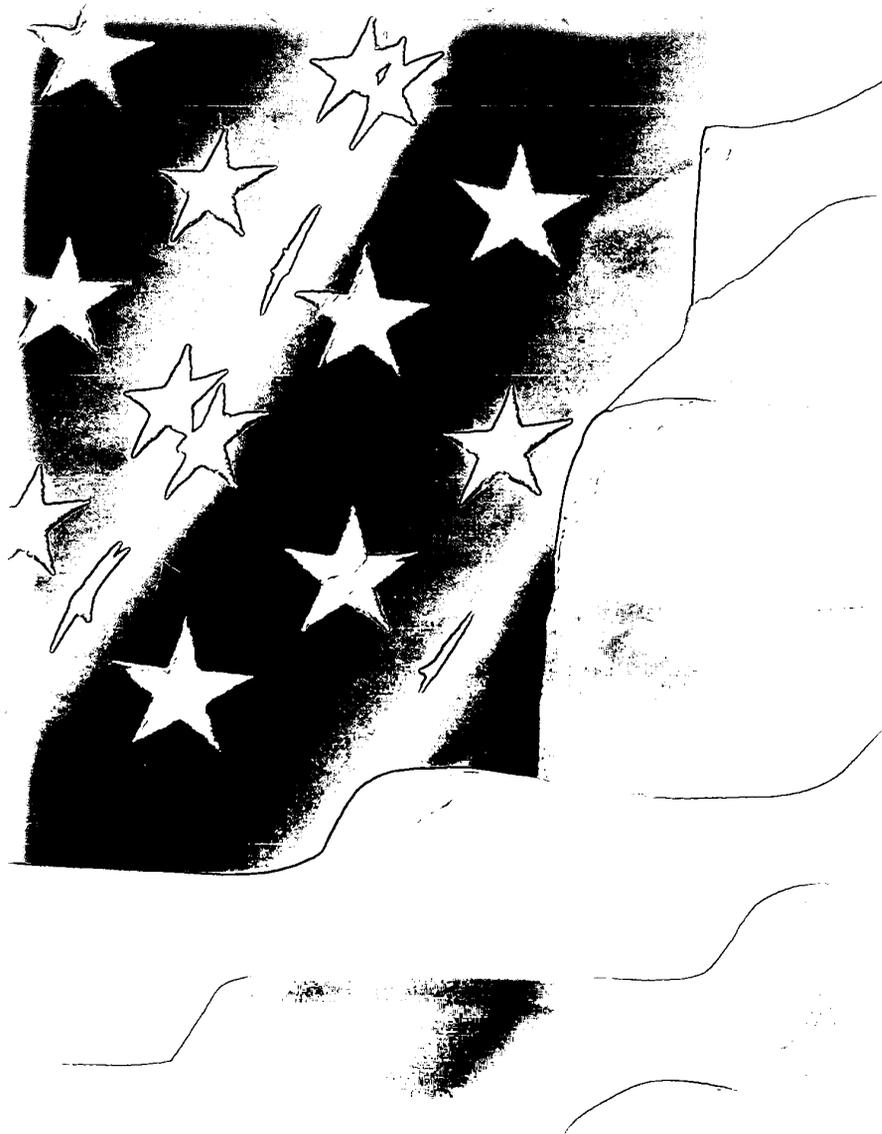


# National Drug Control Strategy



Strategic Communications:  
Selected Writings



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Office of National Drug Control Policy  
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### Introduction

The following is a selection of publications written by the Office of National Drug Control Policy Director Barry R. McCaffrey. The writings in this compilation deal with a wide range of drug-control issues. Whether historical, medical, political, or social, these pieces explore diverse aspects of the national effort to reduce drug abuse -- especially among America's sixty-eight million children. Among the many topics addressed by ONDCP are:

- The National Youth Anti-Drug Media Campaign
- The role of the media in shaping youth attitudes about the dangers of drugs
- Mentoring
- The need for expanded drug treatment, including methadone therapy
- Substance abuse and the criminal justice system
- Drug legalization
- Performance-enhancing drugs in athletics
- International cooperation

This dimension of our public outreach initiative was designed to educate Americans about complex issues associated with substance abuse. Speaking to different audiences -- young and old, men and women -- we adjusted our message to different parts of the country affected by regional concerns as well as various ethnic and racial groups. Such publications raise the level of intellectual discourse and clarify information for national debate. In this way, science rather than ideology -- facts in place of slogans -- informs public policy.

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## **America's History with Drug Usage Teaches Anti-Legalization Message**

Recent calls for legalization as the panacea for the nation's drug ills should be taken with the salt of history. The tendency to forget much of America's experience with addictive substances goes to the very nature of drugs and the culture they spawn. A drugged society suffers from long-term memory loss to the point of amnesia.

The lure of illegal drugs involves a desire for intense pleasure and instant reward. Drug users crave out-of-body joy and peace at the drop of a pill, in a few breaths, or within minutes of injection. Lost in the self and the present, the person on drugs is neither preparing for the future nor learning from the past. The drug culture nods in the "now"; its orientation is historical. Yet history has much to teach us about the problems of substance abuse, which we ignore at our peril.

America's confrontation with dangerous drugs dates back to the nineteenth century when over-the-counter syrups were heavily laced with morphine; Coca-Cola and other beverages contained cocaine; and Bayer Pharmaceutical Products introduced heroin --touted as "nonaddictive" and sold without prescription (one year before Bayer offered aspirin). At the turn of the century, opium dens catered to communities throughout the United States. We do not have to speculate about what would happen if addictive drugs were legal without prescription. Our country already tried that route, suffered, and roundly rejected the scourge of drugs on our communities, schools, work places, and families.

By popular demand, the Food and Drug Act of 1906 required that all ingredients in products

and medicines be revealed to consumers, many of whom had become addicted to substances falsely marketed as safe. In 1909, the Smoking Opium Exclusion Act banned the importation of smokable opium -- providing the first national antidrug legislation. Five years later, the Harrison Narcotic Act implemented even broader and more effective drug control laws. In 1911, the first International Conference on Opium convened in the Hague to control narcotics trafficking. By the 1920s, doctors in America were prohibited from prescribing opiates for non-medical purposes, including the treatment of addicts.

Problems with cocaine addiction plagued Hollywood in the '20s to the point where movie mogul Louis B. Mayer complained: "If this keeps up, there won't be any motion picture industry." In response to popular outrage over depictions of drug use in film, thirty-seven states passed censorship bills by 1922. The drug problem did not first hit the United States in the 1960s, as is often thought. An earlier drug epidemic raged between 1885 and 1925, followed by a resurgence from 1950 to 1970 when heroin poured into America from Turkey by way of France. Ten years later, a third and incredibly destructive wave of drug abuse brought havoc to our shores as Colombian cartels flooded our streets with cocaine.

The tendency to underestimate the hazards of drug use has been made in successive generations. We forget what has been painfully demonstrated in years past. The seductive quality of drugs fooled many professionals and laymen. The father of modern psychiatry, Sigmund Freud, initially thought cocaine was nonaddictive and relatively a hundred years later.

Leading universities hosted professors infatuated with psychedelics in the 1960s and

'70s or stimulants and narcotics in the '80s and '90s.

Many physicians and researchers grossly underestimated drug dangers. Dr. Morris Manges of Mount Sinai Hospital wrote, in an 1898 issue of the New York Medical Journal, about treating coughs with heroin: "apparently, there was no habituation to the drug." By 1900, Manges released a second glowing report for heroin based on a survey of 141 doctors. The author noted only a small number of cases where addiction was observed. But three years later, Dr. George Pettey voiced unequivocal alarm in "The Heroin Habit: Another Curse," published in the Alabama Medical Journal. Pettey realized that heroin produced "what is for all intents and purposes the opium habit."

With respect to cocaine, the absence of heroin-type withdrawal symptoms tricked some researchers into missing this drug's addictive quality, which is based on reward, according to Dr. Robert Dupont, a former head of the National Institute of Drug Abuse. In 1979, Dr. Robert Byck of Yale Medical School warned about the devastation caused by smoked coca paste used in Peru -- this before crack ominously captured so many Americans. Wooed into a false sense of security by the supposed benign quality of smoked marijuana, unwitting victims of crack cocaine wrongly concluded that smoking this substance -- unlike injecting -- would be a safe route of administration. (Dr. David Musto highlights a parallel misconception a century earlier when physicians and patients alike mistakenly concluded that the use of a syringe with pure morphine, which reduced the quantity of drugs needed to produce the same effect, would limit rather than expand the likelihood of addiction.) Actually, crack cocaine made heroin "look like the good old days," according to historian Dr. Jill Jonnes. The advent of "crack houses" and "crack babies" (the NIDA National Pregnancy

and Health Survey estimated 1½ to 2 percent of American infants in 1992 had been exposed to cocaine in utero) marked a new and terrible stage in the history of drug abuse.

In 1986 -- the same year that the military reported cutting drug use by half -- the deaths of Len Bias and Don Rogers demonstrated to the public that one dose of cocaine could prove lethal even to healthy young athletes. Had anyone bothered to consult the research, they would have discovered that this fatal syndrome was identified decades ago. In addition, the historical experience of cultures as different as China, Egypt, and Japan confirmed that no society could prosper while tolerating addictive drugs.

Drug use cannot be considered in a vacuum. We must understand it within the context of crime, violence, corruption, prostitution, multinational cartels, adverse health consequences, enormous social costs, and the collapse of our cities. On an international scale, narcoterrorists use the illegal drug trade as a means to other ends. Arms deals fueled by drug capital are part of the deal. On the other side of the drug register are young consumers. Youth are particularly vulnerable to the allure of drugs and the damage toxic substances cause developing bodies and minds.

Illegal drugs are a byproduct of an industrial society that has led us to tamper -- for better and for worse -- with the body's inner environment. The United States has one of the worst addiction problems of any country in the developed world in part because of our wealth. Now we must focus our resources to solve this problem. We can lead the world in controlling illegal drugs -- primarily through prevention and treatment--just as we made great strides in guarding consumer safety and cleaning up the outer environment. From seat belts to sewage disposal, America has used the law to protect

citizens. We must free all people besieged by the tyranny of drug dependence.

We came to Salt Lake City to stand with Senator Orrin Hatch, Salt Lake City Mayor Dee Dee Corradini, Salt Lake County Commissioner Mary Callaghan, Utah Department of Public Safety Commissioner Craig Dearden, Director Thomas Gorman from the Rocky Mountain HIDTA (High Intensity Drug Trafficking Area), Interim U.S. Attorney David Schwendiman, Salt Lake City Police Chief Ruben Ortega, West Jordan Police Chief Kenneth McGuire, Salt Lake County Sheriff Aaron Kennard, and other members of the community concerned about the well-being of children. The anti-drug effort has been poorly termed a "war." We don't declare war on children. Drug education, like schooling in general, is a long-term affair. With compassion, cooperation, common sense, and stiff law enforcement, we can make our country healthier and safer by reducing drug use.

**Published in the *Salt Lake Tribune* on  
June 2, 1998.**

## **Mentoring: A Classic Way to Help Children Avoid Risky Behavior as Teens**

The word "mentor" comes from a character named Mentor in Homer's *Odyssey*. Because Odysseus had been away for many years, his son Telemachus was deprived of a father figure who could serve as a role model. The goddess Athene therefore disguised herself as Mentos and encouraged Telemachus to take a journey. Telemachus was gratified "in his spirit, courage, and determination, and he remembered his father even more." The next guise Athene chose was Mentor -- Odysseus' former companion -- who encouraged the youth: "You are no thoughtless man, no coward, if truly the strong force of your father is instilled in you, such a man he was for accomplishing word and action." (2, BK II, pp. 270-272)

The need for adult mentors is as true for today's children as it was around 850 B.C.E. when the ancient Greek poet memorialized the divine act of befriending young people. A twelve-year study of students in grades one through six, published this month in the *Archives of Pediatric and Adolescent Medicine*, proves that fostering self-esteem through love of learning can help prevent risky behavior during the vulnerable teen years. High school attendance and performance were improved among adolescents who had been encouraged during the younger grades by teachers and coaches.

The study was conducted in one of Seattle's most crime-ridden neighborhoods. Some schools were given the intervention program while others were not. Children who received elementary school mentoring were, by age eighteen: 19 percent less likely to commit violent acts, 38 percent less likely to indulge in

heavy drinking, 13 percent less likely to engage in premature sexual intercourse, 19 percent less likely to have multiple sexual partners, and 35 percent less likely to become pregnant or cause a pregnancy. Students who took part in the mentoring program also were more likely to stay in school and achieve higher grades. Dr. J David Hawkins, a professor of social work and principal investigator for the study, concluded: "It's amazing to see these outcomes. When kids get on a positive trajectory, they are less inclined to take risks that would throw them off track."

Any community could adopt this approach because it makes use of people already involved in children's lives. The work of retired General Colin Powell, director of America's Promise -- the Alliance for Youth, illustrates that a vast reservoir of willing mentors exists across our country. Likewise, the organization "100 Black Men" has found mentors -- including CEOs of major companies -- for inner-city youth from broken homes. With just a little help, youngsters will turn away from substance abuse and other dangerous conduct.

Experts have called for a continuation of mentoring programs in higher grades. The Seattle program involved sixth-grade teachers and parents who were given guidance in how to establish expectations and regulations for young people. The goal was to create commitment to school and an emotional attachment to learning, instructors, and peers. The children developed motivation to live in a responsible fashion that wouldn't jeopardize their education. The full cost of the program over six years was calculated at \$3,000 per student. Compared to the cost of addiction, crime, unwanted pregnancies, associated health-care costs, and ruined lives -- these prevention programs are extremely cost-effective.

The National Mentoring Partnership in Washington, D.C. has investigated a number of projects. In 1995, an impact study of the Big Brothers/Big Sisters of America revealed that young people who worked with mentors -- compared to a control group without them -- were: 46 percent less likely to use illegal drugs, 27 percent less likely to drink alcohol, 53 percent less likely to be truant, 37 percent less likely to skip classes, and 33 percent less likely to hit another person. A 1994 Linking Lifetimes study from the Center for Intergenerational Learning at Temple University illustrated that young people with older mentors (at an average age of sixty-five) showed improvement in school-related behavior, self-confidence, and personal skills. In a 1989 Louis Harris Poll, 73 percent of students said mentors helped raise goals and expectations, and 59 percent of mentored pupils had improved grades. A 1988 Proctor & Gamble study in Cincinnati showed that students with mentors were more likely to go to college. Finally, the Quantum Opportunities Program funded by the Ford Foundation discovered that mentored high school students, from families receiving public assistance, were more likely to become involved in community service; they were less likely to be arrested or require welfare and food stamps.

From its Homeric origins, mentoring has withstood the test of time because it is a classic way to help children. Each youngster's life is an odyssey of sorts. Teens must negotiate the trials of adolescence and make tough decisions that affect their future. Every young American deserves the same attention and sound advice that the first "Mentor" gave. Reducing drug use is one part of securing happy, healthy options for the next generation.

**Published in the *Seattle Post Intelligencer* on April 21, 1999.**

## **Under Kitchen Sink: Home Product 'Drug' Problem**

When parents think of illegal drugs, they typically fear drug pushers selling cocaine, heroin, and other psychoactive substances. But some dangerous chemicals that have been killing more and more youngsters every year are legal, inexpensive, and widely available in stores and households. Kids call it "huffing" (inhaling through the mouth) or "sniffing" (inhaling through the nose). The "drugs" being abused are common products like air freshener, hair spray, freon, glue, shoe polish, lighter fluid, cleaners, correction fluid, spray paint, felt-tip markers, propane for barbecue grills, nail polish remover, cooking sprays, fire extinguishers, and the gas used in whipped cream cans. In 1996, 800,000 youngsters tried inhalants for the first time. A recent study confirmed that almost as many eighth graders used inhalants as marijuana. Inhalants are the fourth most common form of substance abuse among high school students (after alcohol, tobacco, and marijuana). Ninety percent of parents polled in 1997 refused to believe that their children had used inhalants. However, one in five students abuse inhalants sometime before graduating from high school.

The National Household Survey on Drug Abuse found that the number of new inhalant users doubled in five years. Children as young as the second grade have been abusing inhalants and solvents. As in Russian Roulette, kids can die from inhaling commercial products the first time they try them or the tenth. More than a thousand items on the market can be abused as inhalants with harmful results.

Youngsters are inhaling these substances in order to feel "high," mistakenly thinking the products are safe because they are legal. A child who breathes these substances may

become nauseous, experience blurred vision, have trouble remembering things, lose consciousness, incur permanent brain damage, or die. Taking such poisons into the body -- whether through the nose or mouth -- can injure the lungs, heart, kidneys, liver, or other organs.

The story of Dr. Rick Heiss of Bakersfield, California is just one example of the type of tragedy that has befallen too many American homes. Dr. Heiss found his teenage son Wade inhaling gas in a shed behind their house in 1995. When confronted, the embarrassed boy was apologetic and promised his Dad he would never abuse inhalants again. Two weeks later -- just before Christmas -- Wade was found dead on his pool deck after breathing poisonous fumes. Dr. Heiss tried unsuccessfully to revive his son.

Signs of inhalant abuse include unusual odor on the breath, dazed appearance, a chemical smell or stains on clothing, red or runny eyes or nose, spots or sores around the mouth or nose, loss of appetite, hearing or short-term memory loss, limb spasms, bone marrow or kidney damage, disorientation, and intoxication. In recognition of the alarming rise in inhalant abuse, October 15 was named National Inhalant Abuse Awareness Day. Beginning in August, the first consumer products company began to place a warning related to children and teens as well as the toll-free number of the National Clearinghouse for Alcohol and Drug Information (NCADI) on its labels (1-800-729-6686). This corporation, SC Johnson, has teamed up with the Partnership for a Drug-Free America to bring this problem to the attention of all Americans.

The inhalant drug threat to our children illustrates that education and prevention are central to our drug-control strategy. Banning all products that could be abused is obviously impossible. Parents, teachers, coaches, and

health professionals must focus on confronting our middle school children with the terrible physical danger of inhalant abuse. Act now.

**Published in the *Christian Science Monitor* on October 22, 1998.**

## **When Kids Know the Truth About Drugs, Use Declines**

Stereotypes sometimes misrepresent teens as impulsive souls who act without thinking. Research on drug use indicates the opposite. In fact, what adolescents believe to be the truth about illegal substances determines behavior. Studies show that changes in attitude concerning drugs -- in terms of risk to the individual and prevalence of use -- predict changes in practice among youngsters. When kids think drugs are dangerous, substance abuse declines. Consequently, education is the key to combating the alarming increase in harmful drug use on the part of young people.

Throughout Mississippi, marijuana is the drug most frequently used, and cocaine is the most prevalent. Law enforcement officials have reported an increase in the amount of amphetamine, LSD, and illegal narcotics used in the state. Among ninth grade students in Mississippi, 32.8 percent report using drugs compared to 25.7 percent of tenth graders, 21.5 percent of eleventh graders, and 19.9 percent of twelfth graders. In terms of lifetime use of drugs by youth statewide, 38.6 percent of boys use marijuana -- the highest percentage for any drug except alcohol, which is used by 79.5 percent of under-aged boys and 75.4 percent of the girls. With respect to all illegal drugs, rates by boys exceed girls. Gangs have increasingly been involved in drugs, and two Los Angeles-based drug distribution organizations -- the Crips and the Bloods -- are now fully entrenched in Gulfport as well as in housing projects throughout Southern Mississippi.

The number of arrests for driving under the influence of alcohol and drugs has increased enormously since 1990: 214 percent for DUI and 101 percent for drug arrests. Biloxi Mayor A.J. Holloway has commented about the rise in

drug arrests compared to a drop in other crimes: "The selling of drugs and driving under the influence will not be tolerated. We have more officers on the streets, so we expect more arrests in these areas. Our people are doing their jobs to keep these streets and street corners safe for our children."

The formation of a new Gulf Coast HIDTA (High Intensity Drug Trafficking Area) -- composed of the counties of Hinds, Hancock, Harrison, and Jefferson in Mississippi; Mobile, Baldwin, Montgomery, and Jefferson in Alabama; and Caddo, East Baton Rouge, Jefferson, and Orleans in Louisiana -- addresses the upsurge in the drug problem within this section of the country. Thousands of miles of largely unpatrolled coastline make this area attractive to maritime smugglers, along with the elaborate system of interstate highways that allows this region to function as a gateway for drugs entering the United States and a staging and transit zone for drug distribution. "Mother ships" in the Gulf of Mexico, bound for ports in Mississippi and Louisiana, are serviced by private vessels that return for drug pickups from the larger craft. Such networks contribute to drug-related crime as well as social and economic problems, including money laundering.

Criminal activity related to drug usage is one of the most difficult problems facing our cities today. In 1993 and 1994 respectively, 2,543 and 6,444 defendants were arrested on drug charges in Mississippi. In 1996, 764 youngsters under the age of eighteen were arrested for drug violations. (For all ages, the total was 4,239.) The Mississippi Department of Corrections reports that nearly 80 percent of the prisoners in Parchman Penitentiary have a history of drug or alcohol abuse. Furthermore, 66 percent of the inmates were under the influence of drugs or alcohol at the time they committed the offense for which they were

incarcerated. In 1994, more than 1,000 grams of crack cocaine were seized statewide by police as were 4,000 pounds of marijuana and 2,000 doses of LSD.

In addition to the physical danger of drugs, the use of illegal substances correlates with other destructive behavior by young people. Drugged driving is one example. Marijuana has been found to be the second-most-common substance (after alcohol) involved in car crashes among teens. Drugs and alcohol also factor in school drop-out rates and negative employment patterns.

Mass media can be a powerful educational tool to counter the spread of drugs among youth. Thankfully, Congress appropriated \$195 million for an advertising campaign to teach young people about the dangers of illegal drugs. As with other health and safety messages --like seat-belt use and childhood immunization -- public service announcements combined with paid advertising spots can change youth attitudes. Using the latest techniques in consumer marketing and creative communication, such anti-drug ads will offset the normalization and glamorization of drugs in much of the electronic media. The private sector will support this media campaign against drugs. Major corporations have already expressed interest in participating.

Other youth-oriented projects to raise consciousness about the threat of illegal drugs include an entertainment industry initiative aimed at accurate depiction of drug use and its consequences. Our commitment to youth is reflected in a 21 percent increase in federal spending for drug prevention programs in the coming fiscal year. The number one goal of the National Drug Control Strategy is to help youngsters reject illegal drugs.

While coordination and resources can come from Washington, in all social policy the heavy lifting is ultimately done on the local level. Families, schools, religious institutions, boys and girls clubs, coaches and other youth leaders, local law enforcement, and a wide range of community efforts have the greatest impact on American youngsters. Parents are the most important factor in the struggle against illicit drugs. Studies have found that students who used illegal drugs are more likely to have parents who rarely supervise or support their children in school work or other activities.

To bolster local strength in dealing with the drug threat, federal support can make a difference. In 1997, Mississippi received \$7,432,208 in allocations for the Safe and Drug-Free Schools and Communities Act State Grants Program; \$35,768,970 from the Justice Department's Office of Community Oriented Policing Services (COPS); and \$5,574,000 in Edward Byrne Memorial State and Local Enforcement Formula Grants. Over the past five years, the federal government increased spending on drug demand-reduction programs by a third. In 1998, we will devote a total of \$5.5 billion nationwide to these demand programs.

It is an honor for me to come to Biloxi and stand with Attorney General Mike Moore, Gulfport Mayor Bob Short, Chief of Police Tommy Moffett from Biloxi and Chief George Payne from Gulfport, community coalitions, law enforcement, treatment providers, and other citizens at the forefront of efforts to reduce drug use and its consequences. We support all members of your community concerned about the well-being of children. When youngsters refrain from taking drugs throughout their teens, they are essentially home free because few people start on drugs in their twenties and thirties, much less at older ages. Conversely,

early drug use primes individuals for addictive problems later in life.

All Americans must join in the anti-drug effort, which has been poorly termed a "war." We don't declare war on children. Drug education, like schooling in general, is a long-term affair. With compassion, cooperation, common sense, and stiff law enforcement, we can make our country healthier and safer by reducing drug use.

**Published in the *Biloxi Sun Herald* on  
May 6, 1998.**

## The Entertainment Industry and Drugs

In our national effort to combat substance abuse, especially drug use among children, the entertainment industry has often been targeted unfairly as the creator of a popular culture that sends inappropriate drug messages to youth. The truth is, Hollywood writers, producers, and directors are parents, community leaders, and educators -- in the best sense of the word -- just like the rest of us. Culture is a joint product that the media reflects as much as invents. In fact, most mass media mirror an America envied around the globe.

We do have a problem in terms of rising adolescent drug use, but blame should not be focused on a collection of industries that contain some of the most creative people in our country. The Office of National Drug Control Policy appeals to professionals throughout the communication fields for help in the struggle to save young people from dangerous drug activity which the media has the power to unmask.

Dr. David Hamburg, chairman of the Carnegie Council on Adolescent Development and chief author of its 1995 report "Great Transitions," calls for families, schools, health care agencies, community organizations, and the media to "vaccinate" teenagers against the sickness of addiction. The Carnegie Report -- produced by former Cabinet and Congress members, scholars, and scientists -- spotlighted early adolescence as the time when we can take our best shot at preventing lifelong negative habits among the whole population. The University of Michigan's *Monitoring the Future* survey just released its findings: approximately half of all high school students will use illegal drugs before they graduate. Amid increased drug abuse among younger

children along with violence, suicide, and teen pregnancy, the media can play a critical role in stemming this terrible tide.

One study showed that youngsters are less likely to turn to addictive drugs if they have a concerned adult spending time with them. In the wake of shattered families and the need for two-parent wage earners, the adults talking to our children frequently reach them through TV, film, video games, radio, music, the Internet, and advertising. Whether in novels or poetry, dance or drama, art has always been the repository of a culture's greatest gifts. We call on the mass media to honor the highest ideals that are its collective heritage.

While overall drug use in America has declined for the last fifteen years from 23 million regular users to 12 million, substance abuse among young people has grown during the past five years. One third of eighth graders report the use of illicit drugs, including inhalants. About 15 percent admit to having drunk more than five alcoholic beverages in a row during the past two weeks. Last August's National Survey on Drug Abuse found that marijuana was used by 77 percent of current drug users (9.8 million of the estimated 12.8 million Americans who used an illicit drug during the past month from the date of questioning). The report *Cigarettes, Alcohol, Marijuana: Gateways to Illicit Drug Use*, prepared by Columbia University's Center on Addiction and Substance Abuse, showed that children who used marijuana are 85 times more likely to use cocaine. Sixty percent of the children who smoke marijuana before age 15 later use cocaine. There are currently 600,000 heroin addicts in the United States, and heroin use among adolescents has doubled. Approximately 3.6 million Americans are hooked on cocaine, heroin, methamphetamines, and new "designer" drugs.

In facing the challenge of drug abuse, the mass media have never been less monolithic. Fragmentation is rampant in the entertainment industries. Vertical integration of media conglomerates adds pressure to the marketplace and the creative process. Cable now cuts into network territory, and competition among stations means that less free air time is available for public service announcements to combat drug use. The number of PSAs that were broadcast has dropped. Commercial forces work against children's programming -- where positive role models can be presented -- because consumers aged 18-49 are targeted as purchasers.

Changes in viewer habits have also worked against drug education. Channel surfing on a remote control leads TV watchers away from PSAs that punctuate regular programming. In general, the speed of mass communication mitigates against exploring an issue carefully as people's attention span decreases in correlation with shorter, rapid-fire presentation. ABC's Ted Koppel has noted that over the last several decades, sound bites have gone down from an average of 22 seconds to 8 seconds. Furthermore, pro-drug messages are communicated to our children through the most sophisticated, multimedia techniques while anti-drug forces typically fight back with bumper stickers: that is, with one-dimensional approaches.

The intensification of media effects, like virtual reality, has been coupled with a thirst for heightened experience and risk-taking in our culture. Exaggerated proportions and greater degrees of violence are related to this trend. The "super" phenomenon (from "superheros" and villains to "mega-malls" and "maxi-burgers") relates to this preference. This mentality provides the context for drug use either as a "high" beyond normal experience or an instant solution to discomfort within a now-

oriented society. The glamorization of drugs in "heroin chic" fashions promotes illegal drug use the same way look-alike packaging sells the idea of alcohol and cigarettes to children. Technology has made America stronger and faster in every respect; the demand for intensity and "speed" through drugs is a negative counterpart to these industrial changes. Destruction follows risky drug experimentation as surely as it accompanies other dangerous forms of thrill-seeking. The media sometimes exploit such behavior.

The good news is that the number of people in the United States using cocaine has dropped by 75 percent. In the last few years alone, cocaine use has declined by 30 percent. There have been excellent initiatives, such as the push for three hours a week of educational programming -- some of which can be devoted to drug education. Mediascope, a non-profit organization that promotes social and health issues, sponsored a nationwide study of media violence. A similar, quantified study of drugs in the media would be useful. In addition, there has been considerable interest in media literacy so that children and parents alike will understand subtle messages influence viewers. ABC, HBO, and the Academy of Television Arts and Sciences are developing excellent anti-drug campaigns. Programs like *ER* and *NYPD Blue* often depict public health issues accurately. However, the biggest challenge we face today is a willingness by some in the entertainment industry to produce whatever sells.

The bad news is that material seeking to legitimize illegal drugs can be found on radio, television, the Internet, and other mass market outlets. Reactions to objectionable messages have been voiced by consumers. Chains like Wal-Mart and Blockbuster Video have decided not to stock CDS and audio tapes with offensive content.

The influence of the media should not be underestimated. By mid-adolescence, kids have watched about 15,000 hours of television - more time than they spend with teachers in school. Add to that figure the hours devoted to video games, watching tapes on the VCR, listening to the radio, and attending movies, and the media's impact becomes primary.

Concerns have arisen periodically in this country over media content. In the continuing dialogue, extremes have been presented on both sides. Free speech as guaranteed in the First Amendment to the Constitution must be protected. However, the news and entertainment industries owe it to our youth to portray realistically the dangerous consequences of illegal drug use. We call upon the networks to devote at least one or two programs each season to the problem of illegal drugs. In addition, writers and producers of comedy series might think about the impact of subtle "wink and nod" allusions to illegal drugs as well as blatant pro-drug messages that put teens at risk. A spirit of cooperation is the key to a constructive partnership between the media and the public. ONDCP offers support and elicits help in our national challenge to beat back the problem of illegal drugs that threaten America's children.

**Published in the *Los Angeles Times* on January 2, 1997.**

## **Advertising is a Key Weapon in the War Against Drug Abuse**

Corporations are willing to spend billions of dollars on advertising because it works. The electronic media -- television, radio, film, videos, Internet, CD Rom, and multi-media (including print journalism augmented by color photography) -- constitute the strongest educational tool available in the modern world. Where earlier civilizations drew on the walls of caves, we trace our culture on TV screens. Mass media can change attitudes and behavior among youth in the fastest, most effective way. In addition to drug prevention based in homes, schools, and communities, an aggressive media campaign is essential for reducing drug abuse.

At the start of this calendar year, the Office of National Drug Control Policy chose twelve cities in the United States to pilot an anti-drug advertising campaign aimed at youngsters nine to seventeen years of age. The impact of these paid spots will be tested and refined before the program goes national this spring. Congress has appropriated an unprecedented \$195 million for the campaign. Through support from the media and others in the private sector, this figure could double -- allowing us to increase paid advertising and public-service efforts.

Such an initiative is necessary because even though overall drug use dropped by half in the last fifteen years, teenage drug use rose precipitously. Eighth grade use nearly tripled in the last five years. During this period, the number of anti-drug public service announcements fell by 30 percent, and many of those PSAs aired in time slots that attract few children. In Jefferson County, drug-related arrests increased more than 97 percent during the past five years, with 13,504 people having been. Louisville, ethnographers report

increased heroin use among young middle-class suburbanites. Between 1994 and 1995, methamphetamine use increased, and data suggests that greater use could occur in the future if current trends continue. Widespread availability of marijuana as well as heroin may produce higher rates of use by young people.

The media initiative is only the beginning of a greater educational campaign to reach youngsters. Documentaries about the history of drug use; the impact of narcoterrorism on American foreign policy; and the link between drugs, crime, and the justice system can be supplemented by factual, dramatic shows about the consequences of substance abuse. Young viewers would be more likely to shun addictive substances if they were better informed about the violence associated with this criminal industry and health risks posed by drugs.

Today's kids spend more time watching television than attending academic classes. By high school graduation, youth have seen approximately 15,000 hours of TV compared to 12,000 hours in school. Whether we like it or not, electronic media have revolutionized the way people learn -- much as Gutenberg's printing press and movable type changed Renaissance Europe from an oral to a written culture. In the twentieth century, mass communication has brought us back to word-of-mouth, conveying information through electronically enhanced speech and pictures that magnify impact.

Because mass media acts like a "proxy-peer" to our youth, defining the culture by identifying what's "cool" and what's not, over a five-year period a broad-based anti-drug campaign can counteract pro-drug messages from many sources. Ad experts suggest that a minimum of four exposures a week which reach 90 percent of the target audience (mostly children but also parents, coaches, and youth leaders) can change

attitudes. The University of Michigan's "Monitoring the Future" study indicates that attitudinal change precedes behavioral change.

A recent study by the National Institute on Drug Abuse (NIDA) notes that media efforts work best on the community level in conjunction with other prevention programs. To maximize impact, the new campaign will tailor ads to match the age, social, and psychological profile of audiences. Dr. Alan Leshner, Director of NIDA, points out that scientific research has established which types of ads achieve good results. For instance, messages that encourage audiences to think about issues -- as opposed to celebrities delivering slogans -- tend to produce enduring change. Likewise, research-based material is more effective than "scare tactics." Creative minds in the arts and industries are helping with these efforts. The Ad Council and the Partnership for a Drug-Free America are providing ad copy as well as experience and talent.

The idea is not to control young minds. Our purpose is to offer accurate data that enables maturing individuals to make rational choices. Drugs are wrong because they hurt people. We cannot stand idly by while toxic, addictive substances endanger children, family, friends, and neighborhoods. So look for the new ads, and speak about the message. American liberty entails freedom from substances that poison young minds and kill youthful dreams.

**Published in the *Denver Post* on  
January 16, 1998.**

## Anti-Drug Campaign is Reaching our Youth

Ongoing studies indicate we have a winner on our hands in the youth media campaign against drugs -- the nationwide effort to reach America's youth and their mentors with information about drug abuse. Agencies hired to study preliminary results of the campaign the White House launched nationally in July now report that these ads and other features of the campaign have been even more successful than anticipated. The "media match" -- donated time and space on the part of networks, print media, and other news outlets -- has outstripped expectations. The Office of National Drug Control Policy (ONDCP) purchased advertising spots at times of day most likely to reach young people and the adults who care for them. In response, the media has matched dollar for dollar in the form of free space and time, further discounts, and programming that deals with the drug problem. For example, in a commercial break the stars of *Dawson Creek* -- a popular teen show -- ran a public service announcement against illegal drug use.

In response to the recent anti-drug television ads for young people, stations have begun running shows against illegal drugs as part of the advertising "matching" system inaugurated by Congress. In episodes geared for children and adolescents, TV channels have been exposing the dangers of illegal drugs. The "media match" was leveraged by tax dollars, which purchased the anti-drug advertisements for youth. In turn, the shows on drug dangers were donated by media outlets to ONDCP and the American public. For every dollar spent on advertising, a dollar's worth of anti-drug programming was pledged. For the first time in history, national drug policy and the media have teamed up in defense of America's young people. Measures of audience response prove

that youngsters and adults alike have been tuning in to the programs and ads as well as calling drug hot-lines for more information.

Some of the anti-drug programs have taken the form of documentaries or features on drug-related issues. Others, like *General Hospital*, ran series illustrating what happens when a person becomes addicted. A doctor on one show who abused drugs lost his job, marriage, and health. So far, 156 minutes of *General Hospital* have been devoted to drugs. As part of the media match, *Home Improvement* aired a segment in which parents confronted a child about marijuana use. Major networks have pulled together their writers and asked them to create episodes that deal realistically and seriously with drugs. Fox, NBC, and Warner Brothers are among the many that have taken this challenge to heart. A September 27th ad in *Parade* magazine generated a 93 percent increase in calls to the campaign's toll-free number (1-800-788-2800). This week, the campaign's phone number received more than 100,000 calls.

In addition, ONDCP is donating local time and space to other public service efforts, such as Four H, America's Promise, McGruff the crime dog, and other civic organizations that support the health and welfare of young people. Fears that network access time would decrease for causes like the American Cancer Society have fortunately proved unwarranted.

The good news is that four times a week, paid anti-drug messages are reaching 90 percent of youth who are nine to eighteen years of age. If the pro-bono match is computed, American youngsters now are seeing or hearing these spots at least once a day. Anti-drug information has targeted African Americans, Hispanics, native Americans, and other ethnic groups. Spanish language programs on radio and Univision, Galavision, and Telemundo;

African-American owned newspapers; Gospel radio; Asian language news and cable; tribal papers on reservations; and stations on Guam, Puerto Rico, and the Virgin Islands are among selected outlets carrying the ads.

Channel One has been running anti-drug material in schools, and theaters are showing anti-drug pieces before the start of movies. Teen magazines, as well as adult journals, have printed anti-drug ads and features. Some optimists anticipated 80 percent cooperation, but we have achieved 100 percent matching support. Competitive Media Results (CMR) has been monitoring the outcome and providing data to CSR, our research contractor.

The media campaign web site at [www.projectknow.com](http://www.projectknow.com) provides real stories from teens and parents looking for practical tips and no-nonsense information about drug use. With more than 1.2 million "hits" in the site's first three months of operation, on-line callers are averaging over fifteen minutes each time they use the site. This record suggests the strong demand that exists for anti-drug information among youth and adults, who are responding to the site in roughly equal numbers. In a survey of 1,862 visitors to the site, two-thirds of respondents rated it as "very useful" or "somewhat useful." Respondents rated the hard information pages as the most useful (versus games and alternative information). Adolescents responded best to teen stories and drug facts while parents liked the "tips" section. Adults were more likely to view the site with a child (38 percent) than teens were to view it with a parent (15 percent).

Compared to other advertising efforts, the anti-drug media campaign is up there with sneaker companies, pizza, burgers, Pepsi, and Sears. It's among the top twenty in terms of the audience reached.

The media campaign seems to be off to a good start. In the upcoming year, we will learn more about its specific impact on adolescent attitudes and behavior. After targeting twelve pilot cities in the spring and early summer, the Partnership for a Drug-Free America refined the anti-drug ads for a national audience. As time goes by, we will learn from the present campaign how to fine-tune our efforts to guarantee the best results. Each addicted adolescent in America will cost us more than \$2 million during a lifetime of compulsive drug-using behavior. The central component of our national drug strategy is to motivate American youngsters to reject illegal drugs as well as underage use of alcohol and tobacco. A key component of this prevention strategy is the two billion-dollar, five-year, national media effort against drugs for youth. Our children will be the benefactors of this unprecedented effort.

**Published in the *San Diego Tribune* on December 9, 1998.**

## **Children: The Uncounted Victims of Drugs**

On November 1, 1987, six year-old Lisa Steinberg was found comatose in the Greenwich Village apartment her father, Joel Steinberg, a prosperous lawyer, shared with his companion Hedda Nussbaum. Lisa had been severely beaten by her father. After the beating, Mr. Steinberg went out for dinner. He then returned to the apartment to smoke more cocaine -- just feet from where his daughter's comatose body lay on the bathroom floor. It was hours before help was called. Four days later she died. This shocking incident brought to the public eye the links between substance abuse and child neglect and abuse.

Since the Steinberg tragedy we have learned a great deal about how drugs play a role in child abuse and neglect. A study released this January by Columbia University's Center on Addiction and Substance Abuse, *No Safe Havens: Children of Substance Abusing Parents*, found that substance abuse exacerbates 7 of every 10 child abuse or neglect cases. In the last ten years, driven by substance abuse, the number of abused and neglected children nationwide has more than doubled, up from 1.4 million in 1986 to 3 million in 1997. In 1994, the American Journal of Public Health reported that children whose parents abuse drugs or alcohol are 4 times more likely to be neglected and/or abused. Children who are exposed to drugs prenatally are two to three times more likely to suffer abuse and neglect.

From 1984 to 1993, Connecticut alone experienced a 61 percent increase in child abuse and neglect cases. A 1994 study of foster care children found that in 58 percent of the cases one or more of their birth family members had a substance abuse problem. More recently, reports from Connecticut child

welfare case workers indicate that up to 75 percent of their caseloads involve families with substance abuse problems.

Connecticut has responded with balance and compassion to this problem through the creation of Project Substance Abuse Family Evaluation, know as "Project SAFE," which is a model for efforts across the nation. Through Project SAFE, families that have child abuse and neglect problems are immediately evaluated for substance abuse. Where case workers identify a potential substance abuse problem the parents are offered a free test and evaluation. If a parent declines the offer of assistance, the courts can order the parent to submit to an evaluation, which the parent must then pay for. Based on the results of these evaluations, parents are referred to drug treatment programs. Addressing the underlying problem of substance abuse often times ends the root cause of the neglect or abuse.

The results of Project SAFE are encouraging. Of all the parents assessed by the program 60 percent were referred to treatment. Among those sent to treatment 60 percent keep their appointments with the treatment program, and 30 percent continue with the recommended treatment program to term. Since the program deals with a large number of chronically addicted people, these retention rates prevent enormous amounts of child abuse directed at vulnerable children.

The leadership of Congresswoman Nancy Johnson has been crucial to Connecticut's innovative response to breaking the links between drugs and child abuse and neglect. She and I recently toured the Wheeler Clinic in Plainville, Connecticut. We went to the Wheeler Clinic to see first hand how this program offers a comprehensive approach to dealing with the problems of troubled families.

The Clinic's work ranges from early intervention and prevention programs, such as their "Healthy Families Program," to an Emergency Mobile Crisis Service Unit, that brings help directly to the most difficult cases. The Wheeler Clinic's approach is both family-based and community-wide. The clinic's programs work closely with the Connecticut Department of Children and Families, the juvenile justice system, as well as schools, churches and other national and local service providers.

The power of drugs over people is strong. Addicted Americans need enormous courage to get off drugs and reclaim their families. We owe them the support they need to make this leap of faith. Programs like Project SAFE deserve our support.

The *National Drug Control Strategy* focuses on expanding both drug prevention and treatment programs nationwide. We are committed to increasing the number of drug treatment slots to fill the current treatment gap we face. These commitments are backed by federal resources -- since 1996, federal spending on treatment is up 25 percent and spending on prevention is up 55 percent. We are also endorsing insurance parity so that private health insurance programs will cover the disease of addiction just as they cover all other diseases.

Through treatment we can make a difference for thousands of children across the nation. We can offer them one of the most precious gifts: a family.

**Published in the *Hartford Courant* on  
April 20, 1999.**

## **Race and Drugs: Perception and Reality *New Rules for Crack Versus Powder Cocaine***

"Would you close your eyes, envision a drug user, and describe that person to me?" This question appeared on a survey, the results of which were published in 1995 in the *Journal of Alcohol and Drug Education* (Burston, Jones, and Robertson-Saunders, "Drug Use and African Americans: Myth Versus Reality"). Ninety-five percent of respondents pictured a black drug user while only 5 percent imagined other racial groups. The truth is: most drug users in the United States are white. African Americans constitute only 15 percent of current U.S. drug users. Before falsely stigmatizing any minorities, we should bear in mind that more whites than blacks use *both* forms of cocaine (according to the National Household Survey on Drug Abuse). Cocaine is a problem that afflicts the entire country.

The controversy over federal sentencing disparities for "crack" versus powder cocaine reflects and contributes to racial tension. At present, federal laws pertaining to crack cocaine are a hundred times more severe than for powder cocaine. As a result of the 1986 Anti-Drug Abuse Act, a five-year minimum prison sentence is required for anyone possessing five grams of crack or five hundred grams of powder cocaine. By comparison, simple possession (no distribution intended) of small quantities of powder cocaine -- on the part of first-time offenders -- is only a misdemeanor punishable by no more than a year in prison. Because crack cocaine is less expensive and more common in inner cities, harsher punishment for crack has been interpreted as discrimination against blacks.

The current federal sentencing policy has proved disproportionately severe for African-

Americans. According to the most recent figures, African Americans constitute 15 percent of cocaine users. However, 38 percent of people charged with powder cocaine violations, and 88 percent of those convicted of crack cocaine charges, are black. (Crack accounts for about half of total U.S. cocaine consumption.) For crimes involving fifty to 150 grams of cocaine, crack defendants received median sentences of 120 months in prison compared to eighteen months for powder. Since nearly all cocaine is smuggled into our country and transported over state lines in powdered form (one gram of powder cocaine converts into .89 grams of crack), the federal sentencing disparity has produced long incarceration for low-level crack dealers rather than for international, interstate, and wholesale traffickers.

Attorney General Janet Reno and I reviewed the U.S. Sentencing Commission's proposals regarding cocaine. In response, we recommended that relative to federal mandatory sentences, the ratio for cocaine be changed to twenty-five grams for crack and 250 grams for powder. In other words, crack should be treated as ten times worse than powder -- not a hundred times worse, as has been the case. This difference would reflect -- without gross exaggeration -- the greater addictive potential of crack (which is smoked) compared to powder (when snorted) and the importance of targeting mid and high-level traffickers as opposed to small-scale dealers.

Our second recommendation was that mandatory minimums be abolished for simple crack possession. Among all controlled substances, crack is the only one with a federal mandatory minimum sentence for a first offense of simple possession. Crack use in America, including new initiates, has stabilized since 1988. The estimated number of chronic cocaine users (people who consumed cocaine

fifty-one or more days a year) is 3.6 million. The intense psychotropic effect and addictive potential of crack are similar to powder cocaine when injected, and there is no mandatory minimum for powder.

Federal drug enforcement efforts should target drug distribution chains, particularly interstate and international traffickers. Federal agencies should also target mid-level dealers when they can provide information about drug distribution organizations. The current sentencing structure for cocaine undermines the proper division of responsibility between state and federal law enforcement. Lower-level crack dealers should be prosecuted by state and local authorities. Imprisoning thousands of small-scale crack dealers for long periods of time is a costly, counter-productive practice that will not solve our nation's drug problem.

Our recommendations were based on the conclusion that we can't incarcerate our way out of the drug problem. Last year, our country's prison population grew to nearly two million inmates in the federal, state, and local system. In the decade between 1985 and 1995, the number of prisoners with drug offenses as their most serious crime increased from 38,900 to 224,900 -- an upsurge of 478 percent. The United States now incarcerates six to ten times the number of people (relative to total population) imprisoned by other Western nations.

The proposed changes in federal sentencing policy reflect our belief that incarceration is appropriate for drug traffickers, violent criminals, and repeat offenders. The best thing to do with non-violent drug users is to get them off drugs so they can start productive lives. We need to be smart, not soft, on crime. To this end, we have asked Congress to budget more money for drug courts. Two hundred drug courts already offer effective alternatives to

non-violent offenders who give up drugs. Changing federal sentencing pertaining to cocaine is a major step towards a drug policy that is perceived by all Americans as both fair and effective. Both crack and powder cocaine are pure evil and must be confronted through rational but tough-minded policy, which includes strong law enforcement, effective drug prevention targeted on children, and treatment for the addicted.

**Published in the 100 Report, *The Official Information Source of the 100 Black Men of America, Inc*, Summer, 1998.**

## **The Sports World Should Be Drug-Free**

From the Tour de France raids to the latest basketball drug bust, the use of drugs in the sports world has once again captured headlines. Drug use among athletes broadcasts a mixed message that puts athletes, their sports, and our children at risk. We need to act now to make the field of play a drug-free zone.

Children learn from and emulate athletes -- whether it is their shooting stance or their drug use. For example, after the tragic death of Len Bias, youth cocaine use suddenly dropped. When athletes use drugs and are simultaneously rewarded for their athleticism, our children get the impression that drugs are not dangerous to physical well being, dreams and aspirations. Once a child believes these falsehoods, the toll begins to mount: drug use, addiction, crime, and even death.

Drug use by athletes also threatens the world of sport. Widespread allegations of drug use in athletics will cause chronic public cynicism. Outstanding feats will be chalked up to better drugs. Parents who fear drug use by their children find it hard to justify paying to take their children to sporting events, only to spend hours explaining away the behavior of the stars. The momentum must shift; we need to take the incentives out of drug use. When sponsors say "no" to drug use, the sponsored will stop. Money talks.

For Olympic athletes, however, the rewards are primarily medals and honor. The International Olympic Committee is taking steps to combat drug use, such as banning "nonperformance enhancing" drugs like marijuana and Ecstasy, and calling for a new drug-testing agency. Now it must respond to admissions of doping coming out of the trials

of former East German swim coaches and doctors who gave athletes steroids without their knowledge in order to increase "socialism's" medal count. Stripping medals from these victimized athletes seems unnecessary. Their suffering alone suffices to make the case against drug use.

To let these victories stand unremarked, however, sends the wrong message. Unless we make the consequences of drug use clear, more young people are likely to put themselves at risk. It seems past time to recognize the true heroes of past Olympic competitions: the athletes who competed clean but were cheated of their victories by their competitors' doping.

Professional basketball also needs to set straight its messages about drugs. Current NBA rules do not prohibit marijuana use by players, and management must join the ranks of the millions of other drug-free workplaces -- from brokerage houses, to the transportation industry, to countless small businesses -- which test employees, provide treatment, and sanction continued drug use.

There are positive signs. Eighteen Major League baseball teams are showing anti-drug public service announcements in their stadiums at home games. Major league soccer is sending strong anti-drug messages to its young fans. On October 23rd, as part of the Office of Drug Policy's athletic initiative, the first "National Coachathon Against Drugs" will see coaches across the nation -- from the pee wee leagues to the big leagues -- starting practices with a message against drugs.

These are all good signs, but we must do more. Parents, coaches and youth leaders must insist that athletes, as well as the organizations they represent and the companies that sponsor them, are worthy of the respect of their young

fans. Respect is earned; it will come when the world of sports takes a united stand against drugs.

**Published in the *St. Petersburg Times* on September 9, 1998.**

## **Drug Use Threatens Virtues of Athletics**

From Valparaiso's all-upset path to the "Sweet 16" to Kentucky's record-breaking 10-point second half rally to the national championship, the NCAA's March Madness basketball tournament is an example of athletics at their best. Sports nurture confidence, character, and skills that can be applied to a world far larger than one hundred yards of cut grass or ninety-four feet of hardwood where the rules aren't always so simple, and the boundaries aren't chalked or painted. These values are not particular to the NCAAs; they can be found throughout the world of sports. However, the prevalence of illegal drug use within the athletic world threatens these ideals.

The virtues of athletics find highest expression in the Olympic Games. Since its rebirth in Athens in 1896, the Olympic movement has played an essential role in strengthening peaceful democracy and nurturing the human spirit. "Olympic moments" define the best in all of us: a Greek shepherd capturing the first victory in the modern marathon, Jesse Owens winning four gold medals to spoil Hitler's Aryan superiority pageant, the Czech hockey team defeating Russia on the anniversary of the tanks rolling into Prague, and Jim Redmond racing from the stands to help his badly injured son finish his 400-meter race in Barcelona. These efforts embody the vision of Pierre de Coubertin, father of the modern Olympics, of an ethos expressly linking the development of character and values with the struggle to excel athletically.

However, a recent case involving the gold medal for snowboarding at the Nagano Olympics and the use of illegal drugs

jeopardizes the values upon which the movement is founded. The International Court of Arbitration for Sport ruled that the anti-drug rules of the Olympics apply only to drugs that are "performance enhancing." The court's decision stands to tarnish the movement and sends the wrong message. It is now incumbent on the International Olympic Committee to close this loophole.

The Olympics are not alone in struggling with the problem of illegal drugs. Drugs are a major threat to the integrity of virtually all professional sports leagues. Not a season goes by without some star player being exposed as a drug user. The National Football League continues to have drug difficulties -- its most popular team is now forced to spend over a million dollars a year to confront behavioral problems often associated with the use of illegal drugs. Baseball maintains league rules that allowed Steve Howell, a pitcher for Los Angeles Dodgers, to test positive for drugs on six occasions and still play. The most clear threat is faced by the National Basketball Association where estimates are that 60 to 70 percent of the players smoke marijuana. NBA league rules do not even apply to marijuana, and players feel free to exploit this loophole and break the law in doing so.

Most troubling is the impact the acceptance of drugs in sports is having on young people. Over the last four years, the use of marijuana by college athletes has increased by a shocking 7 percent, up to a total 28.4 percent. Seven percent of the student athletes reporting marijuana use say they took the drug over forty times during the past year. The use of other drugs, such as amphetamines, cocaine, and hallucinogens, is also up among NCAA athletes. Overall youth drug use rates remain alarmingly high. For example, a study by Penn State University found that 175,000 high school girls reported taking steroids, a drug used to

enhance athletic performance, at least once. The messages, intended or unintended, sent by athletes are being heard by young people.

While the bad news dominates the sports pages, athletics can play an important, positive role in fighting drug use. The NCAA Foundation is working to help student athletes deal with illegal drug and alcohol abuse. While struggling internally with drugs, many professional leagues -- as well as corporate sponsors and players -- are working to give kids positive sports messages. For example, through "Athletes Against Drugs," top stars are speaking out against drugs. And the women's league, the WNBA, is setting a positive example, without a single drug incident in its inaugural season. Unfortunately, every new sports drug scandal eclipses all of these efforts, leaving our children with the false belief that "all the stars do it."

We have to set the score straight on drugs and sports.

The first step is to reform the institutions of sport. We have to put in place league rules that provide for drug-testing programs and tough sanctions, accompanied by treatment for those who test positive. Most notably, we need to close the NBA's marijuana loophole. Even Charles Barkley, the basketball star noted for role-model reticence, has called for a two-step system: the first positive drug test would trigger a mandatory year suspension and treatment. The second would trigger a mandatory lifetime suspension.

The second step is to better communicate counter-drug values. We need to develop community partnerships with sponsors and leagues to help develop character-building athletic programs, which include drug-free education. We need to educate coaches -- the most important mentors next to parents -- about

the dangers of drugs, help them spot the danger signs, and encourage them to work with parents to get at-risk kids into counseling and treatment. Sponsors, from sporting goods manufacturers to sports networks, need to tell kids not only that they can do it, but that they can do it drug-free.

Most of all, those who believe in the value of athletics must team up to deliver one simple, clear message to our children about illegal drug use: "Users are losers. Be a winner."

**Published in the *USA Today* on  
April 6, 1998.**

## A Clean and Sober NBA

There is tragic irony in the fact that the same game that provided many of the players in the National Basketball Association a way out of drug-infested neighborhoods has now become a symbol of drug use. As Darcy Frey writes in his book *The Last Shot*, for many young people growing up in tough neighborhoods "there is basketball, and when that doesn't work out, there is drugs." Now a significant number of NBA players, it seems, escaped the streets only to move up the social ladder of drug use.

Sadly, the league that once embodied their dreams now provides a safe haven for drug abuse, a culture that effectively encourages it, a large bankroll to support it, and maybe a habit that will eventually destroy them.

According to some estimates, as many as 70 percent of NBA players may be current drug users. Marijuana, which players can use with impunity from league sanctions because it is not prohibited under existing NBA rules, accounts for the bulk of this use.

To their credit, NBA Commissioner David Stern and the league have made it clear the marijuana loophole must close. But the NBA Players' Association has refused to go along with this effort so far. This impasse has been one factor in the lockout that now threatens the 1998-99 season. The NBA and the players need to break this stalemate and craft an effective drug policy that is fair to all -- the league, the players, the fans, the game and our children.

Youth drug use is driven by attitudes; drug use by NBA players sends the wrong message to our nation's children. Millions of young people emulate these sports heroes -- from their free throw stance to their drug use. When young people see elite athletes using drugs, they get the false message that they can use

drugs and still be winners. Worse yet, they fail to grasp the risks drugs pose to their lives, health and dreams.

And the risks here are real. As the Len Bias tragedy shows, drugs can kill. Studies also show that marijuana and other drugs increase a ballplayer's likelihood of a career-ending injury. One reason injuries increase is that drug use impairs coordination and athletic abilities, which for many players may mean the difference between riding the NBA bench and walking hard streets. The impact goes beyond the individual player; everyone around him is affected. Team morale and achievement suffer when drug use compromises the game of a player. The fans, who pay to watch these players at their best, are shortchanged.

These risks trickle down to all the youngsters trying to make the NBA grade; think of how many young people blow a chance at the big league when they fall into drug use. And when basketball no longer offers an opportunity to make it -- into the league, or to college or to a better job in a better place -- more children will turn to drugs instead of sport.

The prevalence of drug use in basketball also diminishes the stature of the game and the people who play it. Parents, whose primary concern today is youth drug use, do not want to pay ever increasing ticket prices to raise the stature of athletes who, in effect, promote drug use. Some players are trying to change the game's reputation. For example, the New York Knicks' Charlie Ward has spoken out strongly against drugs. The San Antonio Spurs' David Robinson has helped organize anti-drug programs for kids. And Charles Barkley, noted for his role-model reticence, has called for a Draconian NBA drug-testing scheme.

Others, however, continue to display an above-the-law attitude about drugs. The league needs to join the millions of Americans who work in drug-free workplaces -- and for wages far less than the average NBA player's \$2.6 million salary. Roughly 70 percent of full-time adult American workers are employed by companies that have drug-free workplace programs. A 1995 Gallup poll found that 72 percent of Americans want drug testing in their workplace. Sixty-seven percent supported random drug testing by employers. Sixty-one percent of the public believes that professional athletes should be subject to more insignificant penalties if they fail a drug test.

As these results reflect, in the eyes of most Americans, ending drug use in the NBA is not about imposing a higher standard; it is about asking athletes to meet the same bare minimum standard that applies to our society as a whole.

The NBA and the players need to develop a strengthened drug policy that, among other things, closes the marijuana loophole and provides standards for effective drug testing. The policy should be based on fairness; like any good drug-free workplace program, it should apply to everyone -- from the players to management. It also should be part of a comprehensive program that focuses on prevention and treatment but holds out sanctions where appropriate. Such a change in approach is overdue and must result from this round of talks.

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## **Drug-Abuse Treatment Saves Tax Payer Dollars and Reduces Crime**

No magic bullet can eradicate drug abuse overnight, but treatment does bring sustained reduction in drug use. Drugs purport to be an "instant" answer -- whether to boredom, anxiety, frustration, thrill-seeking, or pain. By contrast, the solution to the drug problem for the individual and the country is anything but instant. We can make headway against this difficult problem by adopting a long-range approach that demands patience and perseverance. For this reason, the 1998 *National Drug Control Strategy* proposes a ten-year outlook supported by annually updated five-year budgets.

Illegal drugs cost our country \$110 billion in damages and 14,000 dead each year. Drugs are among the most important factors in the confinement of a frightfully large number of inmates -- 1,750,000 in federal, state, and local prisons. Estimates indicate that the United States has only about 50 percent of the treatment capacity needed for all the country's addicts and just 7 percent of what is necessary for addicted prisoners. Treatment for substance abuse is vital to addressing rampant crime and rising health-care costs associated with illegal drugs.

For women and men of all ages, regardless of the type of drug problem, we have found that treatment works when it is structured, flexible, sufficiently long, and integrated with other forms of rehabilitation. Drug treatment lowers medical costs, reduces accidents and worker absenteeism, diminishes criminal behavior, and cuts down on child abuse and neglect.

Following treatment, recovering users require less public assistance, are less likely to be homeless, contract fewer illnesses (including

sexually transmitted diseases), and are more productive.

The Substance Abuse and Mental Health Administration just released the *Services Research Outcomes Study* (SROS), a national-representative survey of the effects of treatment for patients suffering from drug and alcohol abuse. The SROS Study found that use of any illicit drug dropped by 21 percent after treatment. This research suggests that 156,000 fewer Americans are using drugs as a result of treatment received in 1989 and 1990. Treatment contributed to a 45 percent drop in cocaine use and a 28 percent reduction in marijuana use. The study also found that criminal activity by those who underwent treatment declined significantly. There was a 56 percent drop in the number of patients who stole cars, a 38 percent decline in the number committing breaking and entering, and a 23 percent decrease in the number who victimized others. These figures translate into 50,000 fewer burglars, 48,000 fewer car thieves, and 28,000 fewer muggers.

The criminal justice and child-welfare systems should provide extensive treatment for large numbers of substance abusers. The federal government also can play a leadership role in helping states establish effective rehabilitation modeled on programs run by the Department of Veterans Affairs and Federal Bureau of Prisons. Treatment is critical at times of crisis, such as when a person loses a job or is arrested because of drugs. U.S. law-enforcement officers emphasize the need to break the cycle of crime and addiction. Unless treatment is readily available in prison, former convicts will continue to inflict drug-driven crime on our neighborhoods.

Drug addiction was once viewed exclusively as a moral problem or character defect. Today

we understand it to be a chronic, recurring illness with personal and social underpinnings. Drug addiction produces changes in brain chemistry, but treatment can help restore chemical balance and give patients a chance to regain control of their lives. In conjunction with treatment, addicts need job training, relapse prevention, supervision and support, psychological therapy, and medication (where indicated). All of these treatment approaches contribute to recovery and long-term abstinence. Equally important are aftercare transitional treatment, self-help groups, and community support.

A 1994 study by the Rand Corporation demonstrated that for every dollar spent on drug prevention and treatment, we would have to pay \$7 on reducing the supply of drugs to achieve the same effect. The question is not whether we can afford to pay for treatment. Rather, how can we afford not to? The message of treatment is clear. People whose lives have been ravaged by drugs can restore their dignity, reunite their families, and strengthen society by becoming productive citizens.

The drug problem is multifaceted. As such, it requires a systemic, comprehensive solution. A "full court press," which includes prevention and treatment along with interdiction and law enforcement, is the way to go. We cannot succeed without all the component parts.

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## **Heroin Access Spurs Need for Methadone**

Although the number of American adolescents using heroin is still relatively low, it is cause for concern. Heroin is cheaper and purer, making it more accessible to young people who can smoke or snort the drug rather than inject it intravenously. The most recent Monitoring the Future Study indicates that one in two hundred twelve to seventeen-year-olds is a current user of heroin. An article published this month in *Pediatrics* also expresses concern about youth use of heroin. It maintains that the age of initiation may have dropped and the number of high school seniors using heroin could be higher than was previously thought. The author, Dr. Richard Schwartz, states that he hopes the study will encourage other pediatricians as well as parents to confront the fact that teens in their community could be using heroin. Our children are at risk as are all our citizens.

Mayor Giuliani deserves credit for leading New York City's recent renaissance to become a safer, cleaner, more orderly community. He also has been a strong advocate of programs that reduce both the demand and supply sides of the illegal drug problem. His recent statements against methadone therapy for opiate addiction were at odds with the conclusions of the nation's medical community and New York City's own experience, but to the mayor's credit he seems to have been moved by the debate his words evoked and has backed away from his opposition to methadone. The problem isn't that there are too many methadone programs; in fact, there are too few. Nationally, only about 115,000 opiate-addicted individuals, out of an estimated 810,000, are participating in methadone treatment programs. Many more people could be freed from the

slavery of heroin addiction if this proven therapy were more widely available.

A recent National Academy of Sciences study of methadone treatment determined that "methadone treatment helps heroin addicts free themselves from drug dependency, a life of crime in support of their habit, and the risk of adding to the AIDS population by sharing dirty needles." Methadone maintenance is more likely to work than any other therapy.

Mayor Giuliani objected to methadone treatment because he considered it simply the substitution of one addictive drug for another. However, as Dr. Avram Goldstein explains in his book *Addiction, From Biology to Drug Policy*, not only does methadone provide an oral route of administration in place of syringes, but methadone also has "no adverse effects on cognitive or psychomotor function, performance of skilled tasks, or memory." In other words, unlike heroin, methadone doesn't make patients "high." In addition, Dr. Goldstein notes that when heroin addicts are maintained on methadone ... "general health improves" and "hormones tend to normalize."

Dr. Goldstein likens use of methadone for recovering heroin addicts to insulin for diabetics. People suffering from severe cases of diabetes must take medicine daily because their bodies have lost the ability to produce substances needed to function properly. Once heroin addiction has changed the neurochemistry of the brain, the body no longer is able to synthesize certain chemicals in the absence of opiates. Some day, hopefully, we will be able to cure people of the neurochemical consequences of drug habits. In the meantime, methadone treatment may be the best option available for many heroin addicts.

Medical drugs are not inherently evil. Antibiotics, insulin, antidepressants, and

chemotherapy are among the many drugs that have saved or improved millions of lives in the twentieth century. People who are ill need not feel stigmatized because some must take medications every day to live normal lives. The nature of a medical drug, not the frequency with which it is administered, is what distinguishes miraculous medicines from dangerous toxins. Abstinence based drug treatment for heroin cannot always restore the neurochemical condition that preceded addiction. Simply stated, sometimes we can't get Humpty Dumpty back together again the way he was before the fall.

Methadone therapy is one of the longest-established, most thoroughly evaluated forms of drug treatment. Scientific findings are overwhelmingly in favor of methadone treatment. A National Institute on Drug Abuse Treatment Outcome Study found that methadone treatment reduced heroin use by 70 percent and criminal activity by 57 percent while increasing full-time employment by 24 percent. A 1998 review by the General Accounting Office states: "Research provides strong evidence to support methadone maintenance as the most effective treatment for heroin addiction." Methadone therapy now helps keep more than 100,000 addicts off heroin, off welfare, and on the tax rolls as law-abiding citizens. If we close down methadone programs, these individuals will be back on the streets, back on drugs, and back on welfare at enormous cost to society.

There is much that we don't like about the way methadone is currently administered in more than nine hundred clinics across the nation. We share Mayor Guiliani's view that these shortcomings must be corrected. That is why the Office of National Drug Control Policy, along with the Department of Health and Human Services and the Drug Enforcement Administration, has been working for the past

three years to reform regulatory oversight of methadone programs. Our intent is to implement a system in which medical practitioners have greater flexibility in prescribing methadone as part of a comprehensive drug treatment regimen. Of course, the administration of this treatment program still must be carefully monitored by the Drug Enforcement Administration to prevent diversion of methadone, which is extremely dangerous if not used in a carefully supervised medical setting.

Our goal is to expand the availability and improve the effectiveness of methadone therapy in partnership with drug-free therapeutic communities to reduce the suffering caused by compulsive heroin use. We are committing substantial resources to accomplish this goal. We asked Congress to provide \$3.4 billion for drug treatment in fiscal year 1999, a 38 percent increase since 1993. Clearly, the entire nation would be better off with less addiction. Drug use is a choice, and a bad one at that. Heroin addiction, however, is a brain disease that frequently responds to a combination of drug treatment measures that may include physician-supervised use of methadone, LAAM, and naltrexone. The suffering that heroin addicts cause themselves, their families, and their communities is nearly unbelievable. Our medical community needs the training, accreditation, clinical standards, and authority to use methadone appropriately as one tool in a comprehensive drug treatment package.

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## **Anti-Drug Effort Must Begin at US-Mexico Border**

If a single geographic region were to be identified as a microcosm of America's drug problem, the two-thousand mile border between the United States and Mexico certainly would qualify. Cocaine, heroin, methamphetamine, and marijuana are smuggled into our country among seventy-five million cars, 254 million people, and 3.5 million trucks that annually cross the southwest border at thirty-nine points of entry. American and Mexican ranchers are threatened by violent drug traffickers passing through their property. Drug-related money laundering, gun-running, and corruption undermine financial institutions, legitimate commerce, and the very sovereignty of democratic institutions.

The Office of National Drug Control Policy is proud of Arizona law enforcement, community and government officials, scientists, and treatment professionals who are grappling with drug abuse. We have enormous respect for Governor Jane Dee Hull, U.S. Representative Matt Salmon, State Senator Chris Cumiskey, State Representative Mike Gardner, Phoenix City Councilman Phil Gordon, Phoenix City Police Chief Harold Hurtt, and other members of your community who care about the welfare of children. High Intensity Drug Trafficking Area (HIDTA) programs funded by ONDCP are working to coordinate local, state, and federal drug law enforcement agencies. The Arizona HIDTA has been disrupting national and international drug operations. In addition to the use of high tech equipment for inspecting shipments crossing our borders, we need an increasingly sophisticated intelligence architecture to target cargo that has been compromised by illegal narcotics organizations.

The growing volume of trade on the southwest border underscores our need for better information about illegal drug operations in the area. Between 1990 and 1996, trade with Mexico more than doubled from \$73.9 billion to \$149.5 billion. The North American Free Trade Agreement (NAFTA), the devaluation of the Mexican peso, and greater privatization within Mexico all contributed to exponential growth in bilateral commerce. More than three thousand twin-plants on the Mexican side of the border are working closely with U.S.-based counterparts in a mutual effort to manufacture products for worldwide distribution. Mexico is now our second largest trading partner (after Canada). The general prosperity promoted by such commerce is threatened by the addiction, violence, crime, and corruption associated with illegal drugs. The Drug Enforcement Administration calculates that up to 50 percent of the cocaine and marijuana entering the U.S. comes across the southwest border.

Despite some setbacks, Mexico has been fighting courageously against ruthless drug cartels that have enormous wealth and technological know-how. President Ernesto Zedillo identified drug trafficking as the principal threat to Mexico's national security. Each year, Mexico has increased the quantity of drug seizures. In 1995, for example, Mexican authorities confiscated 780 metric tons of marijuana (up 40 percent over 1994 figures) and 223 kilos of opium (41 percent more than the previous year).

The binding cultural and economic ties between Mexico and the U.S. argue that combating illegal drugs cannot be a unilateral effort. On our side of the border, the U.S. Customs Service conducted more than 900,000 examinations of trucks and railcars entering the country (roughly 25 percent of all commercial conveyances). We intercepted 40,000 lbs. of cocaine and marijuana last year. HIDTA

programs received \$140 million in federal funds for fiscal year 1997. President Clinton's FY'99 budget called on Congress to increase anti-drug activities along the border -- including the addition of 1000 border patrol agents, 69 FBI agents, 192 DEA personnel, and 119 Customs inspectors.

We are currently using large-scale non-intrusive inspection systems that include fixed and mobile x-ray units in Otay Mesa and Calexico, California and also Laredo, Texas. A prototype transportable Gamma imagery system designed for examining tankers is in use in El Paso, Texas. A passive Potassium 40 portal detector is being tested at the Ysleta Port of Entry. A wide variety of hand-operated equipment--such as density detection devices, fiber optic scopes, and laser range finders -- is already in operation. The federal government is currently testing particle and vapor detectors, bio-sensors, and high energy x-ray systems for heavy cargo and sea containers. The Departments of Treasury, Justice, Transportation, State, and Defense all contribute to a border strategy that targets organized crime. However, our central purpose is to reduce demand for drugs through education, prevention, and treatment.

A review of the drug situation in Phoenix indicates that although we have made great strides in controlling illegal drugs, more work needs to be done. Law enforcement sources report that methamphetamine is the adolescents. Phoenix ranked third nationwide in the number of methamphetamine emergency-room mentions in 1996. Cocaine was the most commonly mentioned drug (10.9 percent) in drug-related emergency-department visits in the Phoenix area in 1996 and was also the illicit drug most commonly detected in urinalysis samples of adult arrestee. In 1997, the Annual Medical Examiner Data indicated that heroin was most frequently involved in

drug-abuse deaths in Phoenix between 1992-1995. Among juvenile males arrested in Phoenix in 1996, marijuana was most frequently detected -- with more than half of all arrestee testing positive for the drug.

Free trade and open markets promise great gains for a global economy. However, new alliances against drugs are required as our world becomes more sophisticated and interdependent. The federal government has also joined anti-drug partnerships with industries engaged in international import/export. The Business Anti-Smuggling Coalition (BASC) was developed in August of 1996, and eighty trucking companies and other brokers are now participating. In the spring of 1995, the Carrier Initiative Program (CIP) was instituted. Some 800 companies have become involved with this anti-drug endeavor. Hemispheric cooperation -- for joint commercial ventures and against illegal drugs -- is the wave of the future.

The anti-drug effort has been poorly termed a "war." We don't declare war on children. Drug prevention education, like schooling in general, is a long-term affair. With compassion, cooperation, common sense, and stiff law enforcement, we can make our country healthier and safer by reducing drug use. Our defenses must begin at the southwest border with a revitalized Border Patrol and Customs Service with modern technology, fencing, lights, sensors, and roads. We can better implement the protection of law and safety in full cooperation with Mexican authorities. We owe this protection to the American people.

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## **Illegal Drugs: A Common Threat to the Global Community**

Too many nations have made the mistake of underestimating the nature of the threat posed by illegal drug cultivation, production, trafficking, and consumption. Governments that have tolerated the cultivation of coca or opium poppies have seen deforestation and distortion of the agricultural sector. Nations where drugs are produced or trafficked have seen their financial sectors and political institutions wracked by economic distortion and corruption. Consuming countries have witnessed addiction and its terrible criminal, health, and social consequences. No nation is immune from this transnational threat. Nor can any nation stand up to the problem unilaterally. Bilateral and multilateral responses to this international cancer have yielded encouraging results, particularly in the Western Hemisphere. The United Nations, through the activities of its International Drug Control Programme, the actions of its International Narcotics Control Board, and the upcoming General Assembly's Special Session on Drugs, is a key component of the global response to this common threat.

1997 was a good year for international drug-control efforts, particularly in the Western Hemisphere. Appreciable gains were made in crop reduction, in interdiction, in weakening trafficking syndicates, strengthening law enforcement, and in targeting drug money laundering. The year's best news came from Peru, for years the world's largest coca growing country. Three-plus years of joint efforts by U.S., Peruvian, and Colombian forces to choke off the "air bridge" that carries Peruvian cocaine base to Colombia for processing paid off handsomely. The operation simultaneously deprived Colombian trafficking organizations of critical basic materials and drove down the price of coca leaf in Peru below the break-even

point. Disillusioned Peruvian growers abandoned fields to take advantage of alternative development opportunities. As a result of the exodus, in 1997 Peruvian coca cultivation dropped 27 percent, an extraordinary decline that occurred on top of last year's 18 percent reduction.

The U.S. estimates that Peru now cultivates 68,800 hectares of coca, just slightly more than half of the estimated 129,100 hectares identified in the peak year of 1992. Bolivia's 1997 coca crop was also the smallest in ten years; a result of its government's determination to confront the drug trade. Colombia was a different story, since successful coca control operations also spurred new planting. Colombian traffickers accelerated their campaign to plant new coca outside the traditional growing areas, both to offset heavy losses from government eradication missions and to replace cocaine supplies cut off by the "air bridge" denial. With 79,500 hectares under cultivation at year's end, Colombia is now the largest coca cultivating country. Still, even taking into account the expansion in Colombia, this year's Andean coca cultivation total of 194,100 hectares was the lowest in a decade -- proof that persistence pays.

The global community faces a different set of challenges in trying to limit the cultivation of opium poppy, the source of heroin. This heavily addictive drug is gradually staging a comeback among a new generation of users in the United States and elsewhere. Unlike coca, which currently grows in only three Andean countries, opium poppy grows in nearly every region of the world. Because it is an annual crop with as many as three harvests per year, it is much harder to eliminate, especially since nearly 90 percent of the world's estimated opium gum production (3,630 out of 4,137 metric tons) is produced in Burma and

Afghanistan, countries where the international community has limited influence.

Though we can take pride in our collective accomplishments, we are still a long way from permanently crippling the drug trade. As one of the pillars of international organized crime, it remains a formidable enemy. Well before transnational crime had become recognized as one of the principal threats to international stability, the drug syndicates already had in place an impressive network of supply centers, distribution networks, foreign bases and reliable entree into the governments of source and transit countries. They pioneered many of today's sophisticated money laundering techniques, hiring first-rate accountants, and investing in state-of-the-art technology. And when the former Soviet Union collapsed, the drug syndicates were quick to recruit Eastern European chemists and other technical specialists left unemployed by the change in political systems. Even after suffering considerable losses, the drug trade's wealth (estimated by UNDCP at close to \$500 billion a year), power, and organization exceed the resources of many governments.

Despite our collective efforts to cut drug traffic in 1997, hundreds of tons of cocaine flowed not only to the United States and Western Europe, but to markets in Latin America, Asia, Africa, and the countries of the former Soviet Union. Colombian cocaine syndicates have established distribution centers on every continent, as international drug trafficking becomes more sophisticated every year. Now Italian, Turkish, Russian, and Nigerian crime syndicates, to name but a few, vie for a share of the business. The relatively straightforward flowcharts of trafficking routes of a decade ago have been replaced by a complex web of nodes and lines linking virtually every country in the world to the main drug production and trafficking centers.

The drug trade is adept at searching out and adapting to new opportunities. It is taking advantage of shifts in enforcement initiatives, along with trafficking and consumption patterns, as the lines blur between cocaine and heroin-consuming countries. We are now observing more dual drug use, with addicts combining cocaine and heroin to offset each drug's respective stimulant and depressant effects. National tastes are also changing. Europe, once the preserve of the heroin trade, has developed an unhealthy and growing appetite for cocaine. This is especially true for Eastern Europe and Russia, where cocaine sells for up to \$300 per gram, three times the average cost in the US. North America, in turn, has rediscovered heroin, as cocaine use has declined sharply. (Between 1985 and 1996, the number of cocaine users dropped 70 percent, from 5.7 million to 1.7 million estimated users.) Although heroin use has not been rising proportionately, the Colombian drug syndicates' major investment in heroin production indicates that they foresee an important market for heroin in the U.S., most likely by promoting dual use of cocaine and heroin by consumers. Given the drug trade's past successes in anticipating trends, this is a disturbing development.

We have also witnessed an evolutionary process in the way drug syndicates are conducting their international operations. In the 1980's, Mexican trafficking organizations provided the Colombian trafficking syndicates with drug transportation services from Mexico to the Southwest region of the United States. The Colombians paid the Mexican trafficking organizations from \$1,500 to \$2,000 for each kilogram of cocaine smuggled into the United States. During the 1990's, the Colombian and Mexican trafficking organizations established a new arrangement allowing the Mexican organizations to receive a percentage of the cocaine in each shipment as payment for their

transportation services. The "payment-in-product" agreement enabled Mexican organizations to become involved in the wholesale distribution of cocaine in the United States. Prior to this, the U.S. wholesale cocaine trade was controlled exclusively by the Colombians.

The drug trade, while powerful, is far from omnipotent. It is vulnerable on many fronts. It needs raw materials to produce drugs, complex logistic arrangements to move them to their destination, cadres of professionals to run the technical and financial aspects of its operations, and some means of making its profits legitimate. Above all, it needs the protection of a reliable core of corrupt officials in all the countries along its distribution chain. Repeated attacks on every front, even if seemingly insignificant by themselves, cumulatively are responsible for keeping the drug trade in check. Viewed out of context, the many achievements of individual countries may seem insignificant. Many never come to the attention of the press. The routine drug seizures, the jungle drug labs or airstrips destroyed every day, the arrests of corrupt officials, or the improved performance of courageous police and judicial authorities receive at best only fragmentary coverage in world media. Yet, as we have seen, cumulative effort and cooperation pay off. Ultimately it will be the sum of these small steps that will allow us to make lasting gains at the drug trade's expense.

The most powerful weapon in fighting the drug trade is an intangible: political will. A first-class anti-drug force, equipped with state-of-the-art police and military hardware, cannot succeed without the full commitment of the country's political leadership. Where political leaders have had the courage to sacrifice short-term economic and political considerations in favor of the long-term national interest, we have seen the drug trade

weaken. Where they have succumbed to the lure of ready cash, the drug syndicates have prospered accordingly.

Contrary to the image that the large drug syndicates cultivate, they are far from invincible. The syndicates' prosperity hinges on establishing a *modus vivendi* with a weak or complacent government. In exchange for the short-term benefits of large infusions of drug money into the economy (or into their personal or political treasuries), corrupt government officials can limit counternarcotics operations to those sectors least likely to harm trafficking interests. For example, the government of a major drug cultivation country can focus on interdiction rather than eradication. In a major drug refining country government forces may eradicate some crops while allowing drug syndicates to exploit corrupt enforcement and timid judicial systems. In offshore financial centers, officials may launch anti-trafficking campaigns, while promoting bank secrecy and lax incorporation laws that facilitate money laundering. In every instance, the price of these short-term gains is the long-term entrenchment of drug interests. Consequently, a basic objective of U.S. antidrug policy is to prevent drug interests from becoming entrenched by strengthening political will in key source and transit countries. For where political will is weak, corruption sets in, vitiates the rule of law, and puts democratic government at risk.

When we fight the drug trade we are also fighting political corruption. The drug trade feeds upon the social, economic, and moral decay that corruption fuels. Drug syndicates wield a powerful instrument for subverting even relatively strong societies: a money machine. Like modern-day Midases, they transform an intrinsically cheap and available commodity (e.g., coca leaves) into an almost inconceivably remunerative product. In terms

of weight and availability, there is currently no commodity more lucrative than drugs. They are relatively cheap to produce and offer enormous profit margins that allow the drug trade to generate criminal revenues on a scale without historic precedent.

Assuming an average retail street price of one hundred dollars a gram, a metric ton of pure cocaine has a retail value of \$100 million on the streets of a U.S. city -- two or three times as much, if the drug is cut with adulterants. By this measure, the one hundred or so metric tons of cocaine that U.S. law enforcement agencies typically seize each year are theoretically worth as much as \$10 billion to the drug trade -- more than the gross domestic product of many countries. Even if only a portion of these profits returns directly to the drug syndicates, we are still speaking of hundreds of millions, if not billions, of dollars. To put these sums into perspective, the overseas component of the U.S. government's budget for international drug control operations is approximately one and a half billion dollars. In dollar terms, that equates to approximately fifteen metric tons of cocaine; the Mexican drug cartels have lost that much in a shipment or two and barely felt the loss.

Such inordinate wealth gives the large trafficking organizations an almost unlimited capacity to corrupt. In many ways, they are a less obvious threat to democratic government than many insurgent movements. Guerrilla armies or terrorist organizations openly seek to topple and replace governments through overt violence. The drug syndicates only want to manipulate governments to their advantage and guarantee themselves a secure operating environment. They do so by co-opting key officials. A real fear of democratic leaders should be that one day the drug trade might take de facto control of a country by putting a majority of elected officials, including the

president, directly or indirectly on its payroll. Though it has yet to happen, there have been some disquieting near-misses. By keeping the focus on eliminating corruption, we can prevent the specter of a government manipulated by drug lords from becoming a reality.

Demand reduction must also be an integral part of the global response. The need for demand reduction is obvious, since escalating drug use and abuse continue to take a devastating toll on the health, welfare, safety, security, and economic stability of all nations. In the United States, illegal drugs kill 20,000 of our citizens and cost our society almost seventy billion dollars every year. Changing patterns of drug abuse, supply, and distribution compound the problem, at the same time as international drug syndicates and gangs are carrying out ever more ruthless, vigorous, and sophisticated marketing techniques and strategies.

The U.S. response has been a comprehensive, balanced, and coordinated approach in which supply control and demand reduction reinforce each other. Our demand reduction strategy integrates a broad spectrum of initiatives. These include efforts to prevent the onset of use, intervention at "critical decision points" in the lives of vulnerable populations to prevent both first use and further use, and effective treatment programs for the afflicted and addicted. Other aspects encompass education and media campaigns to increase public awareness of the deleterious consequences of drug use/abuse and community coalition-building. Coalitions are necessary in order to mobilize public and private social institutions, the faith community, and law enforcement entities in targeted campaigns against drugs. Our national strategy also provides for evaluations of the effectiveness of these efforts and for research studies to find better ways of reducing demand.

The results suggest that we are on the right path -- that of multilateral cooperation. In the year ahead, we will build upon past gains by pressing the drug trade at every point -- targeting drug syndicates, reducing drug cultivation, destroying labs, disrupting the flow of the necessary processing chemicals, interdicting large drug shipments, and attacking drug money flows. Though we cannot neglect any stage in the process, we know that we can inflict the most lasting damage at the crop cultivation and financial operations stages. We have seen over the past year how cooperative ventures can pay off in reducing drug crop cultivation. Now we must strengthen these programs and beef up our collective efforts to obtain comparable gains against the illegal drug conglomerates' financial operations.

The international antidrug effort has too much at stake to give up any of the precious gains we have made in the past few years. As one of the countries most affected by illegal drugs, the United States will continue to provide leadership and assistance to its partners in the global antidrug effort. Yet ultimately the success of this effort will hinge not on any one nation, but on the collective actions, commitment, and cooperation of the other major drug-affected governments. The United States will help where we can, but each government must muster the necessary political will to shield its national sovereignty from drug corruption by enacting effective anti-drug legislation and protecting its judicial, law enforcement, and banking institutions. In democracies, the drug trade flourishes only when it can divide the population and corrupt institutions. It cannot withstand a concerted, sustained attack by a coalition of nations individually committed to its annihilation. It is that precisely this kind of coalition that can make a difference. The United Nations, the Organization of American States, the European Union, and other multilateral organizations

must continue to be a part of the global response.

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## **Decriminalizing Drugs Is Wrong: Why Wreck More Lives with Drug Abuse?**

The so-called harm-reduction approach to drugs confuses people with terminology. All drug policies claim to reduce harm. No reasonable person advocates a position consciously designed to be harmful. The real question is which policies actually decrease harm and increase good. The approach advocated by people who say they favor "harm reduction" would in fact harm Americans.

The theory behind harm reduction is that illegal drugs cannot be controlled by law enforcement, education, and other methods: therefore, proponents say, harm should be reduced by needle exchange, decriminalization of drugs, heroin maintenance, and other measures. But the real intent of many harm reduction advocates is the legalization of drugs, which would be a mistake.

Lest anyone question whether harm reductionists favor drug legalization, let me quote some articles written by supporters of this position. Ethan Nadelmann, director of the Lindesmith Center (a Manhattan-based drug research institute funded by financier George Soros), wrote in "American Heritage" (March, 1993): "Should we legalize drugs? History answers yes." In "Issues in Science and Technology" (June, 1990), Nadelmann aligns his own opinion with history's supposed verdict. "Personally, when I talk about legalization, I mean three things: the first is to make drugs such as marijuana, cocaine, and heroin legal..... With regard to labels, Nadelmann wrote: "I much prefer the term 'decriminalization' or 'normalization.'"

People who advocate legalization can call themselves anything they like, but deceptive

terms should not obscure a position so that it can't be debated coherently. Changing the name of a plan doesn't constitute a new solution or alter the nature of the problem.

The plain fact is that drug abuse wrecks lives. It is criminal that more money is spent on illegal drugs than on art or higher education, that crack babies are born addicted and in pain, and that thousands of adolescents lose their health and future to drugs.

Addictive drugs were criminalized because they are harmful; they are not harmful because they were criminalized. The more a product is available and legitimized, the greater will be its use. If drugs were legalized in the U.S., the cost to the individual and society would grow astronomically. In the Netherlands when coffee shops started selling marijuana in small quantities, use of this drug more than doubled between 1984 and 1992.

Some measures proposed by activist harm reductionists, like heroin maintenance, veer toward the absurd. The Lindesmith Center convened a meeting in June to discuss a multi-city heroin maintenance study, and a test program for heroin maintenance may be launched in Baltimore. Arnold Trebach argues for heroin maintenance in his book "Legalize It? Debating American Drug Policy": "Under the legalization plan I propose here, addicts... would be able to purchase the heroin and needles they need at reasonable prices from a non-medical drugstore."

Why would anyone choose to maintain addicts on heroin as opposed to oral methadone, which eliminates the injection route associated with HIV and other diseases? Research from the National Institute for Drug Abuse shows that untreated opiate addicts die at a rate seven to eight times higher than similar

patients in methadone-based treatment programs.

Treatment must differ significantly from the disease it seeks to cure. Otherwise, the solution resembles the circular reasoning spoofed in Saint-Exupery's "The Little Prince" by the character who drinks because he has a terrible problem: namely, that he is a drunk. Just as alcohol is no help for alcoholism, heroin is no cure for heroin addiction.

As a society, we are successfully addressing drug use and its consequences. In the past 20 years, drug use in the United States decreased by half and casual cocaine use by 70%. Drug-related murders and spending on drugs decreased by more than 30% as the illegal drug market shrunk.

Still, we are faced with many challenges, including educating a new generation of children who may have little experience with the negative consequences of drug abuse, increasing access to treatment for four million addicted Americans, and breaking the cycle of drugs and crime that has caused a massive increase in the number of people incarcerated. We need prevention programs, treatment, and alternatives to incarceration for nonviolent drug law offenders. Drug legalization is not a viable policy alternative because excusing harmful practices encourages them.

At best, harm reduction is a half-way measure, a half-hearted approach that would accept defeat. Increasing help is better than decreasing harm. Pretending that harmful activity will be reduced if we condone it under the law is foolhardy and irresponsible.

**Published in the *Cincinnati Enquirer* on August 6, 1998.**

## **Is Medical Marijuana an Oxymoron?**

No medical research has shown smoked marijuana to be safe, effective, or therapeutically superior to other substances. Synthetic tetrahydrocannabinol (THC), the primary psychoactive ingredient in marijuana, has been available for fifteen years in pill form (Marinol) to treat HIV Wasting Syndrome and chemotherapy-induced nausea. A legal drug, Marinol is the real "medical marijuana." It is available in measured doses and guaranteed purity without the adverse side-effects of smoking tars, hydrocarbons, and other combustibles. Furthermore, newer drugs like ondansetron and granisetron work better than Marinol, as clinical practice has demonstrated.

Objections about pills being difficult to swallow by nauseated patients are true for any antiemetic. If sufficient demand existed for an alternate delivery system, Marinol inhalants, suppositories, injections, or patches could be developed. Why isn't anyone clambering to make all anti-nausea medications smokable? Why choose a substance and delivery system (smoking) that is more carcinogenic than tobacco when safer forms of the same drug are available? Patients deserve answers to these germane questions instead of being blind-sided by the "medical marijuana" drive.

The American Medical Association (AMA), American Cancer Society, National Multiple Sclerosis Association, American Academy of Ophthalmology, and National Eye Institute, among others, came out against "medical marijuana" initiatives as did former Surgeon General C. Everett Koop. Anecdotal support for smoked marijuana reminds me of the laetrile incident where a drug derived from apricot pits was believed to cure cancer. Scientific testing disproved such testimonials. How do we know that testimonials touting marijuana as a wonder drug -- on the part of patients under the

influence of an intoxicant, no less! -- may not simply demonstrate the placebo effect?

We shouldn't allow drugs to become publicly available without approval and regulation by the Food and Drug Administration (FDA) and National Institutes of Health (NIH). Such consumer protection has made our country one of the safest for medications. A political attempt to exploit human suffering to legalize an illicit drug is shameful and irresponsible. Voters should not be expected to decide which medicines are safe and effective. What other cancer treatments have been brought to the ballot box? Marijuana initiatives set a dangerous precedent. Decisions of this sort should be based on scientific proof, not popularity.

**Published in the *Physicians Weekly* on February 1, 1999.**

## Crippling Prosecutors

Justice Department appropriations bill that could seriously jeopardize the future success of federal prosecution of large drug trafficking organizations. While the intent of insuring the highest level of ethical behavior by prosecutors is worthy, the so-called "Citizens Protection Act of 1998" is simply incompatible with effective law enforcement. It is for this reason that the law enforcement community, as reflected in such organizations as the National Sheriffs Association, the National District Attorneys Association and the National Association of Assistant United States Attorneys, is unanimous in its opposition to this bill.

With the aim of reducing prosecutorial misconduct, the Citizens Protection Act would require the Attorney General to investigate all allegations of misconduct within 30 days. It would also create an entirely new independent review board that would reexamine charges rejected by the Attorney General. The board would include voting members appointed by the President and nonvoting members appointed by congressional leaders, and would have wide access to sensitive information. Finally, federal prosecutors automatically would be subject to the state rules governing the conduct of attorneys in every state in which their investigation leads them.

It is important to understand what is at stake. In recent years, federal narcotics prosecutors have had great success in dismantling and disrupting large drug trafficking organizations that had operations in many states. Just last year, the Department of Justice's Operation META disrupted a large cocaine and methamphetamine organization active in California, North Carolina and Texas. This operation resulted in the apprehension of eighty criminals, 133 pounds of methamphetamine,

ninety gallons of methamphetamine solution, 1,100 kilograms of cocaine, and a large quantity of firearms.

As it now exists, the bill will seriously endanger drug investigations in several ways. First, it provides that federal prosecutors would be bound by multiple sets of state rules, some of them inconsistent with each other. Subjecting federal attorneys to state ethics laws will discourage federal prosecutors from pursuing federal narcotics cases arising out of multi-state events. These cases are complicated and often cross state-lines. Thorough prosecution of these cases would require researching and tracking the standards of conduct in various states.

In some cases, state rules could seriously hamper drug prosecutions. For example, some state rules prevent federal prosecutors from talking to witnesses that are represented by counsel. Federal investigations of drug organization often depend on the cooperation of lower-level drug dealers, who can become important informants about the activities of higher-level drug dealers. Yet, a state rule that prevents contact with anyone purportedly represented by counsel could hamper the ability of a federal prosecutor to even talk to these potential witnesses. This is because if an attorney for a drug organization simply claims to represent a lower-level drug dealer, federal prosecutors will be prevented from talking to a potentially important witness -- even if the lower-level drug dealer wants to cooperate. If a state wishes to limit its own prosecutors, so be it -- but that impediment should not be extended to federal prosecutors.

Second, under the bill, anyone could file repeated complaints with the Department of Justice on grounds as vague as "bringing discredit on the Department." Such a complaint would require the Attorney General, no matter

how frivolous the complaint, to immediately conduct a preliminary investigation and complete it within thirty days, while the investigation of serious crimes suffer. And, even if the complaint were filed just to harass the prosecutor, these same charges could be re-filed with a seven-member board created by the provision. Thus, upon learning that an investigation was underway, drug kingpins could arrange for misconduct complaints to be filed, thus disrupting the investigation. This would force federal prosecutors and investigators to ignore their law enforcement responsibilities to defend themselves against unwarranted attacks on their integrity and professionalism.

Third, the bill gives the new board unprecedented power to obtain information from anywhere in the government, including criminal investigation files, information about informants and potential witnesses, classified documents, and information covered by the Privacy Act. Since the board is required to conduct its business in public, all of this information could become available, thus possibly endangering informants and investigators. The public nature of these proceedings would give kingpins and their lawyers the ability to probe ongoing investigations, with potentially dangerous results. Imagine, for example, if kingpins were able to obtain the identity of potential witnesses.

The ethical conduct of federal attorneys is taken seriously by the Department of Justice, which has a formal disciplinary system administered by the Department of Justice. Other laws, such as federal civil rights laws provide further insurance that federal attorneys can be held accountable if they fail to safeguard the civil liberties of local residents subject to their investigations.

Consistency and uniformity in the application of ethical standards is a necessity at the federal level, particularly for US Attorneys prosecuting drug cases. There is no need for legislation such as the so-called Citizens Protection Act. Our federal prosecutors do not need duplicative oversight at the state level. They need our continued support as they conduct effective joint federal and local law enforcement operations.

**Published in the *Washington Times* on September 2, 1998.**

## **A Productive Year for the Office of National Drug Control Policy**

Your Dec. 26 editorial "Not much of a turning drug tide" identified a severe problem with youth drug use in America but failed to cite what has been accomplished in setting the country on the right path toward reduced drug abuse. The piece would have the reader believe that decreasing drug use and its consequences is some sort of political, ideological struggle with one party or the other having the superior solution. Actually, the problem of drug abuse in America requires bipartisan cooperation and joint effort among government agencies, the media and the public. This is similar to the fact that with troubled children, bickering parents are less effective than a unified front.

We have had a number of successes in handling what admittedly is a serious problem. The Clinton administration has requested a budget increase in 1999, compared to fiscal 1994 expenditures, of 30 percent for treatment, 37 percent for prevention and a total of 33 percent for demand reduction. In addition, funding for the Drug-Free Communities program increased from \$10 million in fiscal year 1998 to \$20 million appropriated in fiscal 1999.

We have received an encouraging show of bipartisan support from many senators and members of Congress who realize that this issue is too important to be hijacked for divisive political purposes. Specifically, Sens. Joseph R. Biden and Orrin G. Hatch helped write the reauthorization of the Office of National Drug Control Policy; Reps. Charles B. Rangel and Thomas M. Barrett were crucial supporters of the Anti-Drug Youth Media Campaign, Office of National Drug Control Policy reauthorization and the Emergency Supplemental Act; Reps. Rob Portman and

Dennis Hastert in particular helped put together the Drug-Free Communities program and the media campaign; and Rep. Jim Kolbe was a key leader behind funding support for the media campaign and Emergency Supplemental Act. Rep. Sander M. Levin helped with the Drug-Free Communities program, youth media campaign, appropriation issues and reauthorization. Rep. Elijah E. Cummings served on our oversight subcommittee and supported the media campaign, drug-free schools and reauthorization. Reauthorization is particularly important in that it affirms the national drug control strategy as the blueprint for future action.

"Monitoring the Future," the annual survey of youth drug use, has recorded improvements for two years in a row. This data came in even before the results of the National Youth Anti-Drug Media Campaign could be assessed. This augurs well for the future. Indeed, marketing professionals point out that the reinforcement of attitudinal trends -- in this case, the view that using drugs entails serious risks and constitutes abnormal behavior -- is most effective if done at the opportune moment when opinions are starting to change. This is precisely the time when we are running our targeted advertisements against youth drug use. We are optimistic that the national youth media campaign will show impressive results. Preliminary indications reveal that the \$195 million appropriated by Congress and matched by the media with free access dollar for dollar has exceeded initial expectations. The anti-drug ads are reaching 95 percent of the youth audience seven times a week -- above our target figure of 90 percent four times a week. We are reinforcing the anti-drug message in various venues: television, radio, print journalism, the Internet, schools, community groups, athletic and Scout programs and religious organizations. We're doing what needs to be done with the help of community coalitions, local and state government,

ministers, educators, law enforcement, health care professionals and, above all, families.

The problem of illegal drug use clearly has not been solved yet. Like treating cancer, this endeavor must be a long-term process. Our 10-year strategy, supported by five-year budget planning, recognizes the fact that a year-by-year ad-hoc approach cannot succeed. Our performance measures of effectiveness -- an introspective system for quantifying outcomes -- is aimed at results, not just programs. We haven't reached this finish line yet, but we're well beyond the starting line. We invite the media to monitor our efforts. The change we are experiencing is a bellwether, not a stampede, for future progress. Kids are beginning to head in the right direction.

**Published in the *Washington Times* on  
December 31, 1998.**

## **Dos Claves Para Reducir el Uso de Drogas**

La Oficina De La Política Nacional De Control De Las Drogas de los Estados Unidos está organizando una conferencia binacional en El Paso, Texas, con el fin de reducir la demanda por las drogas ilegales en México y los Estados Unidos. Más de 200 participantes discutirán planes para iniciativas de los medios de comunicación, programas basados en escuelas y el tratamiento.

La prevención debe empezar con los jóvenes, entre quienes el uso de las drogas ilegales es más alto. Además, los niños representan el futuro en términos del problema de las drogas. A través de varios esfuerzos de educación y tratamiento, ambos países pueden reducir el uso de las drogas y sus consecuencias, incluyendo la violencia y las pandillas, el embarazo y la deserción escolar, la propagación de enfermedades como el Sida y otras enfermedades sexualmente transmitidas, y el crimen relacionada con las drogas.

A veces los estereotipos representan equivocadamente a los adolescentes como personas irresponsables quienes actúan sin pensar. La investigación del uso de las drogas indica lo contrario. De hecho, lo que los adolescentes creen es la verdad acerca de las sustancias ilegales determina su conducta. Estudios muestran que cambios de actitud acerca de las drogas, en términos del riesgo para el individuo y la frecuencia del uso, son precursores de cambios de prácticas entre los jóvenes. Cuando los jóvenes creen que las drogas son peligrosas, el abuso de las sustancias baja. Consecuentemente, la educación es la clave para combatir el alarmante incremento en el uso de drogas peligrosas por los jóvenes.

Por el hecho de que nuestra conferencia tendrá lugar en Texas, es apropiado echar un vistazo al problema a nivel regional. En Texas, la marihuana es la droga preferida, pero la cocaína le sigue muy de cerca en el consumo. En áreas menos pobladas del este y oeste de Texas, la metanfetamina se ha convertido en la primera droga de abuso. La heroína, "alquitrán negro", mexicana es popular porque es fácil de conseguir y tiene un alto nivel de pureza. Las alucinógenos, sobre todo el LSD, están en aumento entre alumnos de preparatoria y universidad, y obreros. En la región de la costa del Golfo, el crack es un problema grande. Esta área también cuenta con el mayor número de pandillas involucradas en crímenes relacionados con las drogas.

El lavado de dinero está en aumento, y traficantes internacionales están estableciendo grandes cantidades de lugares para salvaguardar el dinero en Texas. En la frontera, el uso de la heroína y las actividades de las pandillas están en aumento. Importantes traficantes de marihuana y heroína en esta área suministran a la mayor parte del centro y este de Estados Unidos.

La heroína colombiana es cada vez más disponible como resultado de mayor cultivo (el gobierno de Estados Unidos calcula que los campos de amapola de Colombia rinden casi seis toneladas de heroína por año) y la distribución por redes establecidas de traficantes colombianos. Hemos notado con preocupación el crecimiento en el uso de la heroína entre alumnos de preparatoria en ciudades como Plano, Texas, 32 kilómetros al norte de Dallas, donde nueve jóvenes han muerto de sobredosis de heroína desde enero de 1996. Los adolescentes han estado inhalando heroína e ingiriéndola en cápsulas, con reultados desastrosos.

Mucha de la metanfetamina decomisada en las calles tiene su origen en laboratorios

clandestinos mexicanos. Una cantidad significativa también proviene de laboratorios en Arkansas, Louisiana y California. Hay más cultivo de marihuana en el interior de Estados Unidos, y los cultivadores están logrando un contenido más alto de tetrahidrocanabinol.

La actividad criminal relacionada con el uso de las drogas es uno de los problemas más difíciles enfrentando nuestras ciudades hoy en día. Entre 1992 y 1995, 2 mil 298 personas fueron juzgados por cargos relacionados con las drogas en la Corte de Distrito de Estados Unidos en el sur de Texas. Desde 1992 a 1996, más de 2 mil personas fueron encarceladas cada año en prisiones federales en el Distrito Judicial del oeste de Texas.

El problema de las drogas no termina en la frontera. Tanto México como Estados Unidos necesitan reducir su demanda. La cooperación puede ayudar a ambas naciones. México y Estados Unidos son unidos por la frontera abierta con más tráfico del mundo, la cual es cruzada por 250 millones de personas cada año. El comercio y la cultura ligan a nuestros países.

Recientemente, México sobrepasó a Japón como el segundo cliente más grande (después de Canadá) de las exportaciones de Estados Unidos. Uno de cada 16 ciudadanos estadounidenses es de ascendencia mexicana. Ambos países comparten el respeto por la ley y la soberanía mutua.

Los medios masivos de comunicación pueden ser una herramienta poderosa para contrarrestar la propagación de las drogas entre los jóvenes de México y Estados Unidos. El Congreso de Estados Unidos ha destinado 195 millones de dólares a una campaña de publicidad para enseñar a los jóvenes acerca de los peligros de las drogas ilegales. Al igual que con otros mensajes de salud y seguridad, como el uso del cinturón de seguridad y la vacunación infantil, los anuncios del sector

público combinados con anuncios pagados pueden cambiar las actitudes de los jóvenes. Usando las más recientes técnicas de la mercadotecnia y la comunicación creativa, tales anuncios antidrogas contrarrestarán gran parte de la normalización y el glamour de las drogas en los medios de comunicación electrónicos. El sector privado apoyará esta campaña de los medios en contra de las drogas. Importantes empresas ya han expresado interés en participar.

Otros proyectos para aumentar la conciencia acerca de la amenaza de las drogas ilegales dirigidos a los jóvenes incluyen una iniciativa de la industria del espectáculo, con el objetivo de mostrar con precisión el uso de las drogas y sus consecuencias. Nuestro compromiso con la juventud se refleja en un incremento de 21 por ciento en el gasto federal para los programas de prevención del uso de las drogas en el próximo año fiscal. La meta número uno de la Estrategia Nacional de Control de las Drogas es ayudar a los jóvenes a rechazar las drogas ilegales.

Mientras que la coordinación y los recursos vienen de Washington, en todas las políticas sociales el trabajo duro se hace inevitablemente a nivel local. Las familias, las escuelas, las instituciones religiosas, los clubes juveniles organizaciones como la YMCA (Asociación Cristiana de Hombres Jóvenes), los entrenadores y otros líderes de la juventud, la impartición local de la justicia, y una ampliación de esfuerzos comunitarios tienen el impacto más grande sobre la juventud. Los padres son de suma importancia en la lucha contra las drogas ilegales. Estudios han mostrado que los alumnos que tienen madres y padres quienes raramente supervisan o apoyan a sus hijos en sus trabajos de la escuela u otras actividades tienen más probabilidades de usar drogas ilegales.

Para aumentar la fuerza local en la lucha contra la amenaza de las drogas, el apoyo

federal puede hacer una diferencia. En 1997, Texas recibió 40 millones 851 mil 957 dólares para el Programa de Donativos a los Estados de la Ley de Escuelas y Comunidades Seguras y Libres de Drogas, 171 millones 300 mil dólares de la Oficina de Servicios de Vigilancia Orientados a la Comunidad (COPS) del Departamento de Justicia; 31 millones 311 mil dólares en Donativos Byrne (Oficina de Apoyo a la Justicia); y 89 millones 219 mil 174 dólares en Donativos en Bloque para la Prevención del Abuso de Sustancias y Tratamiento de los Servicios de Salud y Servicios Humanos. Durante los últimos cinco años, el gobierno federal ha aumentado el gasto en programas para reducir la demanda de las drogas en una tercera parte. En 1998, destinaremos un total de 5 mil 500 millones de dólares a nivel nacional a estos programas.

Es un honor venir a El Paso y participar con maestros, investigadores, proveedores de tratamiento y funcionarios de impartición de justicia quienes están a vanguardia de los esfuerzos por reducir el uso de las drogas. Apoyamos a todos los miembros de las comunidades e invitados a la convención preocupados por el bienestar de los niños. Saludamos al doctor Juan Ramón de la Fuente, secretario de Salud de México; Juan Rebolledo, subsecretario de Asuntos Bilaterales de México; la doctora Nelba Chávez de SAMHSA; Haydee Rosovsky, directora de CONADIC, quien encabezó el lado mexicano del comité de planeación; los Departamentos de Estado y de Educación de Estados Unidos, que dieron su apoyo junto con la Guardia Nacional, y SAMHSA, que administró la conferencia y el programa de donativos para la frontera en colaboración con ONDCP.

Los estadounidenses y los mexicanos debemos unirnos en el esfuerzo antidrogas, que ha sido equivocadamente llamado una "guerra." No declaramos la guerra a los niños. La educación antidrogas, al igual que la

educación en general, es un asunto de largo plazo. El tratamiento, tanto dentro como fuera de las prisiones, puede reducir de manera significativa el uso de las drogas entre gente ya dañada por sustancias tóxicas y adictivas. Los que usan drogas pueden volver a gozar vidas productivas y saludables con compasión, cooperación, sentido común y una rigurosa impartición de justicia, podemos hacer que nuestros dos países sean más saludables y seguros al reducir el uso de las drogas.

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# OFFICE OF NATIONAL DRUG CONTROL POLICY REAUTHORIZATION ACT OF 1998

**PURPOSE.** To summarize the Office of National Drug Control Policy (ONDCP) Reauthorization Act of 1998.

- **Congress reauthorized ONDCP for five years and significantly altered ONDCP's authorities by:**
  1. **Instructing ONDCP to develop a long-term national drug control strategy.** Beginning with the strategy submitted by the President in February 1999, the National Drug Control Strategy must set forth a comprehensive plan for the next five years and beyond for reducing drug abuse and the consequences of drug abuse in the United States. The strategy shall include comprehensive, research-based, long-range, quantifiable goals and contain five-year projections for program and budget priorities.
  2. **Endorsing ONDCP's Performance Measures of Effectiveness (PME) system.** The Act requires ONDCP to assess federal effectiveness in achieving the Strategy's goals and objectives, the key to which is the performance measurement system. The Congress explicitly linked the PME system to agency drug control programs and budgets.
  3. **Requiring a five-year national drug control program budget.** The Act requires all agencies to prepare five-year budget projections. It also broadens the existing authority of the ONDCP Director to direct budget priorities and to certify the adequacy of agency budget requests.
  4. **Underscoring the potential of the High Intensity Drug Trafficking Area (HIDTA) Program.** The Act endorses ONDCP's HIDTA management and oversight systems. It also authorizes the ONDCP Director to obligate sums appropriated for HIDTA.
  5. **Expanding the responsibilities of ONDCP's Counter-Drug Technology Assessment Center (CTAC).** The Act reaffirms CTAC's role as the nation's central counter-drug technology research and development organization. CTAC is directed to continue its traditional support of short, medium, and long-term scientific and technological needs of drug law enforcement. CTAC is also directed to identify basic and applied research needs and initiatives in the area of demand reduction, including; improving treatment through neuro-scientific advances; and improving the transfer of biomedical research to clinical settings.
  6. **Establishing the President's Council on Counter-Narcotics.** This council will advise and assist the President in providing direction and oversight for the National Drug Control Strategy. The ONDCP Director is the Council's Executive Director and may use established or ad hoc committees, task forces, or interagency groups, chaired by the Director or his representative, in carrying out the functions of the Council.

- 7. Increasing ONDCP congressional reporting requirements.** The Act requires annual reports on:
- ▶ Progress in achieving the goals and objectives of the PME system.
  - ▶ Resources required for an effective drug interdiction capability.
  - ▶ Accounting of all funds expended by agencies for drug control activities.
  - ▶ Domestic drug cultivation.
- 8. Reorganizing ONDCP to its national leadership role.** The Act empowers the Director to serve as the Administration's spokesperson on drug issues and to monitor progress by drug control agencies in meeting drug control goals and objectives. It creates the position of Deputy Director, ONDCP. It tasks the Deputy Director for State and Local Affairs to oversee domestic activities to reduce drug availability and use, including coordination of federal, state, and local drug law enforcement activities, and promotion of coordination and cooperation among state and local-level drug supply and demand reduction agencies. It assigns the Deputy Director for Demand Reduction responsibility for activities related to drug abuse education, prevention, treatment, research, rehabilitation, drug-free workplace, and drug testing.
- 9. Improving coordination among foreign and domestic drug intelligence agencies.** The Act tasks the Director of Central Intelligence, the Attorney General and the ONDCP Director to ensure that domestic law enforcement agencies are appropriately supported by all federal drug intelligence agencies.
- 10. Establishing a Parents Advisory Council on Drug Abuse.** The act establishes a sixteen-member Advisory Council on Youth Drug Abuse with four members appointed by the President and twelve appointed by Congress. Members shall include representatives of nonprofit organizations focused on involving parents in anti-drug education and prevention. The Council will advise the ONDCP Director on drug prevention, education, and treatment. No monies were appropriated for the council.
- The Office of National Drug Control Policy Authorization Act can be viewed in its entirety on the ONDCP Web site - [www.whitehousedrugpolicy.gov](http://www.whitehousedrugpolicy.gov).

## **Highlights of the *1999 National Drug Control Strategy***

- Overall objective is to achieve a 50 percent reduction in drug use and availability and at least a 25 percent reduction in their consequences.
- Takes a long-term, holistic view of the nation's drug problem and recognizes the significant effect drug abuse has on the nation's public health and safety.
- Maintains that no single solution can suffice to deal with the multifaceted challenge that drug abuse represents. Demand and supply reduction efforts complement and support one another.
- Primary goal is to educate and enable our youth to reject substance abuse. If we can bring the almost seventy million American children to adulthood free of substance abuse, the vast majority will avoid drug dependency for the rest of their lives.
- Endorses treatment for the more than four million chronic users who constitute a major portion of domestic demand and suffer from poor health, unstable family relations, and other negative consequences of substance abuse.
- Addresses substance abuse by offenders. A third of state prisoners and one in five federal prisoners said they had committed their current offense while under the influence of drugs. Many non-violent, drug-related offenders will respond to a zero tolerance drug supervision program that includes treatment for substance abuse as required in lieu of incarceration.
- Views law enforcement as essential to reducing drug use in the United States and the first line of defense against drug trafficking.
- Stresses the need to protect borders from drug incursion and to cut drug supply more effectively in domestic communities.
- Seeks to curtail illegal drug trafficking in the transit zone via interdiction.
- Focuses on supply-reduction operations at the source.
- Supports international efforts to curtail drug production and trafficking.
- Based on the best available research and well-designed technological, informational, and intelligence systems.
- Backed by a budget that, with help from on-going feedback from ONDCP's performance measures of effectiveness system, will apply increasingly more effective approaches to the nation's drug problem.

## **Goals and Objectives of the 1999 National Drug Control Strategy**

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

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

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

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

**Objective 4:** Provide students in grades K- 12 with alcohol, tobacco, and drug prevention programs and policies that are research based.

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

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

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

**Objective 8:** Develop and implement a set of research-based principles upon which prevention programming can be based.

**Objective 9:** Support and highlight research, including the development of scientific information, to inform drug, alcohol, and tobacco prevention programs targeting young Americans.

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

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

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

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

**Objective 4:** Break the cycle of drug abuse and crime.

**Objective 5:** Support and highlight research, including the development of scientific information and data, to inform law enforcement, prosecution, incarceration, and treatment of offenders involved with illegal drugs.

### **Goal 3: Reduce health and social costs to the public of illegal drug use.**

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

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

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

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

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

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

**Objective 7:** Support and disseminate scientific research and data on the consequences of legalizing drugs.

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

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

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

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

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

#### **Goal 5: Break foreign and domestic drug sources of supply.**

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

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

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

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

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

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



# 1999 National Drug Control Strategy

## America's Drug Abuse Profile

**Overall Trends.** In 1997, there were 13.9 million current users of any illicit drug in the total household population aged 12 and older, down from the peak year of 1979, when 25 million (or 14.1 percent of the population) abused illegal drugs. The 13.9 million number represents 6.4 percent of the total population and is statistically unchanged from 1996. 36 percent aged twelve and older have used an illegal drug in their lifetime. Of these, more than 90 percent used either marijuana or hashish and approximately 30 percent tried cocaine. There are an estimated 4 million chronic drug users in America: 3.6 million chronic cocaine users (primarily crack cocaine) and 810,000 chronic heroin users.

**Juvenile Trends.** Drug use among 12-17 year olds declined slightly in 1997 and 1998. Between 1992 and 1996, it had more than doubled among 8th graders, doubled among 10th graders, increased by 50 percent among 12th graders. Use of inhalants declined among 8th graders from 5.6 percent in 1997 to 4.8 percent in 1998. In 1998 alcohol use decreased among 10th graders, and remained stable among 8th graders and 12th graders, albeit at unacceptably high levels. Past-month use of cigarettes slightly declined among 8th, 10th, and 12th graders from 1997 to 1998. However, every day more than 6,000 people aged eighteen or younger try their first cigarette, and more than 3,000 people aged eighteen or younger become daily smokers.

**Drug Availability.** In 1997, an estimated 289 metric tons (MTs) of cocaine were available in the U.S., the lowest amount since the 1980s and far below the peak of 529 MTs in 1992. 145 MTs of cocaine were seized enroute to the U.S. in 1998. Marijuana remains readily available. Information about heroin price and purity is imprecise. In 1998 the average retail price for a pure gram of heroin was approximately \$1,799; the wholesale price was \$318. These prices were significantly lower than in 1981, when the retail price per gram was estimated to be \$3,115 and the wholesale price \$1,194. The average purity for retail heroin in 1998 was 25 percent, much higher than 1991's average of 19 percent. Methamphetamine remains the most prevalent synthetic drug.

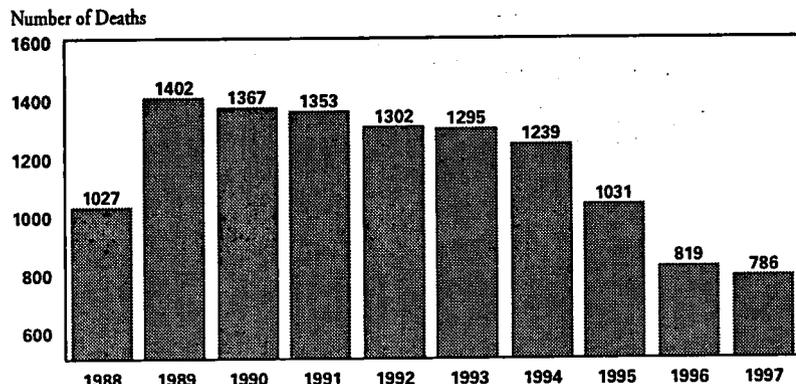
**Consequences of Drug Abuse.** Drug-related deaths climbed throughout the 1990s but have leveled off at about 9,300. Drug-related medical emergencies remain near historic highs but remained statistically constant, with 514,347 episodes in 1996 and 527,058 in 1997. Illegal drugs cost our society approximately \$110 billion each year.

**Drugs and Crime.** More than 60 percent of adult male arrestees tested positive for drugs in twenty major cities in 1997. Drug offenders account for 25 percent of the growth in the state prison population and 72 percent of the growth in the federal prison population since 1990.

**Drugs and the Workplace.** 6.7 million current illegal drug users were employed full-time in 1997. Another 1.6 million current users worked part-time. Drug abuse is twice as prevalent among the unemployed compared to those employed full-time.

### Drug Related Murders Continue to Decline

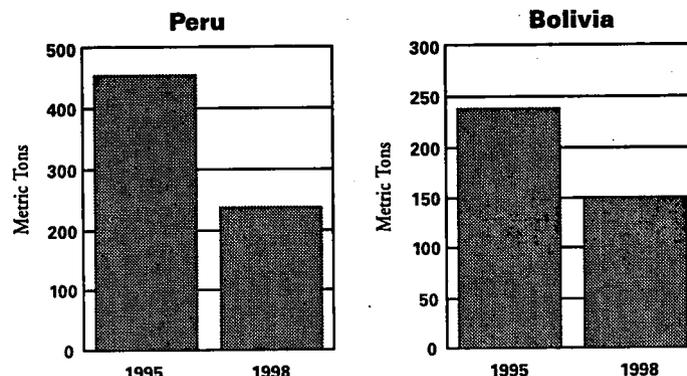
*Murders related to narcotic drug laws*



Source: FBI, Uniform Crime Reports

### Cocaine Production in Peru and Bolivia Has Declined Dramatically

*1995 to 1998*

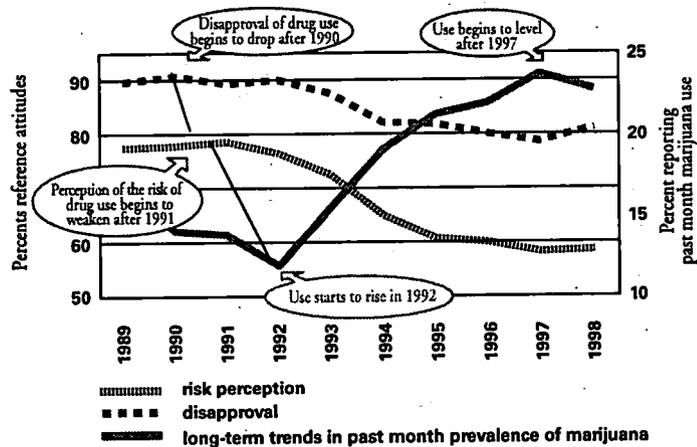


Source: ONDCP 1999

# National Anti-Drug Policy is Working

### Youth Attitudes Determine Youth Marijuana Use

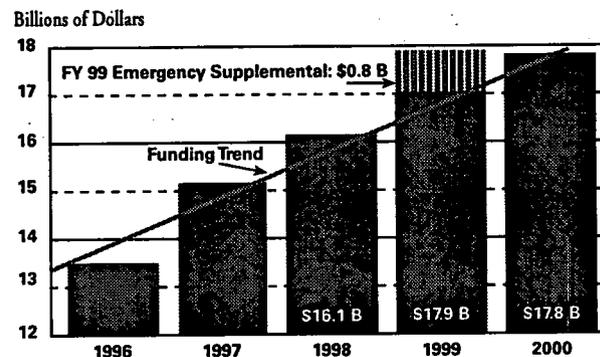
*The Case of 12th Graders*



Source: 1998 Monitoring the Future Study

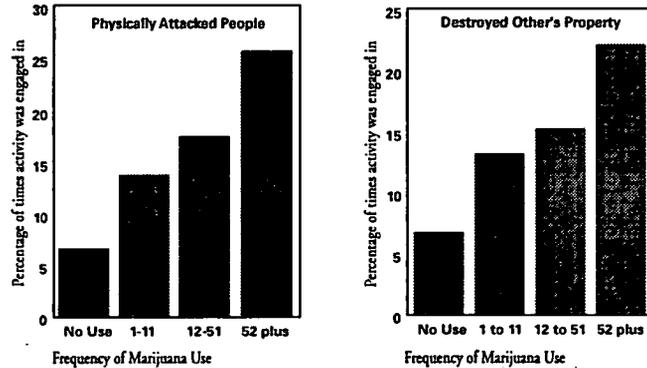
### National Drug Control Budget Funding Trend Up

*FY 1996 to FY 2000*



### Aggressive Anti-Social Behavior is Clearly Linked to Marijuana Use

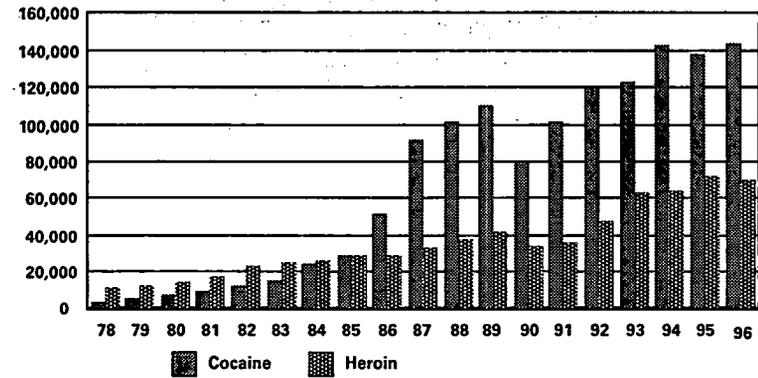
Percentage of those ages 12 to 17 who reported aggressive behavior in past 6 months, by number of days marijuana was used in the past year



Source: NHSDA Household Survey Data, 1994-1996

### The Health Impact of Drug Abuse

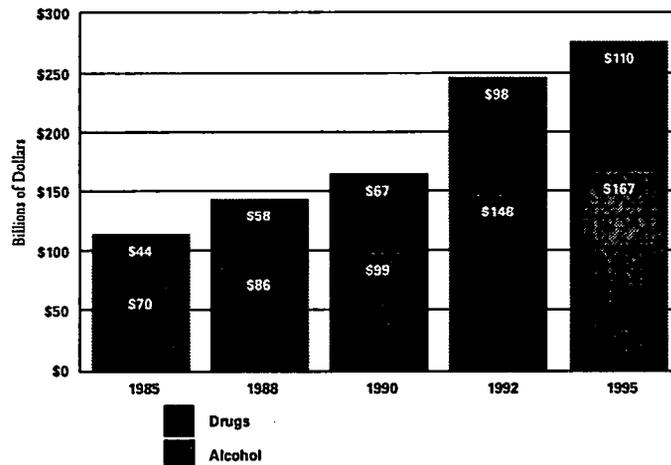
Cocaine and heroin hospital emergency room mentions, 1978-1996



Source: HHS Drug Abuse Warning Network

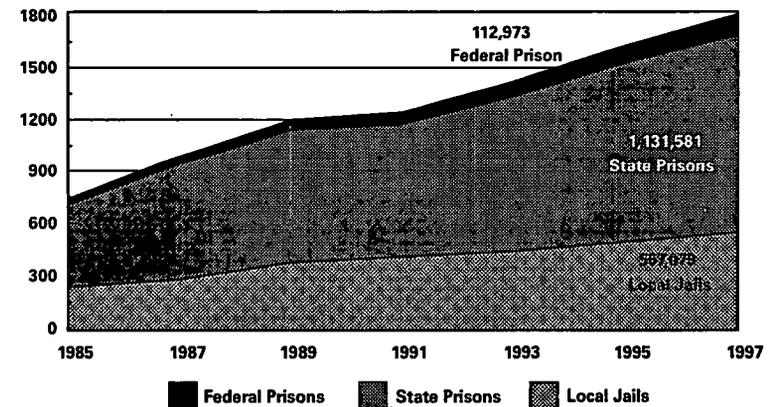
# But We Still Have A Challenge.

### The Social Costs of Drug and Alcohol Abuse



Sources: Rice et al. 1990; Robert Wood Johnson Foundation, 1993; National Institute on Drug Abuse & National Institute on Alcohol Abuse and Alcoholism, March 1998

### 1.8 Million Americans are Incarcerated: An All-Time High



Source: Bureau of Justice Statistics, 1998





**EXECUTIVE OFFICE OF THE PRESIDENT**  
**OFFICE OF NATIONAL DRUG CONTROL POLICY**  
Washington, D.C. 20503

**Biographic Summary of Barry R. McCaffrey**  
**Director, Office of National Drug Control Policy**

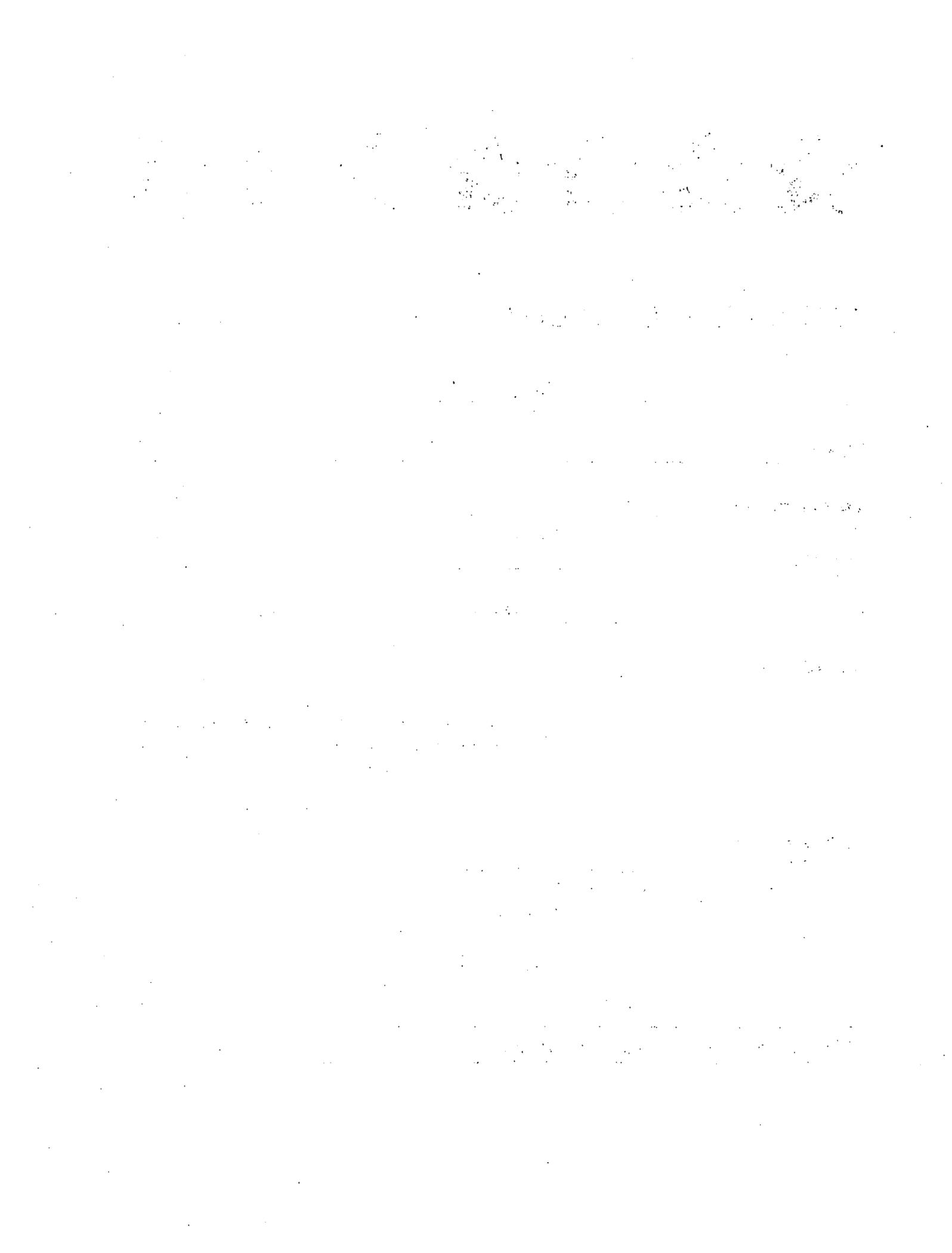
Barry McCaffrey was confirmed by unanimous vote of the U.S. Senate as the Director of the White House Office of National Drug Control Policy (ONDCP) on 29 February 1996. He serves as a member of the President's Cabinet, the President's Drug Policy Council, and the National Security Council for drug-related issues. By law, the Director certifies the \$17.8 billion federal drug control budget and develops the *U.S. National Drug Control Strategy*.

Barry McCaffrey graduated from Phillips Academy in Andover, Massachusetts and the U.S. Military Academy. He holds a Master of Arts degree in civil government from American University and taught American government, national security studies, and comparative politics at West Point. He attended Harvard University's National Security Program. He is a member of the Council on Foreign Relations and an associate member of the Inter-American Dialogue.

Among the honors he has received are: the Department of State's Superior Honor Award for the Strategic Arms Limitation Talks; the Norman E. Zinberg Award of the Harvard Medical School; the Founders Award of the American Academy of Addiction Psychiatry; the NAACP Roy Wilkins Renown Service Award; the National Drug Prevention League National Leadership Award; the U.S. - Panama Business Council Friendship Award; and decorations from France, Brazil, Argentina, Colombia, Peru, and Venezuela.

Prior to confirmation as ONDCP Director, he was the Commander-in-Chief of the U.S. Armed Forces Southern Command coordinating national security operations in Latin America. During his career, he served overseas for thirteen years, which included four combat tours: Dominican Republic, Vietnam (twice), and Iraq. At retirement from active duty, he was the most highly decorated and youngest four star general in the U.S. Army. He twice received the Distinguished Service Cross, the nation's second highest medal for valor. He also was awarded three Purple Heart medals for wounds sustained in combat. During Operation Desert Storm, he commanded the 24th Infantry Division and led the 370-kilometer "left hook" attack into the Euphrates River Valley. General McCaffrey served as the JCS assistant to General Colin Powell and supported the Chairman as the staff advisor to the Secretary of State and the U.S. Ambassador to the United Nations.

Barry McCaffrey has been married for thirty-four years to the former Jill Ann Faulkner. She serves as National Chairman for the Armed Forces Emergency Services of the American Red Cross and is a member of the Board of Directors for Knollwood - The Army Distaff Hall. The McCaffreys have three married children: Sean, a U.S. Army infantry Major; Tara, an intensive care nurse and a U.S. Army Washington National Guard Captain; and Amy, a seventh grade school teacher.





# 1999 NATIONAL DRUG CONTROL STRATEGY

## Order Form

**Name:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

Look for the 1999 National Drug Control Strategy  
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[www.whitehousedrugpolicy.gov](http://www.whitehousedrugpolicy.gov)

**Mail to: Fax to:**

ONDCP Drug Policy Information Clearinghouse or (410) 792-4358  
P.O. Box 6000  
Rockville, MD 20849-6000



ONDCP Drug Policy Information Clearinghouse

1-800-666-3332





Barry B. McGuffrey  
Director

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- ONDCP initiatives, news, testimony
- Links to other valuable resources

[www.mediacampaign.org](http://www.mediacampaign.org)

- Information for campaign stakeholders – anti-drug leaders, media executives, policy makers
- Communications strategy and integrated communications plan
- News, testimony, initiatives
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ONDCP

National Youth Anti-Drug  
Media Campaign

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[www.projectknow.com](http://www.projectknow.com)

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