is here we are showing them an alternative, showing them the hospital, showing them the personnel, show them what drugs, in fact, do. The conflict is they also see their family at times being supported by dealing of drugs, which creates a real conflict for a 10-year-old. Do I listen to my parents, siblings, and friends or do I listen to you, this physician, doctor, nurse, in this hospital?

And one other problem is that the kids don't believe things happen to them. They could see a trauma patient; they could see a psychotic patient in the psych emergency room; they could see a padded room. They don't believe it will happen to them.

The CHAIRMAN. You indicated that health providers are becoming more desensitized and accepting the drug-related emergencies that come into their facilities as the norm rather than the exception. How does that play out, the fact that they are desensitized? Does that mean they don't keep as accurate statistics about the drug-related aspect of it? I mean, what is the significance of that statement?

Dr. STERN. I believe, one, they don't keep as accurate statistics; it just becomes the routine. I think that is true. And right before this talk yesterday, I was trying to pull statistics together, and we have a certain protocol at Einstein for trauma patients, getting drug screens on all these patients for medical reasons. And what I found is that a significant number do not get drug screens. It just kind of falls by the wayside, just assuming that, in fact, it is positive. So there is a large percentage, which makes it difficult to statistically figure it out.

The CHAIRMAN. Do you think that the statistics that you—and I assume this is the case other places—that you have gathered may

underrepresent rather than overrepresent the extent of the problem?

Dr. STERN. During these two studies, this is very accurate, and we are talking 87 percent of violent trauma during the year of 1988 had some drug and/or alcohol on board. Nonviolent trauma, being motor vehicle accidents or falls, 79 percent had alcohol and/or a drug on board, again cocaine being the most prevalent. In the violent, it was 65 percent of all those patients had cocaine on board, and possibly another drug; in the nonviolent, it was about 45 percent.

The CHAIRMAN. As I have visited the emergency rooms of area hospitals in the greater Philadelphia area because that is where I am from—I am from Wilmington, DE—I have found what you have suggested to be the case. More and more nurses, more and more doctors in the emergency rooms are almost resentful of the absorption of resources that is being taken by people who have, in effect, self-inflicted wounds.

And I find—I don't want to be too anecdotal—well, I guess the best word is a resentment, expressed resentment, which, having spent some time in emergency rooms myself as a patient for totally different reasons, I have found that it, in a sense, surprised me until I stopped to think about it.

In one case, it was pointed out to me that so-and-so in that room is taking all of the time of my staff, and so-and-so in this room, whom we could do something about, an innocent victim, is having to have shared staff because I just don't have enough staff to take care of everyone to the extent that we should and could at this very instant, this very moment. It was interesting.

This resentment factor, Ms. Chisholm, takes me to something you said. When visiting the delivery rooms of area hospitals, I have found an interesting response from nurses on various wards. That is an anger that a child was born addicted and that after 2 or 3 or 4 days the particular nurse was required, as one recently said to me, to physically pick that child up and put it in the arms of the mother, who is addicted, was addicted, and they believe will continue to be addicted, knowing that child is going home to a circumstance and situation that will be incredibly difficult.

One of the things that I have been educated about the last several years is this notion of the impact upon bonding and post-partum bonding. Tell us a little about that. The child born—and you, too, doctor, if you would—the child born addicted is, as it was explained to me, highly irritable, reacts to light, noise, et cetera, and does not have the normal way to the bonding process. By bonding, I mean the mother relating to or the father visiting, relating to—in this case, the mother picking the child up, cuddling the child, reassuring the child, that process that goes on early on.

There is a dual frustration. The mother, when she attempts to do it, is rejected by the child, gets angry, hurt, disturbed. It is a cycle. Tell me a little bit about how you have observed it because I think the public should be aware of that aspect of the problem.

Ms. CHISHOLM. Mr. Chairman, what we are seeing at Eleanore Hutzel is exactly what you described—the mother's inability to be accepting of that irritability of the child, not understanding the nature of that addiction within the baby. Another problem is the

mother has to accept some of the shame and guilt factors for her behavior during pregnancy.

When you are looking at a baby, and it is not a pleasant sight, who is withdrawing from any type of drug, and this child is recoiled and this child is resistant to touch and this child is crying and this child is not understanding that they are spastic, the mother does not know how to comfort that child. In many cases, she has not learned that she should comfort that child. She does not want to be reminded that this child, whom many see as an appendage—this is not a normal parenting bonding process.

Many of the women that we see do not know the parentage of their children. This child was conceived out of addiction, and this child is just a reminder that social service systems now will impact on my life because you are here causing me problems. A lot of our job, then, is to teach this mother what expectations she should have of this baby and how to work with this baby and to help her make a decision as to whether the child is going to be better off in her care or should the child be rendered to a foster care system. That is a large part of what we do.

The CHAIRMAN. Doctor, I have been told that one of the problems with children born addicted is that, in addition to the normal difficulty any mother or, I might add, father has with a child who is taken home from the hospital, programmed, if you will, to cry when in need of food or attention or changing, et cetera—that, in and of itself, is difficult for some to deal with. But this added sort of permanent state of discomfort on the part of the child—excessive crying, unwillingness or inability to respond to any emotion—that that ends up generating another problem, and that is child abuse.

They tell me down my way that they see more children coming into the emergency room and the trauma centers a victim of physical abuse generated by—it is supposition, I assume—by the anger and frustration the mother feels as a consequence of the inability to deal at all with those aspects of child rearing that are the most difficult for any parent to deal with, and that is the crying, the crankiness, et cetera. Is that the case?

Dr. STERN. That is the case. Particularly being the father of a 3½-year-old and a 2-year-old, it is quite difficult at times. But it is true; these kids are extremely irritable. The mothers are basically children themselves, which creates a problem. They have no idea how to bring up a child. In fact, when they do pick them up, the children are extremely irritable and reject them.

The CHAIRMAN. It seems like almost an impossible cycle that if we don't get it at the front end, it seems like almost an impossible cycle—children raising children, the bonding process being ruptured. That aspect of nurturing that is natural to all new mothers—I don't want to say all—the vast majority of new mothers, even when it is felt, is rejected. I mean, it just seems like we are dooming a generation of children and the children who are bearing the children.

Ms. CHISHOLM. If we do not intervene in the process and break that cyclical pattern that you are referencing, you are exactly right. We are creating a new hopelessness to what appears to be a hopeless situation.

What we attempt to do in treatment is to break that cyclical pattern, and that is through education; that is through prevention. That is going to the schools, that is going to the homes, that is going wherever we need to be in order to effectively educate those who need to hear that information.

The CHAIRMAN. Well, another thing that I have—and, again, this is slightly more than anecdotal. The last two things I have spoken to have been anecdotal in my personal experience, but one of the things I am finding in attempting to redress—and I would like your comment on it, particularly you, Ms. Chisholm—and that is that even where we have a pregnant addict who wishes to receive treatment immediately, knowing and feeling the guilt of carrying a child while consuming, while ingesting, many times that prospective mother will not seek treatment or accept it even when it is available because they may have another child at home and they have nothing that they can do in terms of in-patient treatment that they can receive, because they worry that they will have to temporarily—in their minds, permanently—give up control of the one or two children at home to the State agency while they are receiving treatment.

My question is this: Are there programs or does your program allow a treatment regime whereby the family, the children are brought in with the mother in the same in-care treatment facility? Am I making any sense?

Ms. CHISHOLM. Yes, you make perfect sense.

The CHAIRMAN. I mean is my question——

Ms. CHISHOLM. Your question is well received. What we do in Eleonore Hutzel is, yes, we have attempted to remove some of the barriers for women. There is a gender specificity that we have not spoken to. It is important that we look at the issues of, we are talking about single-parent heads of households, for most of our women that are in the city of Detroit. It is important that we then, if we are going to invite this woman to treatment, that we remove as many barriers as we possibly can.

The barrier that we have been able to remove is that of bringing the children into the program with the mother, so the treatment is going on simultaneously. We are not able to move in the family. We are taking in children that are preschool age.

The CHAIRMAN. That is really what I meant.

Ms. CHISHOLM. If the children are young enough to be preschoolers, we are accepting them into the program with their mothers, and they are also a part——

The CHAIRMAN. Even though, for the record, they are not addicted, even though they are not——

Ms. CHISHOLM. They are not addicted, because the mother's addiction is a family's addiction, and if we do not arrest the problem for the mother, if mother has to be in treatment and worry about what is happening with my children, are my children being permanently removed, I am not able to see my children, if that is her concern, that becomes primary over and above treatment, so we move as many barriers as we can.

The CHAIRMAN. Well, addicts with whom I have spoken who are addicted, who are pregnant and many who are not pregnant, say they resist seeking treatment because they are fearful that, by ac-

knowledging their problem and getting treatment, that someone would require or conclude, a health professional would conclude or require an in-care treatment regime, that they will lose their family.

Ms. CHISHOLM. I think that is legitimate. In the past, that is exactly what the treatment offered, an option, either you sought treatment, and many women may be court-mandated to seek treatment, if they did not fulfill that mandate, then they were incarcerated, but in the interim the children were certainly removed from their care. What woman can take her child into a penal institution? The children are not invited there and nor should they be there. We are talking about children who were born into adjudication and they have no right there.

The CHAIRMAN. Well, I am concerned about another—I do not mean just mean, I am sure the President and everyone is concerned about what I am about to suggest, and that is the phenomenon with the introduction of crack or reintroduction of crack into American society in a way that has become such a god-awful success for the dealers. The percentage of drug abusers in America over the last 6, 7, 8 years has shifted, in terms of its gender composition, that it used to be, I am told, roughly, for every four males who were addicted in America to a controlled substance, there was roughly one woman. But now, in many areas of the country, particularly the major cities of America, that ratio is about 1 to 1, and it is having a devastating impact upon any sort of familial responsibility and relationship.

Whereas, in many sectors of our community, we had matriarchal societies that have been written about for the last several decades, even they no longer exist. They are breaking down and you are talking about grandmother—there is grandmother and grandchild and nothing in between, no father and no mother. Is that what is happening in Detroit?

Ms. CHISHOLM. That is exactly what is happening in Michigan. In a lot of cases, by the time the women come to us, because they have to hit their bottom, they have to realize that there is a need for treatment, they are solely, most of them have no family support system, because mom has said that you cannot come back into my home until you seek some type of treatment, so the children may be disconnected from any type of viable support system. That is a very real possibility.

The CHAIRMAN. Dr. Stern?

Dr. STERN. If I may, that is true. When opium and the narcotics were the prevalent drug, it was a male drug and it was the one-parent family, and what we are finding now is that it is basically a no-parent family.

Taking it a step further, on helping these parents, this mother bond with the child, I know at my facility and I am sure all the other facilities in the area, there are mothers that do not come back for their kids and they are the boarder babies, and literally, they give birth and you never see the mother again, and the institution and social service is obligated to getting that child placed. Here we are talking about bonding, and here are some parents or mothers who do not even want to know about the child.

The CHAIRMAN. Well, it really is a tragic—again, I am not suggesting that the three of us have a monopoly on concern for this, but it is something that leads me to this last question, Ms. Chisholm. There is a lack of treatment problem, I think all of us would agree, and this short-fall obviously has tragic consequences.

You indicated in your prepared statement, I believe, that only 250 of Michigan's 35,000 pregnant addicts were treated, and this means that there are 34,750 more drug-damaged babies born this year in Michigan alone. Now, indeed, our report that I made reference to before suggests that there is as total of about 300,000 drug-damaged babies—and what would be a more precise medical term, doctor, drug-damaged—I do not want to sensationalize this, nor do I want to understate the significance and tragedy of it, so babies born to mothers who at the time the mother was addicted, consequently the baby has some residual, at least, addiction, is that correct?

Dr. STERN. Yes. If I may say one thing which I think is very important, speaking to the head of neonatology, one thing we do not want to do is label these kids. Right now, we are, in fact, in the short time that we are studying this, we are not necessarily finding the long-term effects which we are predicting, and if we do predict it, it is going to be a self-fulfilling prophecy. So, I think labeling that——

The CHAIRMAN. That is one of the things I wanted to get to, because that is part of it. If there is any good news in this, the study last year, the first one that I observed that came out, indicating that the thing, this doom that we were talking 2 years ago, that any child born addicted to cocaine was obviously going to have, their brain cells would have been rearranged in ways unrelated to what is healthy for them, they would have behavioral problems, et cetera.

There was a study—and I cannot think of the name of the study—do either of you remember it—by Dr. Chasnoff, and it took them 5 years. I think it was roughly, 3, 4, 5 years out, that they were not determining that things were as bleak for the 3-year-old born addicted to cocaine 3 years earlier as was thought. No one thinks it is good, no one thinks it is healthy, no one thinks it is anything but trouble, and no one knows what the effects will be when they are 21 or 25 or 28, their ability to love, their ability to bond, their ability to relate, nobody knows that.

But I really appreciate, because I would have forgotten to do it, your admonition that what we do not want to do is label every child who, at the time of their birth, had a foreign controlled substance in their bloodstream affecting their body and their brain, that somehow that child was doomed forever, so when it is picked up a day, a year, 10, 12, 20 years later on a resume, on a background check, that somehow these children cannot make it.

I appreciate your saying that, but it is clear that there is some, at least at the time of birth. There are some difficulties, particularly low weight, higher death rates, I am told, et cetera, that do not occur when a child is born to an otherwise healthy mother.

Dr. STERN. Yes, sir.

The CHAIRMAN. Now, we are talking about 300,000 such children being born this past year. Now, I believe the reason for the short-

fall between, in your case, Ms. Chisholm, talking about Michigan, 2,500 of these women seeking help, when there are really 35,000 of them, is that we have not developed enough resources to deal with the problem. But there may be other reasons why the Nation treats so few of our pregnant addicts.

You have testified, as I said, that you are able to help about 250 of 3,500 addicts who contacted you. But one question is, why did only roughly 3,500 addicts, out of 35,000 addicts, contact you or any other institution that you know of? Why is that?

Ms. CHISHOLM. I am pleased that you asked that question. First of all, the numbers that you have is not a statewide number. That is the Eleonore Hutzel Recovery Center statistic alone——

The CHAIRMAN. 3,500?

Ms. CHISHOLM [continuing]. That contacted us.

The CHAIRMAN. Out of 35,000?

Ms. CHISHOLM. That is correct, that contacted our program alone. That is not the State of Michigan.

The CHAIRMAN. Right.

Ms. CHISHOLM. That is just this one program.

The CHAIRMAN. OK. Now, are you one of the larger programs?

Ms. CHISHOLM. Yes, we are, we are one of the largest grant-funded programs in the city, and the Bureau of Substance Abuse is now financing approximately 34 treatment programs.

The CHAIRMAN. OK. So, what I am trying to get at here, and maybe this is not capable of being arrived at, but if we are talking about—and your or staff, please correct me if I am wrong about this—if we are talking about an estimated 35,000 pregnant women, who at the time of their pregnancy were addicted to a controlled substance, and of that 35,000—that is statewide, I assume, the 35,000?

Ms. CHISHOLM. 35,000 is the State, yes.

The CHAIRMAN [continuing]. 3,500 contacted you alone, you meaning your institution?

Ms. CHISHOLM. Correct.

The CHAIRMAN. Do we have any figures for how many of those 35,000 women contacted any agency, seeking help in Michigan? We do not know that, right?

Ms. CHISHOLM. No, we do not know that.

The CHAIRMAN. OK. So, all we do know is that roughly 10 percent contacted you. Of that 3,500, you were able to treat 250?

Ms. CHISHOLM. Pregnant women.

The CHAIRMAN. Pregnant women.

Ms. CHISHOLM. Yes.

The CHAIRMAN. So, 3,500 pregnant women contacted you, you could treat 250 of those pregnant women, is that right?

Ms. CHISHOLM. All the women who contact the program are not pregnant.

The CHAIRMAN. I see.

Ms. CHISHOLM. We also have a full program for non-pregnant addicted women and their children.

The CHAIRMAN. I see.

Ms. CHISHOLM. So, of the number that contacted us, 250 women successfully completed the pregnancy portion of the Eleonore Hutzel Recovery Center program.

The CHAIRMAN. OK. Well, I think I may be trying to reach a statistical conclusion that is not realistically warranted, based on the facts that I have here, so let me ask the question another way, then.

Why is it that, in your view, not even more women contact you than do?

Ms. CHISHOLM. I feel like a lot of women still think that there is a certain stigma attached to women who are seeking treatment. Those who are pregnant, in addition to their addiction, come under the catch-22 criteria. The feeling is that, if I seek treatment or not, there is a stigma, there is a chance that I am going to lose my children to other human service organizations, there is the trust factor, they do not know us, they have not presented themselves to treatment previously and some have, but most have not, because all of the questions are out there, because there are more myths than facts that flow certainly throughout the streets, and that is where most people pick up their information, through others who have either sought treatment or who have prevented them from seeking treatment.

Because of all the if's that are a part of the mindset of the addict, they are not seeking treatment. We are a voluntary program. Women who come to us have to agree, they have to contract with us that they are going to follow the regime of the program, so many do not show up, because they do not want that regimen in their life, and we have no way of forcing that.

The CHAIRMAN. Well, I have a number of other questions, but one more that may be a little bit off the specific subject, doctor, and you look too young to even be able to answer this one, because I am not sure of anybody who has all their hair and looks a lot younger to me. [Laughter.]

In visiting emergency facilities and trauma centers, as I have, I have found another phenomenon I did not anticipate finding, and that relates to a hearing I held not too long ago about the increased murder rate in the United States. Not only is it that so many people involved—and you have testified to this indirectly—in violent offenses that result in serious traumas as a consequence of anything, from a baseball bat to a gun to a knife, whatever, that you see as they are rolled in on a stretcher, are impacted upon by alcohol or drug abuse, either it was done to them by someone who was under the influence of, or they were under the influence of, and got involved in an altercation or whatever.

An interesting fact was pointed out to me, and that is one trauma center indicated to me that 10 years ago, when they saw a gunshot wound, it was usually a single shot of a low-caliber weapon, and the chances of survival were much higher, but today, as the woman who heads the trauma center in my State said, she said now what I see are high-caliber weapons and multiwounded individuals. So that the people being rolled in on a stretcher as a consequence of a gunshot wound do not have one .22 caliber slug stuck up in their shoulder, they have eight .32 caliber slugs that ripped out their spleen and their heart and God knows what other parts of them.

Is there a correlation between—and I did not ask you to come prepared to speak to this, and if you are not, I would appreciate if,

for the record, you could give us some information—a correlation between the increased number of deaths that you see, either dead on arrival or incapable of being treated and dying in the emergency room from gunshot wounds, because of the higher caliber weapons and are they multiwounds, rather than low-caliber weapon is and single wounds?

Dr. STERN. I did not come prepared to answer that question and I really do not have the statistics. We see a variety of all. We do see more high-caliber injuries than we had 2 or 3 years ago, but I do not know statistically how that compares.

The CHAIRMAN. Maybe a better way for me to ask the question and ask you to consider—and I do not want you doing this if it is going to require you to disrupt your staff to do it, I mean that sincerely, because they have more important things to do than answer this question, but if it is possible, here is the question that I would like you to consider attempting to answer:

I am of the impression that the total number of gunshot wounds that the emergency facility at Albert Einstein Medical Center had to treat in 1980 and 1990 is not materially different, the total number, but that the deaths resulting from gunshot wounds at Albert Einstein Medical Center treated is much higher in 1990 than it was in 1980.

If there is any reasonable formulation of that question that could shed some light for us on whether or not the increasing murder rate, which is staggering in Philadelphia, as well, is as much a consequence of not just additional incidence of encounters, but the nature of the encounter and the weapon used in the encounter, because it goes to this whole question of high-caliber weapons and so on. Give it a shot.

Is there any comment that either of you would like to make, in closing?

Ms. CHISHOLM. I would just simply like to say, Senator Biden, that I really do appreciate your inviting us to be here today and for the work that you have done in terms of addressing and fighting the struggle that we are now in, being on this side of the war, which is something to arrest the problem and to start looking at how we as a Nation can have some continuity of care and uniformity among systems. I think that is going to be very important, and I appreciate your calling on us to be a part of that strategy.

The CHAIRMAN. Thank you. You do a good job.

Doctor, any comments?

Dr. STERN. I would like to thank you for letting me speak here today.

The CHAIRMAN. Thanks for coming on such short notice. I know you both have other things to do. Thank you very much.

The hearing is adjourned.

[Whereupon, at 3:58 p.m., the subcommittee was adjourned.]

[Additional material follows:]

Office of Prosecution

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Special Narcotics Courts

STERLING JOHNSON, JR.
Special Narcotics Prosecutor
for the City of New York

August 2, 1990

Hon. Joseph Biden
Senator
224 Senate Dirksen Building
Washington, D.C. 20510

Dear Joe:

New York, along with four other areas in the country (Miami, Southwest Border, Houston, and Los Angeles) has been designated a **High Intensity Drug Trafficking Area** (HIDTA) by the Office of National Drug Control Policy. Currently, the HIDTA program calls for an additional allocation of $25 million to be divided among the five designated areas for law enforcement efforts.

At the present time, I have learned that four million dollars in HIDTA funds have been allocated to federal law enforcement authorities in this area. These funds are to be used by the federal authorities to purchase equipment and to defray moving expenses for federal agents transferring in and out of New York. **No share of the four million dollar allocation has been designated to local law enforcement or government, nor, to my knowledge, is there any future plan to do so.**

From the outset, local government, and in particular, local law enforcement agencies were excluded from the HIDTA fiscal decision making process. We first heard of the HIDTA initiative at a January 1990 meeting when I was requested to submit a proposal on how my agency could spend some of these funds. Other law enforcement agencies, present at the same meeting, submitted similar proposals. No additional information was forthcoming until Senators Alfonse D'Amato and Dennis DeConcini and the U.S. Senate Appropriations Subcommittee on Treasury, Postal Service and General Government conducted a hearing on June 25, 1990 to look into and assess the progress of the program with regard to the allocation of HIDTA resources. This was the first time that I learned that New York, Northern New Jersey, Nassau, Suffolk and Westchester counties were receiving only four million dollars of the $25 million

available. It was also the first time I learned that these funds were going to federal law enforcement agencies in the New York area and that nothing had been allocated to local law enforcement.

Given the enormous drug problem plaguing our communities , and the solid working relationship between local and federal law enforcement agencies in our area, we feel our federal colleagues deserve, need and, indeed, will put to good use these additional resources.

However, the reality remains that local law enforcement does the lion's share of drug enforcement in this area. Not only is the four million dollar appropriation inadequate, but the criteria used to allocate these funds is unrealistic. This short-sighted approach completely ignores the needs and efforts of local police and prosecutors who for years have been the central, if not, the most important part of this war effort.

Nor do the actions of the federal government take into account the vast volume of narcotic-related crime handled at the local level. The following statistics show the depth of the efforts as well as the extent of accomplishments that have been achieved at the local level:

- In 1989, the New York City Police Department made over 300,000 arrests, of which 102,000 were narcotics arrests.
- Citywide, in 1989 the number of indictments filed by the five District Attorneys Offices and my Office totalled 52,690.
- On the other hand, the combined number of indictments filed by the U.S. Attorney's Offices for the Southern and Eastern districts totaled less than 2,000 during the same period.

While federal law enforcement officials were active, aggressive, and productive in 1989, they in no way approached the volume of arrests nor the number of indictments handled at the local level.

I reiterate that the federal agencies in this area need additional resources. Four million dollars is clearly insufficient. However, the facts and the statistics I have cited clearly demonstrate the urgent need to address the proposed level of funding as well as the formula that has been used to distribute HIDTA resources to ensure that local law enforcement also receives well-deserved and much needed support.

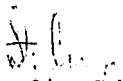
An equally important issue that must also be addressed is the total lack of any allocation of resources to education, prevention and treatment. I strongly believe that allocating funds to law enforcement efforts alone will doom us to failure even before we begin. Experts who have long-studied the drug situation in this country, have concluded that any successful effort must include education, prevention, treatment and law enforcement.

Statistics show that there are an approximate 500,000 drug abusers in New York and treatment slots available for a mere 37,000. They also show that 83 percent of those who pass through New York City's central booking facility test positive for drugs. An estimated 80 percent of abused and neglected children who went through our Family Court system last year came from families where one or both parents are substance abusers. These figures alone should serve to make decision-makers realize the dire need to substantially invest in education, prevention and treatment programs. To do otherwise will only guarantee the long-term failure of our efforts.

Let me conclude by saying that I am gratified that the federal government has recognized the serious nature of the drug problem in our area and has takensteps to assist us in its solution. However, if the goal is to succeed, more funds must be invested, and more support must be provided at the local level.

You have always been at the forefront of our efforts. Your voice was heard on the Hill when no one else wanted to deal with the drug menace that was growing in our midst. We would very much appreciate any support you can lend us in our attempts to increase HIDTA funding for our area, and to include local law enforcement in the appropriation of these resources.

Sincerely,



Sterling Johnson, Jr.
Special Narcotics Prosecutor
for the City of New York

1-YEAR DRUG STRATEGY REVIEW

THURSDAY, SEPTEMBER 6, 1990

U.S. SENATE,
COMMITTEE ON THE JUDICIARY,
Washington, DC.

The committee met, pursuant to notice, at 10:09 a.m., in room SD-226, Dirksen Senate Office Building, Hon. Joseph R. Biden, Jr. (chairman of the committee) presiding.

Present: Senators Biden and Specter.

OPENING STATEMENT OF CHAIRMAN BIDEN

The CHAIRMAN. The hearing will come to order.

Welcome, gentlemen. It is good to have you all back.

I guess I should explain to the spectators why we were laughing a little bit. We presented the Director with a cake with a No. 1 on it for the 1-year anniversary. Is it all right if I tell them your comment? The comment was, "Thanks, Dad." I am not sure that is a good idea, referring to me as "Dad."

I have a prepared statement, Bill, and I am going to enter it into the record. Since we have an opportunity today with Senator Specter and myself here and all of you here to have a genuine dialog, let me summarize briefly my statement. Before I do that, I will explain the absence of the ranking member Senator Thurmond. Senator Thurmond wanted very much to be here, but he is required, in his similar capacity as the No. 2 Republican on the Armed Services Committee, to be at the Pentagon today. I believe there is a major meeting there with some members of the Armed Services Committee relating to the whole question of reserve forces and how and under what circumstances they will be used. And He wanted me to personally express to you, Director, and everyone else, your staff and your colleagues, that he would try to make it, but he may not be able to get back. It obviously does not reflect a lack of interest in what we are about to discuss.

Director Bennett, 364 days ago you sat right where you are sitting now, as this committee held the very first congressional hearing on the President's drug strategy. Today, 1 year—and 26 hearings—later, we are pleased to welcome you and your team once again.

Over the course of that year, we have had a productive and professional dialog. We have had our differences—and even some arguments—as one might expect. But I think that even these exchanges have served the Nation by providing an informed and important debate over what direction our national drug policy should

take. Indeed, fostering that debate was the very reason I wrote the drug czar law almost a decade ago.

At yesterday's hearing, I delivered lengthy remarks—and released this 200-page report, "The President's Drug Strategy: One Year Later"—offering my views on our Nation's progress during this first year of the drug strategy. I do not intend to repeat those remarks again today, but rather, want to offer only a few introductory comments before turning to Director Bennett for his testimony.

One year into our drug strategy, these are signs that progress is being made. Here at home, overall drug use appears to be down, and in the Andean nations, the drug cartels are on the run. Law enforcement efforts are putting the squeeze on cocaine supplies at the wholesale level, and drug seizures at the borders are rising to new records, too.

But from my perspective, the most important step forward taken over the past year came from the President and his drug director, Bill Bennett.

Together, President Bush and Director Bennett did more than anyone else in our country to help shape the Nation's attitudes and build strong public disapproval of drug use.

Undoubtedly, this leadership played a key role in combating casual drug use—which appears to be plummeting.

In addition, Director Bennett, his deputies and his key staff have made an immeasurable contribution to progress in the drug war by producing and promoting the first two drug control strategies during the past year.

Of course, I have had my disagreements with this strategy—as evidenced by my release of an alternative strategy in January—and I continue to be troubled by some of its approaches. But the significance of the strategy itself, as a vehicle for discussing these differences and focusing the debate over our policy, should never be underestimated.

That's the good news. But as anyone who lives in one of our major cities—or a rural town—can tell you, the "war on drugs" is far from won. And on some fronts, we appear to be far behind where we had hoped to be a year ago today.

America probably has more weekly cocaine users today than ever—the hardcore addict count is up and may be continuing to rise.

Our drug treatment system remains terribly overwhelmed: Less than half of the drug addicts who could have been helped this year got the drug treatment they needed;

Many key law enforcement needs remain ignored—the FBI added only one new drug agent this year, and local police forces have grown by 1 percent since last September;

Drug education remains poorly funded: Only 1 of the 50 States had enough resources this year to provide comprehensive drug education for all of its students—only 1 in 50.

And it looks as if the murder toll, and drug-related murders, are headed for a new record this year.

For 9 months, I have been calling for changes in drug policy in three basic areas. As we reach the 1-year anniversary of the Presi-

dent's strategy, I believe that the need to move in these three directions is clearer than ever.

First, we must do more to combat hardcore addiction. Hardcore users cause our crime problems, and are responsible for a tremendous percentage of drug distribution. These users will not give up their habits—and their criminal activities—even as social attitudes turn against drugs.

In my view, our drug policy is not a success until we have gotten every one of these addicts off the street, and put them into a drug treatment bed or into a jail cell—whichever is appropriate—but either way, we must get them off the streets.

Unfortunately, we still remain far away from achieving this goal. And for some addict groups, the shortfalls are particularly disappointing: Figures we released yesterday showed that less than 1 in 10 pregnant drug addicts got treatment this year; about 300,000 more drug babies have been born in America since the first drug strategy was released. Less than 1 in 7 addicts in prison were treated; 3.6 million criminal drug users were put back on the street—without having been treated for drug use—over the past year.

I think that reversing these statistics must be a major focus in the year ahead.

Second, we must do more to move the Andean economies away from their "drug dependency." We must do all that we can to get the Andean farmers who grow coca leaves out of that business, and into legitimate trades and livelihoods.

The administration has emphasized military and law enforcement initiatives in the Andean nations, and these efforts have had results. Indeed, I think the record should show that these efforts have had far, far better results than any of the so-called experts said were possible a year ago, when they greeted director Bennett's approach with snide skepticism. The cartels are on the run, and the price they can afford to give farmers for coca leaves has fallen sharply.

Yet by itself this is not a win, but rather, only a window of opportunity. And I worry that unless this window of opportunity to remake the Andean economies is acted upon now—with immediate programs to move farmers out of coca growing—no lasting reduction in the supply of cocaine in this country will be achieved. We cannot wait for next year's planned increases, channeled through an inevitably slow and bureaucratic State Department, to get the needed economic aid to South America. We must act now.

Third, we must do more to promote drug education. All the experts—including prominent law enforcement leaders—agree that this is where the final victory in the drug war must be won. Yet on this front, we are making far too little progress.

As I noted a minute ago, our study—employing the administration's own definition of what makes an effective drug education program—found that only 1 of the 50 States had enough funds available for its schools to get a comprehensive drug education message to all of its students.

And more than half of the States—29—lacked resources to get this message to any more than one out of every three students.

Again, we must make this a top priority for the next year of the drug strategy.

In closing, I would state my feelings this way: "Over the past year, much progress has been made in fighting drug abuse—but declarations of 'victory' in the drug war remain far, far away. And I fear that we must make some changes in our approach, or there is a chance that success will permanently elude us."

I want to emphasize that my criticizing or questioning some parts of the strategy does not mean that I reject it out-of-hand. Changes in the administration's drug strategy are, as I see it, needed. But much of the strategy has been effective, and is on track.

No person, however, talented, could have produced a drug strategy that would be perfect in all respects on the first try. My calls for changes now do not imply that I think that anyone else in this administration—anyone else—could have done a better job with the first strategy than Director Bennett did.

As I see it, on this first anniversary, Director Bennett and his team have much to be proud of. Though we can debate how well parts of the program are, or are not, working, no one can debate this fact: In many areas, Director Bennett has proven the cynics and the skeptics wrong, and has shown that the drug epidemic can be successfully battled.

A year ago the skeptics said that increased law enforcement efforts would not work. They said that the cartels could not be disrupted in their Latin American strongholds. They said that treatment systems could not be expanded without a loss of efficiency. They said that drug education would never yield results.

Over the past year, these skeptics were proven wrong. Over the past year, progress was made on all of these fronts.

Credit for this progress should be widely shared. Congress passed the drug director law and it gave the President every dollar he asked for for this program—and hundreds of millions of dollars more, in fact. The State and local governments battled the drug criminals on the front lines. Education and treatment professionals fought long odds to get demand reduction programs into place. Andean governments waged a courageous shooting war with the traffickers.

And above all, Director Bennett, you provided the leadership we needed to pull it all together, to rally public support, and to keep things on track when they threatened to be derailed.

Whatever differences you and I have over the future of our drug policy should never obscure how much respect and gratitude I have for what you have done thus far.

I still believe that, working together on a bipartisan basis, we can triumph over the Nation's current epidemic.

That is our challenge and responsibility—and I hope we will continue moving toward it today.

It has been a year, and I think you have made some great progress. And I think that if we look back a year, what we said—both of us said a year ago—was that practically speaking no one in 1 year, never having had a comprehensive strategy, is going to come up with a strategy that will not require changes, fine-tuning, have more results in one area, less results in the other, and be the perfect document. And I believe, to paraphrase you, Director, you said that this would have to be continually fine-tuned as we move.

And so the purpose of the hearing today is to talk about our successes, and we should talk about them, and we should make it clear to the American people that you have had and the Nation has had some real success. One of our concerns has been, all of the gentlemen sitting at the witness table and Senator Specter and myself and everyone on this committee, that we not give up on this fight; that we make it clear that everyone from those who said nothing could be done to those who call for legalization out of frustration, that they were both wrong and that we could and would make progress.

But after we talk a little bit about the successes, I would also like to talk—and I am going to ask you—a little bit about where you think we weren't successful. Not for purposes of suggesting that there was a failure, but for purposes of suggesting that, OK, what didn't work as well as you anticipated, and what do you think should be changing, if anything, if anything at all.

We had exchanged—our staffs exchanged copies of the various reports and comments we were going to be making prior to this hearing, and so you know generally where I think the shortcomings have been and what I think we have to build on. But there are a couple things that you said in your draft opening statement that I fully, totally, completely concur with. One of them was that you said, "On balance, we are beginning to see progress," on page 2 of your draft statement. I assume it is roughly the same statement.

I think that is an absolutely accurate way to state where we are. We are much better off than we were a year ago, and hopefully next year when we meet we will be even better off than we are today.

Now, let me conclude by suggesting one other thing, and I hope I am not breaking any confidence when I suggest that when you and I spoke briefly yesterday, I think we both agreed on the following: That there is a very important middle ground that you and I are going to have to protect here. It is going to be very hard in the context of a serious budget crisis that is being "summited" almost as we speak, or will shortly be, to add a burden to the treasury and shift the focus of the American people, understandably, to foreign policy in the Persian Gulf, and issues relating to the banking and savings and loan industry, to make sure the focus also stays on this issue.

We have begun to make progress. It would be a tragedy to conclude that so much progress has been made we can hold fast where we are. It would be a tragedy to conclude that we don't have to do more of what we have been doing. You have a line in your draft statement as well that suggests that one of the things you have learned is we must continue to do all of the things on all fronts that we are doing.

And so I pledge to you, although I acknowledge it will be harder, that I will I do my best as chairman of this committee to continue to make the case to my Democratic and Republican colleagues, who are faced with difficult choices as the administration is that this remain a top priority, and pledge to you to help in any way we can.

The purpose of today's hearing is not for anything other than where there is criticism to be constructive, and where our constructive criticism is inaccurate or wrong from your perspective, to be

corrected. So as we jointly decide next year's strategy—you will decide the strategy—we have to implement the strategy in terms of vote it into existence and come up with a strategy that is an improvement on last year. And each year will be an improvement on the year before.

I thank you very much for I know it was a difficult scheduling problem for you to be here today. I thank you for being willing to be here, and I look forward to your testimony.

I now yield to my colleague from Pennsylvania, Senator Specter.

OPENING STATEMENT OF SENATOR SPECTER

Senator SPECTER. Thank you, Mr. Chairman.

Director Bennett, I join the chairman in welcoming you here and the fine staff that you have assembled. I too note the considerable progress which has been made during the course of the past year. I would like to add a cautionary note about congratulations which are too early. We have seen the statistics that there are fewer drug cases arriving in hospitals, although there are more deaths from overdose of drugs. Yesterday we heard some contradictory statistics on that subject, but I do believe that there is progress being made, as Senator Biden has noted. But we are much too much at too early a stage to have any firm conclusions.

I think the most important factor is that we finally have a drug czar. We call you a director, and you have assembled a first-class staff. I had an opportunity to be on a program with Judge Walton recently at the Supreme Court Justices conference—it was on drugs—and your department has focused a lot of attention on the issue. I believe that there has been a decrease, as I sense it, in cocaine use, for example, because people are more aware of the problem. They are aware of the dangers, the destructive qualities of the drug.

I was asked about your own stewardship and your very vocal approach to the job, and I said I think it is good. I think you need someone who speaks out on the issue, and the more attention that is focused on it, the better. Then people start to understand the problem. I think Senator Biden has done an outstanding job on that too in his recurrent and lonely hearings. We had one yesterday afternoon where hardly anybody was available on Capitol Hill, and it was a somewhat lonesome session.

I do believe that we need to do more on the demand side. I know you hear of this on a recurrent theme, and I would like to state it again now; that in the allocation of the resources, I would personally like to see much closer to a 50–50 split between supply and demand, with more emphasis on rehabilitation and on education.

I have made it a point to the extent possible to visit schools, grade schools, junior high schools, and high schools, and I believe a lot more needs to be done on the educational aspect. Frankly, I have been surprised that it is only in the last few years that our schools have been paying any attention to the issue of drugs. I think the long-range victory—and I think we will have a victory—will come through the educational process.

I think more has to be done on rehabilitation as well, with more resources devoted toward rehabilitation. I am still anxiously await-

ing the implementation of the aspect of civil penalties on the demand side, to start using the congressionally enacted fines of $10,000, passed in 1988. I know it is complicated to get the regulations and to get that set up, but that is something that really ought to receive some expedited attention.

I note the statistics on the increased cost of cocaine. I don't know whether that is good or bad. I think interdiction has been helpful. Former President Barco did an outstanding job in Colombia, and there are massive efforts in Peru and in Bolivia and in Latin America generally. But I have doubts about the ultimate success of that kind of a program because however much we interdict there seems to be more coming in. Somebody said if we put up a 17-foot wall, they get an 18-foot ladder. I think we have to continue it, but I don't think we can place undue reliance there.

On the prosecution side, I think we are doing better. I think the Department of Justice, under Attorney General Thornburgh, have made significant improvements on our prosecution. More money has been given to the Alcohol, Tobacco and Firearms unit under armed career criminals, and we are making some progress.

I would like to add one word about help for the courts. This is something you and I have discussed, and I think we need a little expedited treatment on it. I know how busy you are, and I do not want to unduly focus on the issue of correspondence and the issue of responses. But I don't want to let it pass, either. I wrote to you back on December 28, 1989, sending on to you a very important report by the Levin Commission on a Philadelphia drug court proposal. I received a reply on September 4, the day before yesterday.

Now, one of the advantages of these hearings is that correspondence is answered. I know you have a lot of problems. I get a thousand letters a week, and all of my letters aren't answered. Senator Biden answers all of his letters. But I would suggest that some improvement is needed on that, especially in the context where you and I discussed this issue at the February 2 hearing, and we have discussed it again today. The courts are a real bottleneck on our enforcement on the supply side issue. We all know that. Judge Walton and I have exchanged some views on that. As part of his distinguished career, he was a public defender in Philadelphia.

I have proposed to you and want to discuss with you in a few minutes the idea of a demonstration project which I have proposed, and the Philadelphia authorities have done a lot of work on it. I have taken the initiative with the U.S. attorney in Philadelphia and the district attorney to try to move more cases from the State courts to the Federal courts because it is a Federal problem. There is concurrent responsibility. I sat down with the chief judge of the third circuit and the chief judge of the Philadelphia District Court and with the 20 to 30 judges there and told them of a widespread interest in having more cases handled in the Federal courts, and they are going to do that.

But the kind of demonstration project which Philadelphia has projected, where those arrested would be immediately referred for treatment, even in advance of prosecution or conviction, has a lot of promise. To the best of my knowledge—and I have discussed this with some of your people—we know of no similar kind of demonstration project anywhere. I think that it is not a matter of the

Federal Government financing State courts but perhaps making some financial assistance here to have a demonstration project which could be replicated in other places.

Well, I have probably taken too long, but this is a vast subject. It is one that I have been working on for more than 25 years since I was district attorney of Philadelphia back since 1965, and including a lot of work done here on the Judiciary Committee. It is a matter of overwhelming importance. No matter what is happening in the Persian Gulf or what is happening on the budget summit, as we speak there is tragedy across this country on the drug problem and more is forthcoming. We have to keep it at a high visibility line and have to keep our very intense efforts going. I think we are off to a good start, but we have a lot of work to do.

Thank you very much, Mr. Chairman.

The CHAIRMAN. Thank you.

We have prepared statements from Senators Thurmond and Grassley which we will insert into the record at this point.

[The prepared statements of Senators Thurmond and Grassley follow:]

STATEMENT BY SENATOR STROM THURMOND (R-S.C.) BEFORE THE SENATE JUDICIARY COMMITTEE, REFERENCE, HEARING ON THE NATIONAL DRUG CONTROL STRATEGY ON ITS ONE YEAR ANNIVERSARY WITH DRUG CZAR WILLIAM BENNETT, 226 SENATE DIRKSEN OFFICE BUILDING. THURSDAY, SEPTEMBER 6, 1990, 10:00 A.M.

MR. CHAIRMAN:

We are here for the second of two hearings to review President Bush's National Drug Control Strategy. Today, we will hear testimony from the Director of the Office of National Drug Control Policy, William Bennett. This hearing is the third time this Congress that Director Bennett has testified before our Committee regarding implementation of the National Drug Control Strategy. We are pleased to have him with us to continue the discussion about this important drug control strategy.

As we are each aware, the drug crisis has had a profound impact upon every facet of American life. Illicit narcotics, such as cocaine, crack, and marijuana, have become the major focus of virtually every law enforcement organization. Cities, towns, and neighborhoods are plagued with drugs. Clearly, drugs have hit virtually every neighborhood in the country.

This week marks the one year anniversary of President Bush's unveiling of our Nation's first comprehensive national strategy for winning the war on drugs. The dire need for the strategy was unquestionable. In the short time since its introduction, the strategy has proven to be very effective.

Under the leadership of Director Bennett, the Office of National Drug Control Policy provided the Bush Administration and the Nation with a comprehensive strategy to address our

nation's drug problem. This anti-drug strategy, although in its early stages of implementation, has resulted in a recession of our current drug epidemic. It is clear from the recently released Office of National Drug Control Policy White Paper Report of Leading Drug Indicators that the situation has taken a turn for the better. The report points out that the estimated number of drug users has decreased from 23 million in 1985 to 14 million. In addition, cocaine emergency room cases have decreased by more than 25 percent since the third quarter of 1989. Further, on the positive side, there has been a decrease in the availability of cocaine. This decrease in availability has resulted in an increase in price. According to the Drug Enforcement Administration, the price of cocaine has risen from a low of $11,000 a kilogram to as much as $35,000 a kilogram in just the past year.

Regarding the National Drug Control Strategy, it has proven to be a solid, well thought out plan for action. It represents a direct and effective measure aimed squarely at the drug epidemic which is undermining our communities, young people, and threatens our society. The progress we have made so far makes the best case for continued efforts to implement and improve upon the President's plan. However, we cannot afford to dwell on recent successes. Drugs still have the upper hand in many communities and the fight must be never ending. As Director Bennett has made clear in his report, the drug crisis is far from over. As we continue to fight the war on drugs, a

war which will not be won easily, our resolve to prevail must become stronger.

In closing, this hearing will examine our current situation in an effort to measure our successes and to discuss with Director Bennett what steps still need to be taken.

For these reasons, I look forward to today's testimony.

STATEMENT OF SENATOR CHARLES E. GRASSLEY
ON THE ONE-YEAR REVIEW
OF THE NATIONAL DRUG CONTROL STRATEGY
SENATE JUDICIARY COMMITTEE
SEPTEMBER 5 & 6, 1990

MR. CHAIRMAN, THANK YOU FOR HOLDING THIS TWO-DAY SERIES OF HEARINGS WHICH WILL REVIEW THE FIRST-EVER, NATIONAL DRUG CONTROL STRATEGY, WHICH WAS MANDATED BY THE ENACTMENT OF THE OMNIBUS ANTI-SUBSTANCE ACT OF 1988 AND WHICH HAS BEEN GUIDING OUR NATION'S ANTI-DRUG EFFORTS FOR THE PAST YEAR.

THE DRUG CONTROL STRATEGY HAS HAD ITS CRITICS, BOTH INSIDE AND OUTSIDE THE GOVERNMENT.

SELF-PROCLAIMED PROTECTORS OF INDIVIDUAL LIBERTY DISPARAGE THE STRATEGY'S AIM OF ELIMINATING INDIVIDUAL DRUG USE AS THE KEY TO SOLVING OUR COUNTRY'S ADDICTION PROBLEM.

THEY HAVE PREFERRED TO BLAME THE DRUG PROBLEM ON EVERYTHING FROM ALIENATION TO CONSUMERISM, RATHER THAN ACKNOWLEDGE HOW MUCH PERMISSIVENESS HAS TO DO WITH THE GROWTH OF ILLEGAL DRUG TRAFFICKING AND USE.

SO-CALLED "PROGRESSIVES" MAINTAIN THAT STRONG LAW ENFORCEMENT MEASURES, CALLED FOR IN THE STRATEGY, CAN'T WORK.

THEIR SOLUTION IS TO "ATTACK" POVERTY AND RACISM. I HAPPEN TO BELIEVE THAT THIS ITSELF IS A RACIST NOTION. IT SUGGESTS THAT MINORITY INDIVIDUALS AND POOR INDIVIDUALS HAVE NO WILL OF THEIR OWN. AND, IT IGNORES THE FACT THAT THE VAST MAJORITY OF POOR AND MINORITY AMERICANS DO NOT USE OR TRAFFIC IN ILLEGAL SUBSTANCES.

IN FACT, THE VAST MAJORITY OF POOR AND MINORITY AMERICANS ARE LAW-ABIDING CITIZENS.

SOME OTHER CRITICS OF THE STRATEGY CONTEND THAT IT DOES NOT ADDRESS WHAT THEY CONSIDER TO BE ONE OF THE "KEYS" TO THE COUNTRY'S DRUG PROBLEM -- THE AVAILABILITY OF FIREARMS.

GUN CONTROL ADVOCATES CLAIM THAT THE SOLUTION TO OUR NATION'S DRUG PROBLEM IS TO BAN WHOLE CATEGORIES OR CLASSES OF FIREARMS.

THE STRATEGY'S EMPHASIS ON AN ALL-OUT ATTACK AGAINST ILLEGAL DRUG USE ON ALL FRONTS -- USING THE TOOLS OF LAW ENFORCEMENT, EDUCATION, TREATMENT, AND REHABILITATION, PLUS THE RESOURCES OF THE PRIVATE SECTOR AND EVERY LEVEL OF THE PUBLIC SECTOR -- HAS BEEN RIDICULED.

AND, COMMUNITY ACTIVISM TO RID NEIGHBORHOODS OF DRUGS HAS DRAWN SOME OF THE LOUDEST NEGATIVE COMMENTS.

WHAT SEEMS TO BE UPSETTING TO SOME OF THE "ENLIGHTENED, ADVANCED THINKERS" IN OUR SOCIETY, IS THAT THE STRATEGY DOES NOT PLACE ALL OF ITS FAITH IN A SOLUTION COMING FROM THE FEDERAL GOVERNMENT. MORE IMPORTANTLY, THEY SEEM TO HAVE A HARD TIME CONCEIVING THAT THE STRATEGY DOES NOT DEPEND EXCLUSIVELY UPON HOW MUCH MONEY IS SPENT BY POLITICIANS IN WASHINGTON.

THESE FOLKS ARE VIRTUALLY APOPLECTIC ABOUT THE STRATEGY'S RELIANCE UPON AN OLD VALUE KNOWN AS MORAL LEADERSHIP.

AMONG ALL THE SHOTS THE STRATEGY HAS TAKEN OVER THE LAST YEAR, ITS MOST GALLING CHARACTERISTIC TO ITS CRITICS IS THAT THERE ARE SIGNS THAT IT MAY BE HAVING SOME EFFECT.

MAJOR REPORTING INSTITUTIONS INDICATE THAT DRUG USE IS DOWN FOR THE FIRST TIME SINCE THE 1980's. COCAINE EMERGENCIES IN 1989 -- AS INDICATED BY HOSPITAL EMERGENCY ROOM STATISTICS -- WERE DOWN SIGNIFICANTLY. HEROIN EMERGENCIES, ALTHOUGH TO A LESSER EXTENT, ARE ALSO DOWN.

OF COURSE, NO SINGLE FACTOR TELLS THE ENTIRE STORY. BUT THESE STATISTICS SHOULD BE GIVEN SOME CONSIDERATION BECAUSE THEY COME FROM AREAS OF HARD-CORE DRUG USE.

MAYBE MOST ENCOURAGING, INDICATIONS ARE THAT FOR THE FIRST TIME, DRUGS ARE LOSING THEIR ATTRACTION TO OUR MOST PRECIOUS RESOURCE -- OUR YOUNG PEOPLE.

THE 1989 HIGH SCHOOL SENIOR SURVEY SHOWS THAT THE RATE OF DISAPPROVAL OF DRUG USE AMONG THE NATION'S HIGH SCHOOL SENIORS IS RISING.

THE OVERWHELMING MAJORITY OF STUDENTS SURVEYED DISAPPROVED NOT ONLY OF COCAINE, BUT ALSO OF OCCASIONAL MARIJUANA USE.

SO-CALLED "RECREATIONAL DRUG USE" BY AVERAGE, MIDDLE CLASS AMERICANS HAS ALSO CONTRIBUTED TO THE PRESENT AMERICAN DRUG EPIDEMIC.

HOWEVER, EVEN AMONG THIS STRATA OF OUR SOCIETY, STATISTICS INDICATE THAT TRENDS IN THEIR USE OF DRUGS ARE GOING IN THE RIGHT DIRECTION -- DOWN.

MIDDLE CLASS DRUG USE -- AS MEASURED BY THE NATIONAL HOUSEHOLD SURVEY ON DRUG ABUSE -- INDICATES A 37 % DROP IN DRUG USE SINCE 1985.

IF THESE MIDDLE CLASS AMERICANS -- WHO PARTICIPATE DAILY IN THE AMERICAN DREAM -- NO LONGER "BUY INTO" THE "DRUG USE IS ACCEPTABLE" LIFESTYLE, THE COUNTRY MAY HAVE TURNED A CRUCIAL CORNER IN ITS WAR AGAINST DRUGS.

IN THE MEAN TIME, SIGNS INDICATE THAT OUR EFFORTS TO DISRUPT SUPPLY ARE YIELDING FRUIT. COCAINE PRICES HAVE STEADILY INCREASED, WHILE THE PURITY LEVEL HAS DECREASED DRAMATICALLY.

IN BOLIVIA, COCA FARMING HAS BECOME UNPROFITABLE. THIS IS THE DIRECT RESULT OF HARSH MEASURES TAKEN IN BOLIVIA, AS WELL AS BY OUR OTHER ANDEAN ALLIES, COLOMBIA AND PERU.

THE DRUG LORDS HAVE NOT BEEN WIPED OUT, NOR HAVE THEY GIVEN UP. HOWEVER, THEY NOW UNDERSTAND THAT THEY CANNOT OPERATE THEIR ILLEGAL ACTIVITIES WITHOUT PAYING A HEAVY PRICE.

SIMILARLY, IN CRIME-PLAGUED AREAS -- IN BOTH THE URBAN CENTERS AND IN RURAL AMERICA -- EFFORTS AGAINST DEALERS AND THEIR ILLEGAL DRUGS -- INCREASE.

CERTAINLY, WE ARE NOT IN A POSITION TO DECLARE VICTORY IN THE WAR ON DRUGS. HOWEVER, THE BATTLE TO PORTRAY DRUG USERS AS LOSERS HAS BEEN WON.

THE DE-GLAMORIZATION OF DRUGS -- NOW EVIDENT AMONG ALL CLASSES OF OUR SOCIETY -- IS THE BEST INDICATION THAT THE WAR AGAINST DRUGS, AS LAID OUT BY THE STRATEGY, IS WINNABLE.

AS I HAVE REPEATED OF LATE, I THINK THIS WAR CAN BE WON.

HOWEVER, NO AMOUNT OF TAXPAYERS' MONEY SPENT BY POLITICIANS IN WASHINGTON WILL SINGLEHANDEDLY RID THE NATION OF ILLEGAL DRUG TRAFFICKING.

WE WILL WIN THE WAR BECAUSE OF THE EFFORTS OF INDIVIDUAL AMERICANS WHO -- THROUGH THEIR POWER OF MORAL LEADERSHIP; THROUGH THEIR INSISTENCE ON USER ACCOUNTABILITY; AND THROUGH THEIR DISTINGUISHING BETWEEN ACTIONS THAT ARE RIGHT AND ACTIONS THAT ARE WRONG -- TAKE CHARGE OF THEIR FUTURE: ONE BLOCK, ONE NEIGHBORHOOD, AND ONE COMMUNITY AT A TIME.

DESPITE WHAT THE SO-CALLED EXPERTS MAY HAVE SAID, THESE ARE POWERFUL WEAPONS.

DESPITE ATTEMPTS TO PUT THEM ON THE SHELF, THE NATIONAL DRUG CONTROL STRATEGY HAS PLACED VALUES AT THE FOREFRONT OF ITS EFFORTS AGAINST ILLEGAL DRUG USE.

NOW THAT THESE MOST POWERFUL WEAPONS HAVE AGAIN BEEN UNSHEATHED AND PUT TO WORK, WE CAN USE THEM AS THEY WERE INTENDED TO BE USED: TO FORGE A VICTORY FOR EVERY AMERICAN.

AND THIS VICTORY CAN BE FORGED WITHOUT INFRINGING ON THE INDIVIDUAL LIBERTIES THAT ARE GUARANTEED BY THE CONSTITUTION.

I LOOK FORWARD TO REVIEWING THE TESTIMONY - ESPECIALLY THAT OF THE DIRECTOR OF NATIONAL DRUG CONTROL POLICY - REGARDING THE STATUS OF THE NATIONAL DRUG CONTROL STRATEGY.

THANK YOU.

The CHAIRMAN. Director, before you begin, just let me say one last thing. I think you proved the cynics wrong. I think you proved the cynics wrong: Law enforcement does work. Military aid to the Andes does help. Education does work. Treatment does work. And when we think about where we started off in this process, when I think of our conversation about a year ago, both of us talking on the telephone about whether or not we would separately have to make initiatives to take on this legalization argument, I think you have made a hell of a lot of progress.

I welcome your opening statement and then am anxious to get into a discussion with all of you.

STATEMENT OF HON. WILLIAM J. BENNETT, DIRECTOR, OFFICE OF NATIONAL DRUG CONTROL POLICY, WASHINGTON, DC, ACCOMPANIED BY STANLEY MORRIS, JOHN WALTERS, REGGIE WALTON, BRUCE CARNES, AND DAN SHECTER

Mr. BENNETT. Thank you, Mr. Chairman, Senator Specter.

You have a copy of my full remarks, if I could request that those be submitted for the record.

The CHAIRMAN. They will be placed in the record.

Mr. BENNETT. I will just take a few minutes to summarize briefly my thoughts on the past year and as we look at the future. I want to raise a couple of concerns. You have raised them already. I want to talk about where we should be going, what we should be worried about.

As always, I appreciate the support you and members of this committee have given us during the past year as we had to do everything at once—establish an office, set goals, implement the strategy and so on. As you know, I believe that in sum—and I am glad you agree with me—the drug problem is no longer getting worse. It is in many ways being contained, and in some respects it is beginning to improve. But no one is saying—I am not saying, you are not saying—that the war is over. Far from it; there are serious problems. You know about them; I know about them. You have identified them, and we agree essentially with the problem areas. We can discuss this in a few minutes.

We are certainly not saying it will be over soon. But most of the available statistical and research measures we have now show movement in the right direction: hospital emergency room data, cocaine price and purity numbers, casual use numbers and so on down the line. It is not true everywhere, but it is true in many areas.

Also, I see signs of undiminished public resolve on the question of drug trafficking and drug use. I visited more than 90 American cities and towns in the last 20 months, and I can say without hesitation that the American people remain determined to beat back the drug epidemic still further. That is no small matter. Indeed, that is probably the most considerable matter. Federal policy, no matter how good it is, is no substitute for effective local effort. And one of the main reasons that some places are getting better and other places aren't is because of local efforts.

It is similar to what I discovered when I was Secretary of Education. The best Federal education program is one that is intelligent-

ly, responsibly deployed at the local level. So Federal policy is no substitute for the thousands of neighborhoods, communities, and schools that stand up for their children and against the drug dealers. It is no substitute for parents telling their children about the evil and danger of drugs. But Federal policy signals State and local leaders about the relative priority of drugs as a national concern, and here I intersect with what you were saying, Mr. Chairman.

The Federal Government has a duty to fund and manage those programs that meaningfully and effectively address drug enforcement requirements, that help treat the afflicted, that give appropriations and necessary aid to our allies overseas, and that help prevent young people from using drugs. The Federal role is not everything, but it is an important part. And if the Federal Government shows signs of slacking, especially when it now seems that we are finally beginning to achieve some relief, the State and local leaders will do the same.

I mention this, Mr. Chairman, because as you know, as we have talked, I have seen a few such ominous signs lately in Congress. In late July, a House Appropriations subcommittee seemed prepared to fund drug treatment and prevention programs at a level significantly lower than that requested by the President. In that case, I was greatly relieved that the relevant legislation was amended at the last minute and the President's request restored. I am now hearing rumors that the Senate Appropriations Committee will soon be crafting a Justice Department budget that may hold Federal law enforcement funds level again, far below the President's request.

Approving a drug strategy and actually funding a drug strategy are two different things, and people can tell the difference. I would respectfully request this committee's help in ensuring that Federal drug programs are adequately funded. Let me mention one program in particular. In our second strategy, the President called for a significant new project, the National Drug Intelligence Center. This center will help. It will bring together the intelligence capabilities of all the Federal law enforcement agencies and construct a detailed picture of the trafficking organizations we are trying to destroy. Much of the information we need for this task is already collected in the files and data bases of many Federal agencies. The center would be there to connect these information pieces.

After favorable action in the House, all current indications are that the Senate plans to kill NDIC in this session. That should not happen, and I ask your help to prevent it.

Finally, Mr. Chairman, I would be remiss if I didn't note my distress over the fact that Congress has been unable to enact into law the amendments we have proposed which would create accountability safeguards and Federal aid to State drug treatment and criminal justice programs. I believe these proposals have been tied up in conference since last November. Last year, the President asked the Congress to pass four amendments to implement the strategy. So far only one has been enacted.

Please don't misread me. Congress generally, and this committee in particular, has been a helpful partner in drug policy. But I view my job in part as advocacy, and I know you, Senator Biden, also see it that way. The administration has made a commitment to the

drug war. The President underlined that again yesterday. The other interpretation of the cake you gave me with the No. 1 on it was to signal what the President said yesterday about the drug problem: It's No. 1. I simply want to see that commitment sustained at this end of Pennsylvania Avenue.

In closing, let me briefly address an issue that I know is of particular interest to this committee, and we can get into it later on. That is heroin. The amount of heroin currently being produced and shipped to this country is increasing. It is relatively cheap and readily available. Does this mean we have a budding heroin epidemic on our hands? At this point, I have to tell you I don't think so. Our leading drug indicators suggest that heroin use is either remaining flat or is actually decreasing. The DAWN emergency room mentions for heroin use have decreased by 21 percent since the first quarter of 1989. High school seniors survey shows heroin use way down, at less than one-half of 1 percent. The 1989 DUF data, drug use forecasting data, shows the percentage of arrestees testing positive for opiates remaining fairly constant. Heroin measures in the household survey are currently being are currently being enhanced, and we should have a snapshot of that data.

We all know the theory. We all know what the experts have said, that some cocaine addicts over time do switch to heroin. Stimulants like cocaine burn people out. It leaves them paranoid, nervous, irritable, and restless. To alleviate their unpleasant effects, they often turn to sedatives like heroin or use a combination of stimulants and depressants, so-called speedballing.

What we need to do and what we are doing is to closely monitor this situation and take the necessary steps to head off the problem if and when it arises. At this point, however, no solid evidence exists to suggest that this is the case. If anything, in fact, our data suggests just the opposite. But we have to keep our eye on it, as you have pointed out. We think, by the way, the NDIC will help us keep an eye on it. Because enough responsible smart people have indicated this may be the next big worry, we need to be very attentive to it.

Thank you, Senator Biden, for granting me the opportunity to discuss these matters before the committee, and I look forward to discussion with you about matters of continuing common concern. Thank you.

The CHAIRMAN. Thank you very much, Director.

We are going to have, from our perspective, the luxury—from your perspective, I am not sure how you would characterize it—of being able to spend some time with you this morning without having to go in 10-minute spurts here. The Senator from Pennsylvania has another important meeting, and he is going to try to come back. What I will do is I will yield to him to let him ask his questions or make comments for as long as he wants prior to having to go to the next meeting, and then I will move to my questions.

Senator SPECTER. Well, thank you very much, Mr. Chairman. I do have another commitment, so I appreciate the opportunity to proceed at this time, and I shall not take too very long.

Director Bennett, I begin with the basic philosophical question of allocation of resources. There have been varying estimates given,

with 70 percent being allocated on the supply side, 30 percent on the demand side. Others have said about a third for interdiction, a third for the supply side enforcement in the United States, a third for the demand side. My own sense, as I said earlier, is that there ought to be a 50–50 split with more money going on the demand side for education and rehabilitation.

In light of the experience of the past year, I would be interested in your response to the question: Why not a 50–50 split for demand?

Mr. BENNETT. Well, Senator, I think that you have described it two ways when you began: 70–30 supply-demand, then you said one-third for interdiction, one-third for supply, one-third for demand at home. I think the second way of describing it is more accurate.

At this point, I don't see anything that we are doing on the interdiction side, speaking generally, or the supply side law enforcement that we would want to reduce. I think that, as Senator Biden was saying earlier, the cynics and the critics have to some extent been disproved, and the big criticism there a year-and-a-half ago was that interdiction efforts wouldn't work. I think they are working. We have no guarantee they will work forever, but we have succeeded, as you know, as you have pointed out, in getting the price of cocaine up and its purity down. That is a good thing.

Second, just very briefly, one of the things that remains a problem, as Senator Biden points out in his report and with which we agree, is the fact that the murder rate is increasing in many American cities. Not in all cities but in many. If that is the case, it seems to me it is hardly the right time to cut back on our law enforcement measures.

Now, I have my own perspective on this, which is that up until last year, up until the commitment of the President and the Congress, we frankly weren't doing very much on the supply side. We were doing a fair amount on the demand side. One of the reasons for this was that State and local governments can do a lot about demand without the Federal Government. The Federal Government is really needed, I think, to affect the supply side.

What we have seen done in the last 10 years in terms of public service announcements, the schools, educational programs, public awareness programs, I think has made a great deal of difference. We should maintain that level. But the critical difference that the Federal Government makes in terms of its unique responsibilities, quite apart from funding overall, is I think to make a real difference off the shores of the United States with assistance to our neighbors and in curtailing the supply.

Bottom line, we have had some success over the last year. I don't see any reasons to change this at this point. I think I will count it as a good thing if we are able to hold to what the President has proposed. Given what I said in my oral comments, my worry is that we are going to see decreases in both supply and demand funding based on the actions of Congress. That is the way I see it.

Senator SPECTER. Well, Director Bennett, I would disagree with you as a matter of emphasis. When you take a look at State and local governments, they are being taxed to the outer limits of resources, and I think it is unlikely that they will be putting more

funding into the demand side. We have had a substantial increase in resources. This year, President Bush has asked for $10.6 billion. That is up from $9.9 billion last year. We reached the $9.9 billion figure when Congress added $1 to $2 billion which had been added by the administration. I believe that the Congress will continue to fund and will match what the President has asked for on the $10.6 billion.

When we take a look at what State and local governments are able to do, it is relatively little. And I know it is a matter of emphasis, but I would ask you to give more consideration to the demand side. On the demand side issue, in terms of rehabilitation, it has been a matter of continual frustration to many of us to find the absence of any clear indications as to what works on rehabilitation.

I had my first experience on this way back in 1968 when Day Top Village, Swan Lake, was working on drug rehabilitation, and that was a model program used to bring Gaudenzia House to Pennsylvania. We had $250,000 and thought it was an enormous sum of money appropriated in 1968 for the first residential treatment center. This issue has been posed by this Senator repetitively to the Secretary of Health and Human Services as he testifies before our Appropriations Subcommittee. You and I have discussed this before, and I would renew the question today as to what progress, if any, are we making on finding out what kind of rehabilitation programs really work on drug interdiction.

Mr. BENNETT. I think we have made some progress. We issued a White Paper earlier this year, "Understanding Treatment," which summarized our grasp of the treatment field. I think it is a very good paper. I think it stacks up very well. The scholarly community received it very well. We made a strong case for treatment, for the effectiveness of good treatment, and I think we now know much more about it than we did before. I know we sent you a copy of that report, and we can send you some of the reviews of it.

Our knowledge of what is effective is much better than it was, but that doesn't mean that as a government we have a better hold on it in terms of making sure that effective treatment dominates over ineffective treatment. This is why, again, we come back to the need for these amendments, the accountability provisions that we talk about, so that as we increase the amount of money going out to treatment, we at the same time ensure that treatment is accountable.

We all want to avoid something that we have seen happen in other fields—I know it has happened in education—where the presence of Federal money stimulates people to get into an enterprise not for the sake of the client here but for the sake of the money. We don't want fly-by-night treatment programs. We don't want bad treatment programs. We don't want treatment programs sprouting up, taking the money and not serving the people who need it. That is why we very badly need the accountability provisions.

Senator SPECTER. Well, Director Bennett, as I reviewed the available information, I do not see a clear-cut answer as to what treatment works. Do you think that we now know how to treat addiction to cocaine?

Mr. BENNETT. We know better than we did before. We know——

Senator SPECTER. But how much do we know? "Better" doesn't say very much necessarily.

Mr. BENNETT. Right. These are relative matters. You talk to the people in the treatment field, and they will tell you, as many have told me on this heroin issue—it is quite interesting. They said, well, we certainly hope we are not headed for a heroin epidemic, but several people in the treatment field have told me that if half the cocaine addicts became heroin addicts, we would have the advantage of knowing how to treat heroin better than we know how to treat cocaine.

What we know is that certain kinds of programs are successful. We know that a Day Top Village can be very successful, a Phoenix House can be successful, Abraxas can be successful—that fine program in Pittsburgh and elsewhere. They are good. They work. What does that mean? That means that after x period of time, after completion of the program, people are holding their jobs, they are not committing crimes, and they are not doing drugs.

Can they identify precisely what it is inside that program that triggers the change? No. You can't point to, if you will, a methadone in the treatment of cocaine. But can you point to successful programs? Yes. And I think they have certain features.

Senator SPECTER. Well, I think we need more specific indicators and more specific evidence on what works. I know Day Top Village. I know Abraxas. I think they are good programs. But I do not think that those programs devote sufficient attention to tracking the people that they have worked with.

Mr. BENNETT. Right.

Senator SPECTER. And I think that it is a complex matter of following up on people who have gotten treatment so that we can make an analysis of the kind of a problem person we had to start with, what treatment was given to the person, and how well that person responds both in the short run and in the long run.

Mr. BENNETT. Just a quick comment. If we get our accountability provisions, these organizations will per force have to do this. They will have to track better. They will have to follow up better. They will have to evaluate better because we will be insisting on that kind of information.

Senator SPECTER. Well, I think that is what has to be done so that we get the maximum use out of our dollars on the rehabilitation side. I just think we are not nearly there yet.

Mr. BENNETT. The public, too, remains skeptical. I know that you had before you yesterday—you called it the lonely hearing—two police chiefs who were very skeptical about treatment—Chief Brown and Chief Gates—and who were concerned about throwing good money after bad. And we are all concerned about throwing good money after bad.

But the public's skepticism and the skepticism of others about treatment is not going to be helped unless we are able to distinguish the good from the bad, the effective from the ineffective. It is in the interest of the treatment and rehabilitation community, I think, to get behind the accountability provisions, to show treatment in its best light.

Senator SPECTER. Well, I think that is right, and I think we have been putting substantial money into treatment for more than two decades, based on my personal knowledge back to the late 1960's.

Mr. BENNETT. Right.

Senator SPECTER. And the treatment facilities have not allocated resources or efforts on the tracking. And I think that has to be done. I don't think it is being done yet. This is a recurrent theme, but I think it is important that we talk about it because some people do pay a little attention to what we are doing. C-SPAN's projection may help on this line.

Let me take up one other subject.

The CHAIRMAN. Take your time.

Senator SPECTER. Thank you very much, Mr. Chairman. That is the issue of court handling of the matters. The responsibility for drugs is divided between the Federal Government and the States. There is concurrent jurisdiction on drug cases, and there is a great deal to be said for the proposition that the drug problem is fundamentally a Federal responsibility because drugs come from foreign governments, an international issue which is Federal, and the drug problem moves in interstate commerce. But it is not possible for the Federal courts to take on the entire drug problem and drug enforcement.

As I said earlier, there is a very good program which is now being implemented between U.S. Attorney Baylson who is doing an outstanding job in Philadelphia, with the cooperation of Justice generally, and District Attorney Ron Castille, to move more cases into the Federal courts. But there is a unique opportunity in Philadelphia. And Philadelphia, as a city in my State, has problems very different from any place else, very different from Pittsburgh, for example, the next biggest city in Pennsylvania. The Philadelphia community has tackled this issue, and in a long study made by Professor Levin, a very distinguished scholar, he came to the conclusion that there ought to be a city drug court. He published a very good report last December.

You and I have had the chance to talk about it, both on the record and off the record and for a few moments this morning. I like the idea that you expressed earlier today about accountability and conditions on the State courts in Philadelphia, for example, to improve their procedures as a condition to Federal assistance.

I think that there is a lot to recommend such a demonstration project, not to finance Philadelphia's courts but to utilize their experience and their planning to put those charged with crimes into rehabilitation before trial and before conviction, and to follow through in a very systematic way what happens to the user and the small-time dealer who sells to feed a habit, with rehabilitation facilities as an indispensable adjunct, which is a mixture of the supply side on prosecution and the demand side on the effort at rehabilitation.

I would very much hope, following my December correspondence to you of last year and our discussion in February and the discussions which I have had with Mr. Morris, who has been very helpful, and Judge Walton and others, that we could find some way to move this program forward with some Federal assistance.

Mr. BENNETT. No one could ever fault you for not being a strong advocate of this court proposal, of your State and of your city's. Let's see if we can move the conversation forward.

You know my reluctance. You know my concern. You are right that this is a State problem and this is a Federal problem. I have a concern about additional Federal funds for a local responsibility and a local function when we are seeing a record amount of funds being spent already in State and local law enforcement through the BJA. We know of a couple of jurisdictions, I think—maybe Mr. Morris and Mr. Walters could help me here—which have used some of their funds for a proposal like this. BJA funding levels are up, as you know.

That is my reluctance, Senator. You know as well as I do—better than I do, I am sure—the particular problems in Philadelphia. We all have been reading about that lately. There is no doubt that those problems are there.

Whatever the direction of our conversation, there has to be some pulling together of that criminal justice system in the city of Philadelphia. I would hate to send the signal that the Federal Government is in the business of trying to rescue what has been described as one of the most broken-down criminal justice systems in America by providing Federal funds to pull it out of its problem. It has got to get its act together, and I know you agree with me on that. So that is the reason for my reluctance, and I hope you can understand it.

The idea of a jurisdiction doing something like this may well be a very good one. We saw something like this in Phoenix, and it seems to have worked. But that was grafted on to a criminal justice system that was functioning reasonably well, and I don't think one can make that judgment about Philadelphia.

Senator SPECTER. Well, Director Bennett, I would not encourage a precedent for supporting the system which has broken down, but at the same time I would say that such a system ought not to be removed from the ambit of Federal assistance as well.

Mr. BENNETT. Sure, sure. It is not going to be.

Senator SPECTER. That system shouldn't be excluded because it has problems.

Mr. BENNETT. Of course not.

Senator SPECTER. There would be more to argue that if it has problems it ought to get some help. Because Philadelphia is a port city, it is very close to other major areas of influx of narcotics, and the city has done something very significant in the planning stage. And I would come back to this central concept which makes it novel, to the best of my knowledge different from any other proposal, and that is on a program to dig into the user at the time of arrest and a program to follow through from the arrest, through prosecution, through probation, through the whole line. And no other criminal justice system has come forward with this kind of an idea which I think merits special attention as it may be usable across the country.

So when you said you would provide a list of conditions for improving Philadelphia, I welcome that followup, and I hope that we can move the conversation along expeditiously, because I think

that it would have some national application, not just being a local matter.

Mr. Chairman, again, I want to thank you for your courtesy. I compliment all of the men who are here today and the men and women of your entire department, Director Bennett.

Mr. BENNETT. Thank you, sir.

Senator SPECTER. You are moving forward in the right direction, and I know that the Judiciary Committee and the Senate and the whole Congress want to be of assistance to you.

Mr. BENNETT. Thank you, sir.

Senator SPECTER. Thank you very much.

The CHAIRMAN. I have found in my experience in working with the Senator from Pennsylvania over the years and Philadelphia being a suburb of Wilmington, DE, observing his actions for many more years, that the best thing to do is to give in.

I have concluded, obviously, I know you are a tough-minded fellow and you can sometimes resist his persuasive arguments more than I, but I just, finally when he got me up to Philadelphia with all those judges, he did not bother to tell you that he did not want to ruin the chances of this project going through.

I was not so sure that it was a good idea, but after the 24th discussion of the issue I concluded it must be a brilliant idea. I just gave in.

With all kidding aside, we both agree on a number of things, one of which this is one persistent man, because he cares a great deal about this subject, as you do.

Senator SPECTER. Director Bennett, I want to thank my colleague for those very generous remarks. I know that you do not consider irrelevant the comments of any member of the Judiciary Committee or any Senator, necessarily, but when you have the chairman of the powerful Judiciary Committee who is concerned about a suburb of his principal city, Wilmington, DE, being in such straits, that should not be overlooked as an important area for your personal and immediate attention.

Mr. BENNETT. We really do need the Senator from South Carolina here, I think.

Senator SPECTER. By the way I am authorized to say that he agrees with everything.

Mr. BENNETT. Yes, I understand. I am sure. He has had the same tour.

The CHAIRMAN. Thank you, Senator.

Let me begin by making sure that we are—you and I and your colleagues are starting from the same baseline here. Let me reiterate that I think we are both saying that the problem on the whole is not continuing to escalate. We may have begun to turn the corner on it, but I do not want my colleagues to get the idea or anyone else in the time of this budget crunch we are going to be dealing with that—well, get off my back, Joe, we are really making a great deal of progress.

Let me just put it in perspective and compare 1984 to 1990. Cocaine prices are up—somewhere by your figures and I do not disagree with them—between $18,000 and $35,000 a kilo, and purity is down. But in 1984, a kilo of heroin was selling between $40,000 and

$50,000 a kilo—of cocaine. I keep saying heroin, I beg your pardon. I want to get on to the heroin issue.

Mr. BENNETT. Right.

The CHAIRMAN. So that we have a way to go to get even to the 1984 level, let alone deal with ending this problem.

Second, we are talking about the number of reported emergency room visits being down, or about constant, or down, to 42,145. I think that is the figure, is that not right, close, in 1989. Yet, in 1984, the number was 10,248.

Mr. BENNETT. Right.

The CHAIRMAN. So we are somewhere between 3- and 4-to-1 ratio of where we were in 1984. So I, again, think we are making progress. I believe if we had done nothing, we would be up here with figures that are higher, not going down.

Mr. BENNETT. That is right.

The CHAIRMAN. But for my colleagues who will come to me and say, hey, we have really turned the corner on this thing, we are not even near 1984 levels, compared to 1989.

Second, I have got a chart that is not going to make you angry.

Mr. BENNETT. Good.

The CHAIRMAN. Because I think again, it is important for me to be able to make my case to my colleagues. I am not implying that I am the only one that makes this case, but it is my responsibility to make the case.

Funding levels—the Congress is—I sense the same thing you are sensing, that Congress is starting to waiver on whether or not it is going to continue to be as generous, and/or responsive to total dollar requests relative to funding, as it was in fiscal year 1990. On the demand side, in fiscal year 1990, you asked for $1.885 billion but Congress on the demand side appropriated $2.5 billion.

On the supply side, you asked for $5.966 billion, but Congress appropriated $6.952 billion. Not to suggest that one was better than the other, but the Congress was doing its job and the Congress did not back off those increases.

But now you have come forward and said we have to do more than was appropriated by Congress in 1990 in both of those areas, no matter how we break them down. You are asking, rightly so in my view, for more.

So I just want to make it clear that I think your cause—your sounding the alarm bell—is legitimate. I hope that appropriators hear that alarm bell. They will hear it rung by me as well.

But so far, Congress has done pretty well on the appropriating side. We have not appropriated exactly what you wanted where you wanted it, but in terms of sum total money appropriated for the so-called drug war, it has been done well.

Would you like to comment? I am not asking you to comment on that, but I am just making the point——

Mr. BENNETT. If you are going to leave this, at some point, not now, but I would like your judgment, because that raises an interesting question. Do you think with your advocacy with your end of the street, and my advocacy with my end of the street, that it is possible that could be replicated for 1991?

The CHAIRMAN. I am an eternal optimist. Your job requires you to be one and I am required to be one. I think it can and I think we

can increase it, but I must tell you that it is going to be a hell of a lot harder this year to do it than it was last year and the year before.

Quite bluntly—and I will say this on the record—last year and the year before even those who did not agree with you and me about the need to significantly increase the effort were sometimes afraid to take us on.

Mr. BENNETT. Yes.

The CHAIRMAN. Because there was such momentum for this subject.

Mr. BENNETT. Yes.

The CHAIRMAN. Now, it is one of only several critical issues. It is one of several critical issues requiring budgetary attention, appropriations, that are of equal stature in the minds of my colleagues as well as the public.

Quite frankly, my job is going to be harder. I hope I can deliver. I hope I can make the case, just as I am confident when you get into that—I mean we are both probably going to hold our breath when that budget summit comes out. I cannot speak for you, but for me, I have been saying to the budgeteers as they have been meeting, our people going into those meetings thus far—drugs, drugs, drugs—understand I am not going to lock myself in; I am not going to make a commitment to a package that does not adequately deal with the drug problem.

Mr. BENNETT. OK.

The CHAIRMAN. I think what we most—to further speculate—what we both may be faced with is—and my job may be harder than yours in this regard—we may be faced with an excise tax on liquor, cigarettes, beer—one of the things I have been proposing for 4 years that may not be dedicated to the drug issue.

That is how I have been arguing in the past.

Mr. BENNETT. Yes, I remember.

The CHAIRMAN. I am not sure if that is part of a budget summit gigantic compromise and then my colleagues come back to me and say, OK, Biden, how are you going to fund it? And I say, excise tax. They say, no, no, we have already used that excise tax; find me a new place. My job may be harder.

So, Bill, my guess is we have got a better than even chance of doing it, but it is going to be hard. It is going to be hard. I think that the only thing that we both—I speak for me—the only thing I can do without engaging any kind of recrimination from those who disagree with the priorities that I happen to establish is to continue to yell about how serious the problem still is; not about how the strategy is or is not working. I view them as separate and distinct things.

Mr. BENNETT. I understand.

The CHAIRMAN. I want to keep emphasizing that to you. I do not think you—and I will say it for the record, and I have said it time and time again and to all of your colleagues—the fact that the problem is still extremely bad is not a comment on the extremely good job——

Mr. BENNETT [continuing]. I understand.

The CHAIRMAN [continuing]. That you are doing. I just want to be very careful here. Because as I point out what I think to be some of

the serious glaring problems, some of which have gotten worse in my view—not because of your policy, but some of which have gotten worse—they should not be read, although they will be argued as—I acknowledge it—as shortcomings of your strategy.

Mr. BENNETT. Sure. That is how it was played.

The CHAIRMAN. Now, we have got to keep talking but we have got to make sure that we are both—your shop and mine are on the same wavelength here—because we may, if things got real bad, we may be the only two voices—not the only, that is not fair, I do not want to make it sound that way—we may be, in our respective positions of responsibility, two of several voices who are saying, hey, this thing is still a big deal.

Mr. BENNETT. Could I just add one comment?

The CHAIRMAN. Sure, please.

Mr. BENNETT. You are right. There may be an advantage that we have. There may be an additional one. This is not meant sarcastically, this is straightforward. The President has identified, again this problem, yesterday, as the No. 1 priority.

The CHAIRMAN. Yes.

Mr. BENNETT. Second, I think Republicans make more of a distinction than Democrats do between a whole array of serious problems, and as you said, this is one among others.

Republicans then have more of a tendency than Democrats to say there are a number of serious problems but only some of them are appropriately addressed with the Federal Government as a bigger partner, as a fuller partner.

I think that commitment has been made at our end, at our side. People could argue with it, well, maybe people could argue with me about education. I would say that the drug problem is more obviously a candidate for a larger Federal role than the education problem, which is more of a candidate for local and State. I understand people would disagree with me on that.

When it comes to the crunch, it does seem to me that one reasonable area for debate—we have got six or seven areas—among the Members of Congress, is OK. Let us now talk, because of the budget constraints, about those areas which clearly demand Federal attention, as opposed to divided or other jurisdictional attention.

The CHAIRMAN. I do not disagree with that at all, but we all have to acknowledge that the overall—the premise upon which the budget compromise, if there is one, is laid down will determine whether or not that is a legitimate basis upon which to proceed.

Mr. BENNETT. Yes, sir, sure.

The CHAIRMAN. Because, if, for example, the President concludes—he has not that I am aware of, in his private meetings he has not on foreign policy; I sit in the Foreign Relations Committee—he said straightforwardly, in response to a question from a very prodefense Democrat and a prodefense Republican, does this not mean that we will not be cutting the defense budget that much? He said, no, that does not mean that. It does not mean that we have to eliminate divisions in the Army; we still should do that, and so forth.

But let us assume that he came back and said, hey, look, we are not cutting defense and we are going to make all of the cuts that

are going to impact upon the deficit come from social programs. That is a very different equation.

Mr. BENNETT. Yes.

The CHAIRMAN. But, at any rate, I think there has been no distinction here, as you know—I do not want to get off. One of the things that has happened here is that with your initial support and then ultimate support, it has been Democrats who have introduced the increases in 1990.

So let us hope that we can forget Democrat and Republican and ultimately what has happened in the Senate is that all the major votes have been somewhere around 90 to 10 or 94 to 6 on almost all the controversial issues.

Mr. BENNETT. OK.

The CHAIRMAN. What I would like to do in the time that we have, rather than go through and get bogged down on a lot of specific questions which I will submit to you in writing, and they are not particularly tedious. I think they are very straightforward. I would like you to, in due time, respond to them. I think you will find them very straightforward and easy to respond to, whether you agree or disagree.

I would like to try to focus on you telling me—well, you have already told me basically—where the greatest successes have been in the strategy thus far. Now, the places where we tend to disagree—and I say, we, the President's strategy and me or you all and some significant minority at least, if not the majority of the Congress, across party lines—is along the following several areas. I would like to go into them, if I could.

One is——

Mr. BENNETT. Can I say something to save time?

The CHAIRMAN. Sure.

Mr. BENNETT. Why do we not stipulate agreement on successes. You have been very fair and very generous on it. Let us talk about the hard part. I mean you have been very good, but do not feel obligated to keep saying, we have done well, because you have been very good about that.

The CHAIRMAN. OK.

Let us talk about the one thing——

Mr. BENNETT. If I think you are getting too mean I will ask you to say we are doing real well, otherwise we will stipulate that.

The CHAIRMAN. One of the things we have had a disagreement on and I do not know to what extent, is the report that I issued not long ago on what I believe to be and many "experts who have signed on" agreed were the actual number of cocaine addicts—hardcore users.

Mr. BENNETT. Good.

The CHAIRMAN. Now, we have been using—the National Institute of Drug Abuse—has been using a number based on the household survey of roughly 800-and-some-thousand. I am looking at Dr. Carnes, and I know this ends up in his lap, but whomever—and I came out with a report that said, no, that figure of actual hardcore cocaine abusers was closer to 2.5 million.

Now, I do not want to argue about whether I am right or wrong. Can you tell me what your best guess is as to how many hardcore users there are out there of cocaine?

Mr. BENNETT. Yes, I will ask Mr. Carnes to give you that number and tell you why we think so. But let me make a couple of comments, because this, I think, is critical. Look, you and I have had disagreements and you and I have also worked together in committee on a number of things. This is the next area I would like to see if we could get together on.

Let me say two things. The McNeil-Lehrer thing was, I think, 20 of the worst minutes in public television. I do not mean painful; I think it was just, the public said, what are these guys doing? I do not think that either of us distinguished ourselves. I do not think it was a great 20 minutes. We needed Rosemary Woods there—I am sure McNeil-Lehrer felt—I do not know your judgment of this but——

The CHAIRMAN. They probably liked it.

Mr. BENNETT. Well, maybe, but if you and I are talking about drugs we ought to do better than that, because there are not as many people interested this year as there were last year.

Is it possible—I do not want to dodge your question, Mr. Carnes will answer—but is it possible for us to get together, staff level first and then you and I, to see if we could work a common base of the numbers?

The CHAIRMAN. Yes.

Mr. BENNETT. We can bring Eric Wish; we can bring Mark Kleiman—I mean we all talk to the same people anyway.

The CHAIRMAN. Yes.

Mr. BENNETT. And just get together to see if we can work out of the same data base.

The CHAIRMAN. The answer is, "Yes." You need not speculate if you do not want to know. That to me is fine. I think we would acknowledge that in order to measure our success or failure it is a useful thing to know from where we start.

Doctor, do you want to say anything?

Mr. BENNETT. Say where you think we are.

Mr. CARNES. I want to say this, Mr. Chairman, that I do not know the answer to that question. I think that our number undercounts, because it does not survey persons incarcerated and——

Mr. BENNETT. Homeless——

Mr. CARNES [continuing]. Homeless and other parts of the population. I think the committee's number is inflated because the drug-use forecasting system upon which part of that is based oversamples particular kinds of people. I think that number is too high. It is somewhere in between.

This is, obviously, a critical priority for the Government to figure out and it is one thing that we have been very aggressive with HHS on and NIDA in doing a better job in improving those surveys to get those numbers.

The CHAIRMAN. Well, the answer to your question, Dr. Bennett is I am anxious. I think as soon as we do that, the sooner we do that, the better. My staff stands ready, literally on call to sit down with you and to see if we can come up with something that reflects what we both think is a common ground upon which we can start.

Mr. BENNETT. All right.

The CHAIRMAN. I will move beyond that now. Another area that we have had some disagreement on is in the international field, on

the Andean strategy. Now, I acknowledge and have acknowledged that the military aid that has gone to the Andean nations thus far, coupled with the show of resolve on the part of the Colombian Government, along with some changes in the Peruvian and Bolivian attitude as well, have resulted in, at least temporarily and hopefully longer, an interruption in the supply.

That a number of farmers who are the place from whence the coca leaf comes have been literally temporarily, hopefully permanently, driven out of the business because the price that the cartels are paying for the leaf has dropped so drastically that there is little financial incentive to continue to attempt to stay in a business that they went into in the first instance because of the prospect for better living.

Now, my question is this; absent some change in our policy to aid the Andean nations in being able to put in place or attempt to put in place long-term alternatives for these farmers—alternatives not just in terms of crop substitution, but alternatives across the employment spectrum—how long do we think this interruption or dislocation in the supply is likely to take place? What is our best estimate?

Mr. BENNETT. I will ask John Walters.

Mr. WALTERS. We think—in so far as the supply and disruption involves actions by Colombia and Bolivia and to some extent Peru, but more specifically Colombia and then secondarily Bolivia—at this point, we see the effort maintained by these governments. This is tied to an agreement that we made—the President made for this country at Cartagena, and the President's strategy includes money for—in terms of not only support for enforcement measures, but economic assistance, direct economic assistance which we have requested. I know that we have a disagreement with you and some members about the level of that assistance. But also, as you mentioned, there needs to be long-term solutions and that is why we have proposed two specific trade initiatives in this area, and then the Enterprise for the Americas Initiative that will include these countries and the entire region.

Let me just say one other thing about the commitment here. In particular, we have been encouraged by the actions of Colombia—because it is obviously been a hub—they have recognized that it has been at risk.

Last night, as you may have read in this morning's late press reports, President Gaviria announced an effort to reform the judiciary and to use a version of U.S. plea bargaining to help get more traffickers to turn themselves in and to inform on other traffickers; essentially to plead guilty. If they do that and fully confess, consideration on the length of their sentence would be given and they would be tried and incarcerated in Colombia.

We think that is a good and important move in trying to get the judiciary in Colombia up and running effectively. It will also be accompanied, we believe, by even more intense efforts by Colombia to dismantle the trafficking organizations.

We think that is crucial because when you talk about moving people out of the coca economy into licit activity, you have got different groups of people. You have some that are gold rush types that are in the economy but their families were really some place

else. That kind of get-rich-quick opportunity needs to be closed down. The demand for that leaf at $600 a hundredweight rather than $30 a hundredweight has to be closed off.

But in the long term, we think trade is significant. We modified the Andean strategy projection for this fiscal year because we thought that Colombia deserved more direct aid. We will continue to look at that, and we have committed to that, but we are concerned about the maintenance of funding here, as well.

Last year, we did not get fully funded because in passing appropriations here Congress lumped a number of major priorities together and did not fund them up to the whole amount. If we could sustain this level of support we would be happy and we are looking at surrounding country strategy as specified in the last drug control strategy and a heroin country strategy. So we will be coming in 1992 with requests for additional resources here on top of the Andean strategy.

But we are concerned that the commitments we have made to the Andeans, who have performed very well, are now going to be in jeopardy if we cannot get full funding for at least this level.

The CHAIRMAN. As you well know, Mr. Walters, this window of opportunity as I refer to it, may close quicker than we think if we do not get that funding; and in my view, just to lay it on the record, if we do not expand. I am pleased that you included proposals that include your own initiatives in addition to the CBI-type initiatives that I have proposed and others, and you as well.

But let me point out that what I am getting from our people, as I am sure you are even more updated than I am, is that there are reports that Colombian traffickers are moving their operations to Ecuador, and Peru and also that the price of the coca leaf depressed since the winter is starting to rise.

Although this is due in part to the current rainy seasons, if the trend continues, coca growers who have been voluntarily eradicating their fields may very well return to the trade if help is not made available. I think that we have moved from a big disagreement to a disagreement in degree.

That leads me to this question. I know you are going to say, here comes Biden again with this one.

But the proposal that I made for debt relief, particularly for Peru, and I wonder—you may not be able to answer this now or you may have a full answer to it—in light of the President's recognition of certain circumstances where the debt is already not worth very much on the dollar, not likely to be able to be paid, and where forgiveness of that debt or a swapping of that debt for certain actions that otherwise cost us billions of dollars might be prudent; do you think there is any possibility of there being reconsideration within the administration of the drug-for-debt swap notion—that I put forward a year and a half ago and I know I have been banging you on it, almost like Arlen has on the Philadelphia courts—in light of what appears to be a conceptual recognition of the notion that debt which you are not going to collect, coming from a country that if they do or do not take a certain action may cost you tens of billions of dollars more, that it might be wise to consider some debt forgiveness to deal with a long-term U.S. interest?

Mr. WALTERS. In a certain way we have moved in that direction because while the Enterprise for the Americas proposal requires some further negotiation with the countries of Latin America, part of that agenda includes looking at the debt issue.

Now, we have not phrased this in terms of a debt-for-drug swap, but performance on drug control would be directly tied to debt.

We have also included measures of accountability or reviews of progress on drug control; along with a look at sound economic policies as is keeping with our broader economic agenda in assisting Third World countries, Latin American countries through our own assistance and through assistance through multinational banks and so forth.

So, the short answer to your question is yes, we can get there, I think, as we look at the implementation of the Enterprise for the Americas Initiative provides at least one vehicle there. We are also, obviously, still in the midst of working with the Peruvian Government, you mentioned in particular, because they are in a very difficult situation. We have been negotiating special additional shipments of food aid to help them and to support them in their efforts to stabilize the economy. They virtually went into high inflation, as you know, about a month ago and they are slowly trying to move into some kind of stabilization.

So, it is a difficult time for them. We are in touch and meeting fairly regularly now with the Treasury Department, as well as State on broad measures here. We have not—I do not want to mislead you, we have not specifically adopted——

The CHAIRMAN. I understand.

Mr. WALTERS [continuing]. So much dent for so much coca eradication, but certainly that is part of the mix now in the trade and assistance package that is on the table for the Latin Americans, and obviously the Andeans are of particular importance.

The CHAIRMAN. As you know, the initiative I am talking about I was able to get written into the law last year, in terms of giving the President the discretion to be able to do that.

Mr. BENNETT. Yes, sir.

The CHAIRMAN. I would just raise with you, and I will not beat on you about it now, but one of the major criticisms the President had of the Japanese aid plan to the Middle East was they were conditioning it on meeting the requirements of economic management that met IMF and other international institutions' standards. And we immediately said, hey, wait a minute, that is no aid at all, because we know if they try to meet those standards, there will be a revolt in Egypt, there will be this or that, widen Japan and the gulf process just coming through with that billion dollars.

The President, when he came through, did not tie debt forgiveness at all to economic performance on the part of Egypt, and I am just suggesting to you that there may be extreme cases like Peru's, I would argue, where debt forgiveness would do more now than any direct aid package we could possibly come up with. And I would like to be able to come back to you all—I will not go through all these questions—maybe in a month or two, as things settle out a little bit, to discuss that more, to try to convince you to be somewhat more of an advocate for direct debt relief for Peru.

Mr. BENNETT. You may be right. I would say maybe, but if you did not tie, let us say, debt to the condition, what do you think the likelihood would be of their willingness to accept the debt relief and then do the things that we think they ought to do?

The CHAIRMAN. Well, I think it is very high, because I think you can tie conditions. I have met extensively for hours and hours and hours with the President of Peru, as well as the Ambassador to Peru and their Economic Minister, I mean literally for hours and hours. I believe there is—and I will not bore you with it now, but I believe there is a vehicle through the United Nations where you could, in fact, set standards and have, in effect, an independent determination of whether or not they are meeting their end of the deal before the debt is actually torn up.

I know that sounds a little wobbly, but I think if you take a look—I want to get a chance, when things cool down a little bit, in terms of opportunity, because we are now going through the next year review and the rest, to sit down and go through it with you in detail.

I met with a number of international economists on this. This is not some pie in the sky notion. I think it can be done, Bill, and I think it can be done tightly.

Mr. BENNETT. All right.

The CHAIRMAN. But everyone that I know agrees that, assuming we decide to do it—and there are a lot of reasons people argue not to do it, because of the precedent it sets and a whole range of other things, but I have heard no one argue that if we were able to do it—if we decided to do it, it would not be the single biggest shot in the arm we could give to the economy of Peru at this moment.

Mr. BENNETT. But I believe it would also help trigger their willingness or readiness to act against the drug traffickers.

The CHAIRMAN. Absolutely. And if it did not, we would not repurchase this debt and tear it up. If they do not make progress, the debt remains; if they do over a 3-year period we would make a judgment, to not collect the interest on the debt.

Mr. BENNETT. OK.

The CHAIRMAN. At any rate, let me—I beg your pardon, I have been corrected here, and it is an important correction. I met with the President of Bolivia and Colombia, not the President of Peru. I did meet with the Peruvian Ambassador, and I want to make sure the record is straight. Bolivia is not a fundamentally different situation. Colombia is a fundamentally different situation relative to debt.

Mr. BENNETT. Right.

The CHAIRMAN. They do not have the problem and the debt overhang is not nearly what it is in the other two nations.

Mr. BENNETT. Are you planning to meet with the President of Peru?

The CHAIRMAN. No, that is not on the scope, because this process, I was meeting with them jointly, I was meeting with them together and I have been over a period since early February of last year. When it became clear that I was not making a lot of progress in terms of convincing the Treasury Department that this was a good idea to sign onto this thing, we moved to the CBI notion and other

immediate things, which there was more agreement on, to get things moving.

Mr. BENNETT. OK. Thank you.

The CHAIRMAN. Now, with regard to the treatment and treatment priorities, we have had an increase in the availability of treatment for those who are listed as hard-core users.

After reading the section of your understanding drug treatment white paper on pregnant addicts, I know that we seem to be in agreement on many things. You estimated that about 100,000 cocaine babies are born each year. I think that is a little low, but we are in basic agreement with the estimate that there are somewhere on the order, from my perspective, because I start off with a higher based number of close to 300,000, but it is a big number, and you have acknowledged that pregnant addicts present special challenges to drug treatment programs.

I am interested in your estimate of how many pregnant addicts you think were treated last year, if you know. In the report that I released yesterday, I offered figures from State drug treatment admissions, which indicate only about 7 out of every 100, and I use a larger based figure now as to how many addicts there are, 7 out of 100 addicts got treatment last year.

What is your rough estimate, if you have one, as to how many pregnant addicts got treatment, whether or not they sought it, how many pregnant addicts got treatment last year?

Mr. CARNES. We do not have a count, Mr. Chairman, of addicts by that particular split. That is obviously an area that is high priority for us. We have stressed it in the Strategy as an area that we want to concentrate on, but information is not at this time available on that split, so we cannot verify your number or not.

Mr. SHECTER. Mr. Chairman, I understand that NIDA is, however, doing a study of just this issue and should have some results in about 2 or 3 months.

The CHAIRMAN. Now, let me ask you about—one of the things that I have found, and I am sure all of you, because I know you have all been out in the street, as well as in your offices, visiting the various areas of responsibility in the field that you each have responsibility for.

I have found several things, and I proposed a couple of what I thought to be corrections. They may not, from your perspective, be corrections from last year, and that is there are several problems that are unique to pregnant addicts.

One is that there is an overwhelming reluctance to acknowledge that they were taking drugs while they are in the process of delivering or shortly after delivery. There is an overwhelming reluctance, therefore, and hospitals do not test every pregnant mother or mother who just gave birth, as to whether or not she is under the influence of drugs.

So, most hospital administrators and professionals I have met with suggest that, whatever shows up, there is a real undercounting and the only way they really notice what the problem is is when a baby is born highly resistant to noise, light, touch, feel, the bonding process, that is the basis upon which they then begin to go back and take a look.

Now, one of the things that I have found is that—at least it is asserted, and I would like you to comment on it—that pregnant women are fearful of seeking counseling, because they are fearful that once the child is born, it will be taken from them, if they acknowledge that they are or were at any time under the influence of drugs during their pregnancy; and, second, that many of those pregnant women already have young children at home and they cannot, they are fearful that if they acknowledge the problem, they will be put into an in-care treatment facility, if they could get in, and they will lose their children at home permanently, because they will be taken by the State and put in a foster care situation. Is that your experience?

Mr. BENNETT. Yes, that is my experience, that is what I have heard. I have heard additional things, as well. In my experience, in my conversations with a lot of women in treatment, they will say that they were afraid they would have their baby taken from them. They said that their other children may be taken from them, or that they would not be able to care for their children. Because they would be in the treatment program, no one would be home to take care of their kids.

But the third thing I have heard, and I have heard it just as much as the other two, is that if they went in, someone would make them stop taking drugs and, as attached as they were to their baby, they were equally, at least equally as attached to their drugs, more so, in many cases, they said. I think, this does not help public policy resolve which is perhaps the hardest question in this whole area. Furthermore, I think it centers on these people, you know, what level of invitation, what level of coercion, and the like.

I was struck, Senator, not just by the first two, which I expected, but I was struck how often that third point was made; that is, I did not want to go in, because I knew they would make me get off drugs and I love my crack every bit as much as I love my baby. That is a hard thing to hear, but I have heard it a lot.

The CHAIRMAN. So have I, and I do not think there is any doubt about that. There are those cases which we have both seen, I have not seen first hand, but I have been told about where a mother on crack, binging, literally lets an infant lie in the corner in his feces, in some cases die, in some cases the entire maternal instinct is turned off.

Mr. BENNETT. Right.

The CHAIRMAN. Between 1988 and 1989, publicly funded programs treated 17 percent more addicts, and the number of women in treatment increased by slightly more, 18 percent, indicating, I believe, that as soon as treatment slots are available, there is a female addict asking to get into the slot. So, I said at the outset of my statement that, even if we argue that 50 percent of the women who are addicted to drugs and pregnant are impacted most by saying I do not want to go in, because I do not want to lose my habit, there are at least a significantly larger number than we now can treat who want to go in, but are afraid to——

Mr. BENNETT. That is right.

The CHAIRMAN [continuing]. Which leads me to this conclusion. I have proposed the following, I have not got it passed here, and I wonder what your view is, and that is to expand Medicare so that

the cost of maintenance of the minor child who is younger than school age could take place in facilities and they be paid for, as well as the cost of treating the mother, so that there is not the requirement that the mother literally leave the child, if it is an infant child or a pre-school-age child. Do you think that is just overly complicating matters, an extravagance we cannot afford? Do you have any opinion on that notion at all?

Mr. BENNETT. I would like to get back to you on that. We talked about this issue, the related issue among senior staff a couple of days ago and the conversation went long and hard and unresolved, but could I get back to you on that one?

The CHAIRMAN. Yes.

Mr. BENNETT. I think it is very tricky.

The CHAIRMAN. Yes, I would be anxious to talk about it.

Mr. BENNETT. It is a very tricky public policy question.

The CHAIRMAN. It is a very difficult issue, I acknowledge.

Mr. BENNETT. Could I say something? You are right, of course, that if you did open up treatment. If you did have more treatment available for pregnant addicts, more would come in, even if you assume a lot of people would stay home because they do not want to give up their habit, there is still an excess of people who would come in, that is right.

The question is—and this is a question not only about this particular kind of individual, but of treatment, in general—once she comes in, will she stay in, will she stay in, and do we make her stay in. Again, I think this is a very hard question.

There is a kind of—I do not accuse you of this, Mr. Chairman, but there is a certain kind of sentimentalism or romanticism about treatment going on in some quarters these days, that it always works, that all people need to do is have the door open, they come in and they get better, which is not correct, as you know. People go in and they bounce through, most do not make it the first time, they need three, four, five shots at it. Most people go in and they want to go out again after 2 or 3 days. When people see the price they have to pay in a good and demanding treatment program to get better, they are not prepared to pay that price.

So, we agree, I think it is easy that the pregnant addict is a target and has clear priority. But the hard question still remains—the States have been dealing with a lot of this—that is, which is what element of coercion and what element of invitation, and I think that is still unclear.

We have got to study and we want to work soon on what works and what is effective in this particular area, because I think it is the hardest public policy question.

The only other thing I would mention, it is my experience—I would like to know, if you do not mind commenting on yours—that whatever the number of babies we are talking about who have been exposed to drugs in utero, that if we are talking about casualties of the drug war, that is probably a smaller number than the number of babies and children who are abused because of parental use of drugs.

I do not know, you and I had questions at my confirmation about how big my jurisdiction is. I find myself now responsible in some ways for all babies and for all murders. Clearly, that is not right,

but clearly the drug problem is fueling a lot of the problems on both sides.

As a matter of broad public policy, not necessarily drug policy, we are not going to get the baby and child problem right. Probably, you have heard me say this a number of times publicly, that the more I am in this job, the more I see where the casualties are, and I think the largest number of casualties are probably not the cocaine babies in utero exposure, but the abused babies. I suppose we are making it tougher, let us make it tougher in terms of the topic.

The CHAIRMAN. It is tough and I would like to make two comments and, again, ask you and your colleagues if you would be willing to comment, as well. Let me respond to your question.

From the studies I have read and the anecdotal observations that I have made in visiting hospitals, I find emergency room personnel, including those that were here yesterday, are saying several things: One, that there is good news and bad news. The good news is that, according to several studies, one in particular, a child born addicted to cocaine may not be condemned to a life of drug addiction and permanent problems, as we assumed would be the case several years ago.

The bad news is that, because of the particularly serious problems relating to the inability of the child to bond with the parent as a consequence of being born addicted, that not only is there a problem at that moment and potentially a problem for the long-term development of the child, but they find that very child back in the emergency room a week, a month, a year, 2 years later, because the parent, whether or not they are still on drugs, cannot handle the incessant crying, the inability to relate on the part of the child born of drugs, and beats the living hell out of that child, out of frustration, anger, hatred, whatever the reason. So, we find it at both ends.

The interesting comment made by the doctor who heads the largest trauma center and emergency room in the city of Philadelphia yesterday, I believe his name was Stern, said that he is convinced, from his survey of the city, that there is a significant undercounting in emergency rooms of patients brought in because of a drug problem, because of overdoses, or because of any reason relating to drugs, because the medical staff in the various units become so insensitized to it, seeing it so much they do not even fill out the forms that are there. And this is a guy running a major hospital, admitting that is the case in his and other hospitals, in his view, in the city.

But let me go back to the treatment portion. Director, I find it somewhat interesting—and understand, it took me a while to figure this out and I think I have figured it out—why is it that the American people and all of my colleagues are prepared to acknowledge that American education is an abysmal failure for anywhere from—for example, in the State of Delaware, a wealthy State, 28 percent dropout rate, 28 percent dropout rate in my State, do not graduate from high school. In other States, in other localities, it is as high as 70 percent in some localities, but not in any States that I am aware of.

Yet, no one suggests we should no longer educate children, because 30 percent of them don't make it, we only have a 70-percent success rate, therefore, forget education.

With regard to interdiction, we only have a 10- to 11-percent success rate, by any standards I have heard. Let us say it is 20. Mr. Walters is shaking his head, maybe it is more.

Mr. WALTERS. We have had a good year.

The CHAIRMAN. We have had a good year. I do not hear anybody saying let us eliminate interdiction. But when we come to treatment and we say the success rate is only 20, 30, 40, 50, 60, 70, depending on whose program and whose figure you take, we say, hey, 70 percent, you know, 30 percent do not make it, we had better be real careful about spending our money here.

Now, the TOP survey, the Treatment Outcome Perspective Study funded by NIDA, indicates several interesting things, and I know Dr. Carnes knows this better than I do. Even those who do not make it, they are in treatment, but ultimately are not cured, commit something on the order of 70 percent fewer crimes than they committed when they were not in treatment—not a bad alternative, just all by itself, and it is a hell of a lot cheaper than prison—and that 5 years after treatment, even those who do not make it, their crime output is down 50 percent, according to this study.

So, I sat for a long time, doctor, trying to figure out why the devil is it we have this reticence, and I think I have figured out—and I am not being facetious when I say this, you are the philosopher, I would like you to comment—I think the reason why people hold treatment regimes to a much higher standard before they will put out any money for them, is the following: They say, hey, wait a minute, that guy or that woman made a moral judgment at the outset to engage in an unlawful activity, they made a choice, free-will, when they did it, it cost me money, because they either burglarized me or robbed me or did something that cost me money, and now, Biden, you are coming along and saying to me, reach into your pocket and "help that person," who made out of their own free will a choice I did not make, already having cost me money and now you want me to pay more money, when, in fact, the rationale is not that.

I wish I could say I were such a humanitarian. My answer is we have somewhere, depending on whose figures you take, yours or mine, between 4 and 6 million addicted people out there who commit tens of thousands of crimes. Unless we shoot them, lock them up forever, or attempt to treat some of them and cure some of them, they are going to continue to do great harm to me.

So, I wonder if you would comment on (a) are we asking a higher standard for treatment than we are asking for other aspects of the drug war, and (b) why is it there is such resistance?

Mr. BENNETT. Well, to some extent, we are, yes. Treatment and aerostats tend to suffer the same fate, you know. If they do not fly 50 percent of the time, people are ready to shoot them all down all the time, and we are doing better than 50 percent. We are doing 51 percent. [Laughter.]

Yes, there is that. No, you are right. People think—there is a factual confusion in that and I think the point you make is exactly

right—people think that treatment is coddling. Now, they are right in those treatment programs that coddle, but most good treatment programs do not. They think that people who have done something wrong should have to pay for it and not be treated nice, not be coddled, not be indulged, not be told what a wonderful person they are. But most good treatment does not do that, it does not coddle, it does not tell you what a great person you are. It tells how you have to get your life together, it is tough and it is demanding.

Can I make just one commercial? You are not opposed to me on this and this is why we need the treatment accountability. I was just in a treatment program a few months ago, and I want to make this easily identifiable. The clients were running the show, the director had nothing to say, they stood there and made these arguments at me: We want more of this, you can come up with more money for us, even if we wash through eight or nine times, it is still cheaper than prison, you owe us this, give us this, I will get ready when I am damn good and ready to.

The CHAIRMAN. It probably made a good impression on you.

Mr. BENNETT. You bet. I came rushing back and talked to Deputy Kleber about this, and he said that was not the place to go to. Such places exist, many such places will exist, whether Joe Biden prevails, Bill Bennett prevails, whoever, and we have $2 billion, $3 billion in treatment, unless we have the accountability provisions.

It would be very useful, I think, at some point for the American people to see inside—television can do this—a good, demanding treatment program and to track the results of it, with all the discussion on drugs. I have been to these places, you have been to these places. The American people need to see inside a good, demanding treatment program, the SHAR Program in Detroit or the one in Pittsburgh.

One of the best things I have seen, and maybe I am anticipating your next area, is a therapeutic community in the prison in Springville, AL, the maximum security prison, which, because of its effectiveness, has not only made 40 men straight, and most of these guys are never getting out, they are just doing it because it is the right thing to do. It has also dried up drugs in the prison, because these guys were the source of drugs coming in. When they got clean, the prison got clean. That is no coddling environment. That is one damn tough, responsible, morally clear-eyed place, and people should see it.

The CHAIRMAN. You are right, it does take me to the next area and, I acknowledge, I do not know the answer to this question. But based on the figures we have been able to gather, roughly 3.6 million women and men were released from prison last year addicted.

Mr. BENNETT. No, it is more people than were in prison last year.

The CHAIRMAN. I mean the whole prison system, not the Federal system.

Mr. CARNES. I think that number is 1.1 million.

Mr. BENNETT. 1.1 million people that——

The CHAIRMAN. Let me be more precise, jails and prisons, all incarceration.

Mr. BENNETT. 3.6 million addicts?

Mr. MORRIS. There is something wrong with the number, Mr. Chairman. There are not that many——

The CHAIRMAN. There is something wrong with my stats, with the figure. Let me make sure I have got that right.

Fire away, you have got the microphone.

Mr. PUTALA. I think if you look at the figures provided by the Bureau of Justice Statistics, you will see that there are 10 million total releases a year from prisons and jails.

Mr. MORRIS. Well, you must be including paroles, probation and all of the other than prisons, any custodial relationship.

Mr. PUTALA. They have been released, without——

Mr. MORRIS. Or never having gone to prison.

The CHAIRMAN. Or never having gone to prison, is that right?

Mr. PUTALA. Yes.

The CHAIRMAN. Yes. OK. But there is a total of, based on that figure, 3.6 million who had a drug problem. Now, my question is—and I said at the outset I do not have the answer—is there anything we should be doing, this committee should be doing relative to legislation that would either make it impossible to put on parole—and we just passed such a piece of legislation introduced by Senator Levin in the crime bill—but should we be doing something impacting upon the ability of a person to be on parole, probation, and/or released from a jail cell, and whether or not they are clean at the time they are released?

Mr. MORRIS. I would have some reservations looking at a legislative solution because you would be building it upon the back end of a criminal justice system at all levels—Federal, State, and local—that is in bad disrepair. The reality is that you serve very little time. There is no place to hold people in institutions in many States in this country. Many people have to be arrested time and time again to find any time at all to be in jails. So to set a standard up here that forced them not to leave would either force them into prisons, of which there is no capacity, or into treatment, for which there is inadequate capacity. So I am not sure we find ourselves in a position where we have a legislative solution.

The CHAIRMAN. I think that is a very valid point, leading me to this question: One of the proposals that has been made—and I should identify who made it, me, so obviously I have an interest in it. But I may be wrong about it. Again, it may not be correct. That is, all this debate, Mr. Morris, about use of what we assume to be an increasing number of abandoned military facilities and the use of them, I have proposed—and I acknowledge that one of my closest friends in the Senate, the other Senator from South Carolina, Senator Hollings, does not like it at all, and he chairs the Committee on Appropriations that has to do with this.

Mr. BENNETT. Right.

The CHAIRMAN. That is establishment of regional prisons where 10 of them, using these old facilities or these facilities that are no longer being used by the military for the express purpose of allowing the States to have sent to those systems, those prisons, prisoners who are there as a consequence of a drug conviction. Does that make sense from your perspective? Is that a worthwhile undertaking or is that something that you don't think is particularly useful?

Mr. MORRIS. Well, we clearly have to look creatively at the incarceration problem in this country. We also have to, of course, trade that off against budget realities. The truth is that we are constant-

ly looking for something for nothing. To some extent, that is what we are looking for in the excess properties. But most of that, where it exists, is simply land. Land is not necessarily the most significant impediment to constructing a new facility. First off, you have the construction problems in many places; sewage and all of the rest would have to go into that because the properties don't fit well. Then, finally, you have to manage and run them. That is another problem.

But clearly, I think everybody who has looked at this issue on the supply side generally understands that we have got to increase our capacity if we are going to return certainty of justice, because in many places we don't have certainty of justice because of this problem.

Mr. WALTERS. Senator, could I add one thing on the prison question?

The CHAIRMAN. Yes.

Mr. WALTERS. This is an opportunity for us to be together, I believe. One of the amendments that the administration introduced in connection with the strategy was an amendment to the BJA Program to help stimulate testing in the system that involves jails and prisons and probation. We think this will help. We still haven't gotten that moving. I think it goes along the lines of what you are talking about. In addition, we have sought additional authority for some programs in drug treatment in prisons which will also help get at it, help solve the problem. But I think we are moving in the same direction.

The CHAIRMAN. I know you have to go at 12 o'clock, and it is 4 minutes of, Director Bennett. Let me ask you one last question. If your colleagues could stay just a few minutes, I would appreciate it.

HEROIN

I agree with your assessment that there is not overwhelming evidence at this point that heroin is making a gigantic comeback. But there are certain things in my past experience, bouncing around with this issue for 17 years, that seem to be pretty frighteningly accurate precursors of problems that are about to come. One of them is New York City.

We heard testimony yesterday from the chief of police of New York City indicating that it was increasingly a problem, and he projected that it would be a problem in the near term not dissimilar to what they had called and predicted was going to happen with regard to crack when it started there. And heroin emergency room visits are up 25 percent in the past 4 years, not just in New York but I believe nationwide, from your report. Also the police chief yesterday, Chief Gates from Los Angeles, testified that although heroin wasn't in his city the problem that it had been in the past, methamphetamines were. And I would like to ask you whether or not there is not enough data for you to do more than at this point put this on the radar screen to try to keep it from getting to where it was or—and I am not being pejorative—do we wait until it is a major problem before we begin to focus?

Mr. BENNETT. No, we certainly don't wait.

Could you give the chairman our sense of the numbers before I answer?

Mr. CARNES. I think this is another area where obviously our staffs are going to have to work all the numbers real well and closely together. But I would just like to mention the medical examiner mentions for heroin in New York City alone, just New York City. From the third quarter of 1989 to the fourth quarter of 1989—and that is the most recent data that NIDA has available. From the third to fourth quarter of 1989, there was an 11-percent drop in medical examiner mentions on heroin.

The CHAIRMAN. Is a medical examiner mention someone who is on a slab?

Mr. CARNES. Yes.

The CHAIRMAN. As opposed to the emergency room.

Mr. CARNES. That is correct.

The CHAIRMAN. I don't know the answer to this. I am being serious when I ask it. Is that a measurement that is usually viewed as something that——

Mr. CARNES. Along with emergency room mentions.

Mr. BENNETT. Along with DAWN.

Mr. CARNES. So you have data that are maybe ambiguous but it looks like that what has happened in heroin—and this trend is generally true for the rest of the country as well. Generally, it looks like maybe there is a blunting in the curve on heroin between the third quarter and fourth quarter of 1989, and that is translating on into the future, we believe.

Again, that was just for New York City. That tends to drive the numbers for the Nation a lot. Some of the earlier quarters in 1989 we had increases that tend to make the year-to-year change look large. But that last quarter is significant, I think.

Mr. BENNETT. Let me tell you what I think, and then I will go if it is all right, Mr. Chairman. We can leave with you hostages or, as I said yesterday, "guests." It took a Brit, you know, that precision of language on the TV show to explain the distinction between guests and hostages when that debate was on. He was the Deputy Ambassador. He said, "We have guests all the time at our flat. We usually let them leave when they want to. A few we have forced out the door, but we never hold them against their will." Anyway, I will leave a few of these guys, whatever you want to call them.

I think of course we are not going to wait to act. The national drug control strategy isn't a drug-specific strategy. We have focused a lot on cocaine. We have done a lot with the Andean nations. But everything that we are doing by way of prevention, education, law enforcement needs to be directed at heroin as well as meth. And if you have a minute later, Mr. Morris has a very interesting report about meth that you may want to hear.

I think that cocaine use is going down, crack use is going down. My own sense of it, quite apart from these numbers, but from going to 92 cities around the country is it is going down even faster than these numbers suggest. But I think some number of those people who are going off crack and going off cocaine will get on to heroin. If I had to guess based on what I have seen and the conversations I have had, I think we will probably see something of an increase in heroin use, primarily from people who are getting off

cocaine. But I think that the net overall number of users, either cocaine or heroin, will be lower. That is, of all the people going off cocaine or crack, only a percentage will get on to heroin.

We do have record seizures. That is one thing we are onto, that shows we are onto it. But I do think that the general attitude, the depressing of attitudes, the changing of attitudes about drugs is having its effect. Law enforcement is having its effect. I think you cannot in the case of heroin discount AIDS and the fear of AIDS.

Now, whenever we say that—I am sure it happens to you as it happens to me—people say, well, that is right, that is out there, but then you are going to see smokeable heroin. Right, but to date—and we talked about this yesterday, and Mr. Morris and others can say more—we are not seeing that in the kind of quantities that suggest the epidemic.

It may be right to think of this at this point as where we were with crack 3 or 4 years ago. I don't think so, but we are not going to rest on our hands. We are going to act. But it may also be more like what was predicted a year-and-a-half ago, the ice epidemic. We have seen ice, but we have not had that epidemic, and that is due to a lot of factors.

You asked me what I thought. That is what I think. Nobody is omniscient. Some of the treatment people I have talked to have said they would take everybody on cocaine getting into heroin tomorrow because they know better how to treat it. I say, well, that may be better for you, but it is not better for me.

The CHAIRMAN. Thank you very much.

Mr. BENNETT. Thank you.

The CHAIRMAN. We appreciate it.

Mr. BENNETT. You bet.

The CHAIRMAN. Mr. Morris, would you tell us more about the methamphetamine problem, and then maybe comment a little bit on the heroin issue?

Mr. MORRIS. Certainly. A couple of interesting observations. I was in Hawaii recently, within the last couple of weeks. The price of ice on the street in Honolulu has tripled in the last year. Both from the law enforcement standpoint, we believe, and some disruption of the organizations there have, in fact, significantly increased the price of meth, smokeable meth, primarily being manufactured in the Philippines and in Korea. What we are finding also is that the ice epidemic problem appears to be abating in Hawaii. As you will recall, that was the indicator.

Another interesting phenomenon that we have just begun to look at is that through the first three quarters of this year, the number of meth labs that have been seized is almost half the level of last year. This is early on and difficult to make attributions on data this early, but it appears at any rate that the laws that Congress passed dealing with chemical precursors and reducing the easy availability of some of the precursor chemicals available for the cooks and the manufacturing here are taking at least the mom-and-pop operations out of the business. We think that that is a very good signal. Also, several States have taken affirmative action in California and Texas, which have been major meth-using States. So there are some encouraging signs in other areas. However,

having said that, we are not seeing any appreciable change in supplier price at this time.

In terms of heroin, I think Dr. Bennett pretty much laid it out. New York is an anomaly in a lot of ways. For a long period of time, more than half of the heroin addicts in America have been in New York City. It has a subculture that finds that level acceptable, certain activities acceptable, which you don't find necessarily in other cities. So I think it is hard to take the concerns that Chief Brown presented here yesterday—and I spoke with him the day before yesterday—and necessarily extrapolate a national problem.

The CHAIRMAN. The reason why it has really come up on my radar screen is that I held extensive hearings with the FBI and the DEA, two organizations you know well, and both of them indicated that they had a growing problem. The growing problem was that there was increasing evidence that Asian-run gangs were controlling increasingly large amounts of heroin being transported from the Golden Triangle into the west coast, Vancouver in Canada, in British Columbia, the northern part of the Western United States, the State of Washington, Seattle, down through San Diego, and that they were increasingly concerned. We were looking at it, quite frankly, from a slightly different perspective. They did not have agents with Asian backgrounds and who were multilingual who were able to penetrate these organizations which they are now identifying and have a growing concern about, not just as it relates to heroin but as relates to other issues as well.

I just want the record to reflect why the things that I am hearing lead me to believe that we are going to see much more heroin because the purity—and correct me if I am wrong—is up significantly.

Mr. MORRIS. Purity is up. Price is down.

The CHAIRMAN. And the price is down, and that also allows the very thing that has kept people out of that drug—that is, the fear of AIDS from transmission with a needle—into what many other countries have historically for 1,000 years, I guess—not 1,000. Heroin hasn't been around a thousand years. Opium has, but heroin hasn't. People have smoked it. That is why I raise the question, but your answer has been straight. I sincerely hope—and I know you will—that you keep very close tabs with both agencies because I think that the gut instinct is—I have a different gut instinct than the Director has on this issue relative to heroin.

I want the record to show also that the Director was not suggesting that treatment people were insensitive to heroin. They just find that people who were on a sedative as opposed to a stimulant are easier to handle.

Mr. MORRIS. Also more experienced in treatment modalities of heroin.

The CHAIRMAN. They are also more experienced. We have drugs that potentially aid in the treatment process with heroin.

Mr. SHECTER. Specifically, he was referring to methadone treatment, which is highly effective against heroin.

The CHAIRMAN. Yes. But put another way, when people ask me about the difference, I say, look, if they told me I had to live in an apartment building that had all cocaine addicts or all heroin addicts, which would you live in? It wouldn't take me one-tenth of 1

second to make my decision. I want to live with the heroin addicts because they are lying back half the time when they are out, as opposed to the cocaine addicts who have cocaine-induced paranoia and a bunch of other things and are running around like they are—you know, they are much more likely when I walk up and say, "Did you get the mail?" to turn around and put a bullet through my head because they thought I was about to attack them. The heroin addict wouldn't even know what I asked him.

That is the general reason why treatment people say we know more about how to treat heroin, and also there is a little bit more control capability.

Mr. SHECTER. May I add just one thing, Mr. Chairman?

The CHAIRMAN. Please do.

Mr. SHECTER. We aren't just sitting on our hands here. We are actively improving our epidemiological surveys so that we have much more sensitive instruments for picking up changes in the use of heroin, particularly in the inner city. You know, in the past, these surveys have not been conducted very often or very intensively in the inner city. We are correcting that, so I think we will be in a much better position to pick up these changes if they do occur.

The CHAIRMAN. That is reassuring and helpful.

Let me just review the 99 questions I have left to pick out 1 or 2 so I don't keep you any longer.

Oh, I know what I wanted to ask you about, and this, Stan, may end up on your plate. I don't know. I am not sure who would be responsible. It is high-intensity drug areas.

Mr. MORRIS. Right plate.

The CHAIRMAN. Right plate, OK. We have had some problems there. Legislation was passed a while ago. It took you a while—and I, as you recall, was one of those who suggested it was understandable it took you a while—to figure out which cities to identify. Then the cities were identified, and to the best of my knowledge, there has not been any transmission of any dollars through that high intensity program. I think there is a total of $25 million with which to deal to the local authorities in those areas.

Now, A, is that true? And if it is, tell me a little bit about why and where the program sits.

Mr. MORRIS. I made this observation at our hearing back in February. This program has not been very well articulated in terms of what its purpose is. I was a little distressed, I guess, at some observations that Chief Brown made yesterday because I spoke with him personally, as I did with Chief Watson and Gates and Director Taylor in the areas that we designated. The funds are not going to the local police departments. The strategy is very clear on this, and I went and reviewed it last night. Let me just read a sentence. "These funds will be provided to Federal law enforcement agencies to increase their efforts targeted against drug-trafficking organizations."

That is on page 93 of the strategy. We tried to be very clear that that was our reading and the intent of the law. That $25 million has been transferred to the Federal law enforcement agencies—Customs, DEA, FBI, and the like—for a number of purposes. They will be making their announcements probably next week in each of the five areas. The funds to probably 90 percent at this time have,

in fact, been expended or obligated, and we see no particular—he has a red book, and I have a blue book.

But, at any rate, that is essentially where the program stands. We did go through a process beginning after the designation in January of the five areas in which we asked Justice and Treasury to put a program together to coordinate the expenditure and a strategy for each of these areas. But, to a large extent, this was intended to be a Federal strategy.

Now, I have had some discussions with Senator DeConcini, Chairman DeConcini of our Appropriations Committee, in both New York and Arizona on this, and I think the Appropriations Committee is aware of the direction that we have been proceeding and, indeed, have taken some action that would, in fact, expand the nature of the program so that funds would go to local law enforcement agencies in 1991.

Mr. WALTERS. Senator, can I add one thing?

The CHAIRMAN. Sure.

Mr. WALTERS. Because while we are getting our list of things we would like to work together on, there is one here. You are right. There is $25 million for this program this year. We requested $50 million next year to maintain it. However, so far what the appropriators have done is raise it to 80-some million dollars and expand it. But instead of making it a direct appropriation, they have put it in a special asset forfeiture fund, which, as you know, we make good-faith estimates of how big that fund is going to be. But since it is in our part of the fund, the way that is apportioned, this in no way secures the continued funding of this program. And it may even cause actual expenditures to be available only late in the fiscal year, so that we get this program up and running but there is no actual money to continue it for the first part of the fiscal year.

We would like to settle on whatever amount we want to have in this program but make sure it is funded continuously. Otherwise, it is a management nightmare, and I think we look like we are creating a sham on the areas that we have designated together.

The CHAIRMAN. I think that is a valid point. I also think that one of the reasons, Stan, there was confusion in the first strategy, albeit corrected in the second—not corrected but amplified on in the second strategy—in the first strategy on page 130—there are other drug enforcement activities funded by the Bureau of Justice Assistance. They are supposed to go through that. I think that is what made a lot of people think that it was coming that way. And, third, the fact that we are even talking about providing local money in 1991—is that what you are——

Mr. MORRIS. The Appropriations Committee is appropriating funds and expanding the authority and direction of the program.

The CHAIRMAN. But talking about it going to local folks is part of the reason for all this confusion. I think there is confusion, and it warrants clarification.

I don't know that I will be at all successful, but I have proposed in the strategy that I put forward at the time a $300 million program. Again, we will see where it goes and whether or not any of it is appropriated. But one of the things that I do to try to bypass a lot of this confusion is go to direct funding, directly to the designat-

ed areas rather than through any multigovernment agency and/or through the State. But again, rather than figure out whether you all sign on to that, I have to get them up here to sign on to it first. So I will take one battle at a time and see what we can do from there.

Now, there was one other thing, and I will let you go. Let me see if I can refresh my recollection on what it was I wanted to ask you about. Excuse me for 1 second here. I apologize for the delay.

[Pause.]

The CHAIRMAN. Oh, I know what it was. Stan, it is in your court also, I think. Border Patrol and IRS, designated agents relative to money laundering. I can't find it, but I think it is 260—there is a total of—I think these figures are right—230 reduction in the number of agents available at IRS and 600 on the Border Patrol in terms of net decrease. Is that correct or am I wrong about those figures?

Mr. MORRIS. Mr. Carnes has got the budget book over there.

Mr. CARNES. On the Border Patrol first, I have to go through a couple of numbers for a second. In fiscal year 1989, the authorized strength for Border Patrol was 5,493. That was authorized strength. That was not onboard. In fact, their onboard was way below their authorized level.

The CHAIRMAN. This is what year? I am sorry.

Mr. CARNES. Fiscal year 1989.

The CHAIRMAN. 1989.

Mr. CARNES. So in fiscal year 1990, what happened was OMB adjusted the authorized ceiling downward to reflect the actual onboard, which reduced it to 4,852, or a net reduction of 641. No people were affected there. It was authorized positions that were never recruited or filled. That took the level down to 4,852.

Then the drug strategy in fiscal year 1990 added 200, for a net change—instead of the 641—of 461. The result is the Border Patrol goes from 5,493 to 4,852, plus 200.

The CHAIRMAN. So roughly 5,000.

Mr. CARNES. Yes, and slightly increased in 1991 above that.

Now, on IRS.

The CHAIRMAN. Let me put it another way, because, again, I think the point you are making is a valid one. Although we appropriated the money, a lot of that was eaten up in cost-of-living increases and other costs that OMB allocated to that rather than hiring new personnel. Is that correct?

Mr. CARNES. Well, I would suspect that that played a role in it. I don't know exactly what all was absorbed, but in part they were required by law to absorb 100 percent of the pay raise. There were other absorptions related to AUO and health benefits that affected all agencies' and some more than others, given the way different agencies' accounts are. It is conceivable that this played a greater or lesser role here, but I think it was a part.

The CHAIRMAN. Do we need more Border Patrol folks?

Mr. CARNES. Yes. We have asked for more.

The CHAIRMAN. And how many more do we need? What should be the onboard number, if you had your druthers?

Mr. MORRIS. Well, again, Mr. Chairman, what we are looking at in terms of the Southwest border as a high intensity drug-traffick-

ing area is a number of bump-ups. Indeed, Commissioner McNary is moving resources at present from other locations to the Southwest border because we have made such a designation. I don't exactly know where their reallocation stands at present, but there is no question between us and the Justice Department that we need an effective presence.

I would also observe that the Defense Department itself, JTF-6, the National Guard, is being increased and, indeed, as is DEA, FBI, ATF, and the like in a number of the areas along the Southwest border because interdiction worked in Miami, and we have moved probably two-thirds of the cocaine trafficking from the Southeast to the Southwest.

The CHAIRMAN. All right. One of the things that is causing me a little confusion here is that the figures we got from the Border Patrol, comparing fiscal year 1989 and fiscal year 1990, onboard total strength with regard to total number of agents on board, as I read this, if I read this correctly, there were in fiscal year 1989 4,832; and in fiscal year 1990 total number 4,212.

Now, that is where we got the figure of roughly 600 decrease in the total number of agents with uniforms doing the job. Is that accurate?

Mr. CARNES. I would really like to look at those figures before I commented on that. I would only make one further point on it, and that is that not all of those people are scored by Border Patrol as drug agents. So, in part, the drug resource is a subset. Now, again, I——

The CHAIRMAN. Well, would you be willing in the next couple days to sit down with my staff and go through that so we have it for the record?

Mr. CARNES. Yes. And we have checked with IRS, and they recant and they are saying to us that there was a plus-up in onboard drug agent strength.

The CHAIRMAN. OK. Their budget director told us something different, but, again, let's see if we can get that squared away. OK?

Mr. CARNES. Yes, sir.

The CHAIRMAN. Well, again, I appreciate your giving me all this time. As you know, one of the drawbacks of what the five of us do is we do it so often and so much and we know so much more than people are interested in knowing about the subject, that I am sure to many this has been relatively boring. But it has been very important from the standpoint of the committee being able to make judgments about what we do from here.

The two most important things that I would like to deal with immediately are, Dr. Carnes, one, the baseline, us agreeing on a baseline and a methodology arrived at for a baseline; and, second, for us to begin to work out some of these differences in these broad categories that I spoke to. For example, Mr. Walters, the testing idea is not a bad one except that it depends on who pays for that testing. And the States are off the wall about the notion. And led by my Republican colleague from Missouri, Senator Bond, quite frankly, the prospect of that coming to fruition is zero. So there may be some intermediate way in which we can work on this testing notion and how we allocate the cost of that and the rest.

Mr. WALTERS. As you have told us, all we do is say what we think is right. We can't guarantee everybody is going to like it.

The CHAIRMAN. That is right. And it is the same up at this end. My job is to put forward, as I have in these volumes, what I think is right, and then try to figure out how to get as much of that to impact on the problem as possible.

Again, I am going to submit to you questions, and I am sure Senator Thurmond has some questions, and Senator Grassley. I hope we have demonstrated in the past we are not going to just send you down a whole boat-load of questions that are not relevant. I look forward to us continuing what is going to be an increasingly more difficult effort. But I believe some progress has been made. We didn't get into any of the areas that I am going to be submitting questions on. The murder rates I think are up. We get into high caliber weapons and military style weapons and what impact they have on administration policy. We get into a whole range of questions relating to other aspects of law enforcement. We get into those in these questions, and we will have an opportunity to further discuss them.

Again, thank you for what you are doing, and thank you very much for giving us 2½ hours of your time here today.

[The prepared statement of Mr. Bennett follows:]

STATEMENT OF
THE HONORABLE WILLIAM J. BENNETT
DIRECTOR
OFFICE OF NATIONAL DRUG CONTROL POLICY

COMMITTEE ON THE JUDICIARY
UNITED STATES SENATE
SEPTEMBER 6, 1990

THE NATIONAL DRUG CONTROL STRATEGY: A YEAR IN PERSPECTIVE

When the President transmitted the first National Drug Control Strategy to Congress last September 5, illegal drugs represented a grave threat to our national well-being. In many areas, the drug problem seemed to be worse. Drug-related emergency hospital admissions had increased by 121 percent over the preceding three years. As many as 100,000 babies were being born each year to mothers who used drugs. On-the-job drug use was costing American business and industry billions of dollars a year in lost productivity and drug-related accidents. Internationally, drug trafficking was producing intense violence and political corruption. Drugs were cheap and widely available throughout America.

In response, the President crafted a comprehensive, fully-integrated National Drug Control Strategy. For the first time, the Federal Government was to have a coordinated and concerted attack on the drug problem. The first Strategy drew together the efforts of the criminal justice, drug treatment, and education systems; workplace, public awareness and prevention initiatives; and international, interdiction, and intelligence policies. As required by law, a second document was unveiled on January 25 of this year, one that incorporated and further developed the plan set forth in the first. Our goals have remained unchanged: we will continue to educate and dissuade our citizens away from using drugs; we will place more addicts into effective and greatly expanded treatment programs; we will reduce the supply

and availability of drugs on our streets; we will dismantle trafficking organizations through tough law enforcement and interdiction measures; and we will strengthen the efforts of source countries to stem the violence and economic dislocation caused by the international drug trade. These remain the guiding policies of our Nation's anti-drug effort.

In order to implement the first National Drug Control Strategy, the President asked for substantial increases in Federal drug funding. Pending Congressional approval of the President's FY 1991 budget request, total Federal spending on anti-drug efforts will have increased by nearly 70 percent since 1989. For FY 1991 the President is seeking $10.6 billion in drug-related budget authority -- a $1.1 billion (or 12%) increase over FY 1990.

So, where are we one year later? What have we learned? I am pleased today to tell you that, while the drug problem remains serious, on balance we are beginning to see progress. Though progress in this area is difficult to quantify with precision, most of the latest available statistical evidence is headed in the right direction. Our major drug indicators (the Household and High School Seniors Surveys; data from the DAWN and DUF programs, the State Department's INCSR; and price and purity indicators from Federal and other law enforcement agencies) all reveal an overall decline in drug use and its attendant costs. In some cases, the decline is sharp; in others more subtle.

For example, cocaine-related emergency room mentions, which

since 1985 had been increasing dramatically, finally leveled off in 1989 -- and then began to decline, dropping 28 percent between October 1989 and March 1990. Emergency room mentions for heroin also dropped 14% in the first three months of this year on top of a 10% drop in the last quarter of last year. The annual high school senior survey, showed further declines in student drug use, and rising student disapproval of drug use. DEA offices across the country are reporting that cocaine is now harder to find, more expensive, and less pure. Overseas, coca leaf prices have fallen from about $80-90 per hundred pounds in 1989 to about $20-30, which is at or below the generally accepted break even point; and reports are at hand that some coca farmers are switching to legal crops. Also important are the numerous multi-ton seizures of cocaine by both U.S. and Mexican officials. Between October 1989 and June 1990, 43 tons of cocaine were seized in the United States. And during the first five months of 1990, Mexican officials seized twice as much as they had during the same period in 1989. Put together with apparent positive price and purity fluctuations, available evidence suggests a significant disruption in the international and domestic cocaine market.

I might add at this point that the progress abroad cannot and should not be minimized or overlooked. Internationally, we are enjoying unprecedented cooperation from the Andean nations. As the Cartagena summit made clear, President Bush has recognized the need for an unwavering commitment to the leaders of Colombia,

Bolivia, and Peru. We must continue to keep the cartel on the run, and that will necessarily involve an ongoing and substantial American effort in that region.

These signs are positive and encouraging. But perhaps our most important progress has been made in a broader and less obvious arena -- American attitudes. I have been to nearly every state in the union this past year and a half, and my firm impression is that dedication of the American people to end the drug scourge is sound. Once-daily images of drug-ridden neighborhoods and strung-out addicts in rundown crack houses are being replaced: by neighborhood watch groups patrolling the streets; by anti-drug marches; by more effective local prevention and treatment programs. Individual Americans by the thousands are refusing to stand by and permit drugs to invade their neighborhoods, their schools, and their homes. They have discovered that it is possible to fight back -- and to win. This is real grass-roots effort; these men and women are carrying out the best kind of national drug strategy.

Of course, community efforts are successful only insofar as all the necessary constituent elements are functioning as a whole: law enforcement linked with treatment linked with education linked with prevention. We have made progress, encouraging progress. But there still remain too many communities, too many neighborhoods, too many people for whom progress has been elusive. They still need our help. We're at a critical point when we cannot back down or lessen our resolve.

What will we do in our second year? Nothing I have learned in the last twelve months suggests that comprehensive effort -- pressure on every point of the problem -- is no longer required. No single tactic, alone, has brought us this far. None, alone, will solve the drug problem for good. I have told this Committee before that there is no silver bullet. I think we agree. In fact, I think almost all Americans, in government and out, are like-minded on the fundamentals: the need for accountable and expanded treatment that works; tough and effective law enforcement; enhanced prevention and education at home, school, church, and the community at large; effective source- and transit-country policies which assist those nations in disrupting the drug trade; expanded use of the military and intelligence capabilities; and broadened, focused research. We believe in our Strategy and we will continue to build on its basic blueprint, exerting force on these fronts.

The measure of progress I have described is not meant to suggest that this issue has become a lower priority for the President or the Nation. We are acutely aware of the destruction drugs continue to wreak in this country. We must all face our remaining work soberly, and we must especially guard against complacency.

The country is at a critical juncture in the war on drugs. These are tight budget times and we must set priorities. But, drugs must emphatically remain a priority. The Administration has recognized this, and today Senator Biden, I am asking you and your colleagues to reaffirm this.

We have made progress; that much should be beyond dispute. The drug war is no longer a hopeless cause; it is a just and winnable cause. But there is much left to do -- that, too, should be beyond dispute. I ask your help to get our necessary work done.

The CHAIRMAN. Unless anyone has a closing comment, the hearing is adjourned.

[Whereupon, at 12:28 p.m., the committee was adjourned, subject to the call of the Chair.]

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