National Drug Control Strategy

Reclaiming Our Communities From Drugs and Violence

Message From the President

TO THE CONGRESS OF THE UNITED STATES:

I am pleased to transmit today to the Congress and the American people the *1994 National Drug Control Strategy*. This *Strategy* builds on the foundation set in the *1993 Interim National Drug Control Strategy*, which was released in September 1993.

The *Interim National Drug Control Strategy* challenged this Nation to fundamentally change the way we respond to our drug problem. First, that *Strategy* changed the focus of drug policy by targeting chronic, hardcore drug users—the heaviest users who fuel the demand for drugs and put great strains on our society in the form of increased crime, health costs, and homelessness. Second, it called for renewed prevention efforts to educate the young about the dangers of illicit drug use. Third, the *1993 Interim Strategy* challenged us to view the drug issue in the overall context of economic and domestic policy. Our drug policy must be tied to our efforts to strengthen families and communities, provide meaningful work opportunities, and restore the conditions of civilized life in America.

Under the leadership of Director Lee P. Brown, this new *Strategy* focuses on the most tenacious and damaging aspect of America's drug problem—chronic, hardcore drug use and the violence it spawns. This problem of chronic hardcore drug use will not be easily overcome. Past national drug control policies have failed to come to grips with the harsh realities of chronic, hardcore drug use, the underlying causes of addiction, and the human and societal harms hardcore drug use causes. To reverse this trend, the *1994 Drug Control Strategy* proposes the largest increase in Federal support for the treatment of chronic or hardcore drug users. The *Strategy* proposes expanding treatment opportunities in communities around the country and—after Congress passes the Crime Bill—providing additional and substantial drug treatment and intervention services in the criminal justice system.

Treating hardcore users is more than compassionate and cost effective; it makes sense. The ability of drug treatment to reduce criminality is well documented, and treating heavy users saves America money over the long run. A recent study conducted by the National Institute on Drug Abuse found that every dollar spent on drug treatment saves $7—$4 in reduced costs to the public and $3 in increased productivity. Clearly, treatment works.

The *Strategy* also will continue to strengthen our efforts to prevent all illicit drug use, including experimentation by the young and others at risk. My Administration stands ready to bolster its drug prevention efforts for in-school youth by committing new resources to ensure that we have safe and drug-free schools and by sending the strong no-use message required to help keep our younger citizens from being tempted by drugs in the first place. The most recent information on adolescent drug use shows what will happen if we are not vigilant in our prevention efforts. The declines achieved thus far in the casual or intermittent use of illegal drugs have taken place in part because drugs are

legally prohibited. For this reason this Administration will never consider the legalization of illegal drugs.

We will continue with strengthened efforts by Federal law enforcement agencies—in concert with their State and local counterparts—to disrupt, dismantle, and destroy drug trafficking organizations. We also will increase our commitment to State and local law enforcement by helping them put more police on the streets and expand community policing. Police officers working in partnership with neighborhood residents to solve drug-related crime problems can have a tremendous impact, particularly on open-air drug markets in America.

The *Strategy* also challenges us to change the way we look at international drug control programs. International drug trafficking is a criminal activity that threatens democratic institutions, fuels terrorism and human rights abuses, and undermines economic development. Antidrug programs must be an integral part of our foreign policy when dealing with major source and transit countries, equal to the worldwide commitment that the United States devotes to the promotion of democracy, human rights, and economic advancement.

How we address the drug problem says much about us as a people. Drug use and its devastation extend beyond the user to endanger whole families and communities. Drug use puts our entire Nation at risk. Our response must be as encompassing as is the problem. We must prevent drug use by working to eliminate the availability of illicit drugs; treating those who fall prey to addiction; and preventing all our citizens, especially our children, from experimenting in the first place. This is the plan we offer to all Americans.

In the end, this is not a challenge for the government alone. We can change our laws and increase the amount of resources we spend to reduce drug use, but still we will have to do more. Individuals must take personal responsibility for their own actions. Families must take responsibility for their children. Communities must challenge their citizens to stand up for common decency and refuse to accept the unacceptable. Society must nurture the values that best represent our character as a nation: work, family, community, and opportunity and responsibility.

Bill Clinton

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Executive Summary

The *1994 National Drug Control Strategy* redirects and reinvigorates this Nation's fight against drug use and drug trafficking. It builds on the foundation laid down in the *1993 Interim National Drug Control Strategy*, which challenged this Nation to change the way it viewed the drug use problem. The *Interim Strategy* highlighted four focal points for a new national antidrug plan:

- Chronic hardcore drug use and the violence that surrounds it, which are at the heart of the Nation's current drug crisis.
- Prevention efforts to educate the young on the dangers of illicit drug use.
- The need to empower local communities with an integrated plan of education, prevention, treatment, and law enforcement.
- Changes in how the United States carries out international drug control policy to refocus interdiction's emphasis from the transit zones to the source countries.

RESPONDING TO DRUG USE IN AMERICA TODAY

Five years have passed since the Anti-Drug Abuse Act of 1988 required the Federal Government to produce a comprehensive National Drug Control Strategy, detailing the resources committed to implement it and including measurable goals. Within that time period, the Federal Government has spent more than $52 billion on drug-related efforts, and—while it has achieved some success—illegal drugs continue to pose a significant threat to the country: Hardcore drug use continues unabated, drug-related crime and violence have not dropped significantly, and recent studies indicate that our young are returning to drug use.

But much has been learned from our initial efforts, and now is the time to move the national drug policy debate forward. With an estimated 2.7 million hardcore users on the streets, and with Americans spending $49 billion annually on illegal drugs, action must be taken. Accordingly, the *1994 National Drug Control Strategy* establishes the following specific objective for hardcore drug use:

- Reduce the number of hardcore users through drug treatment at an average annual rate of 5 percent.

The *1994 Strategy* establishes the following objective for casual or intermittent drug use:

- Reduce the number of casual or intermittent drug users at an average annual rate of 5 percent.

TREATING AMERICA'S DRUG PROBLEM

Treating America's drug problem must start with an aggressive effort to break the cycle of hardcore drug use. Drug dependence is a chronic, relapsing disorder characterized by a craving for drugs that is difficult to extinguish once it has been established. But even the chronic or hardcore user can successfully travel the path to recovery, if that path is properly illuminated.

The 1994 National Drug Control Strategy proposes an increase of $355 million to expand treatment opportunities for hardcore users—the largest such effort to date. Providing treatment is both a compassionate and pragmatic course of action. According to the National Institute on Drug Abuse (NIDA), for every dollar spent on drug treatment saves $7—$4 in reduced costs to the public and $3 in increased productivity.[1] Additionally, since drug-using offenders are responsible for a disproportionate amount of crime, and because the frequency and severity of their criminal activity rises dramatically during periods of heavy or addicted use, treating hardcore addicts will help reduce drug-related crime.

Accordingly, the *1994 Strategy* proposes the following specific objectives:

- Beginning in Fiscal Year 1995, increase the number of hardcore drug users in treatment by almost 140,000 per year. This number includes hardcore drug users both within and outside the criminal justice system.

- Enact the first-ever guarantee of basic drug use treatment services as part of the President's Health Security Act. At a minimum, this will provide basic substance abuse treatment benefits to the more than 58 million Americans who have no coverage at all for some time each year.

PROTECTING AMERICA'S CHILDREN THROUGH EDUCATION AND PREVENTION

Educating the youth of this Nation is one of society's most important responsibilities, and nowhere is the need for education greater than to teach children about the dangers of drug use. While the field of prevention is still developing, there is national consensus for more and better prevention programs targeted to youth. Comprehensive, community-based drug prevention programs are effective in reducing the likelihood that young people will start using drugs, and these programs can lessen the chance that youth will become heavily involved with serious drug use.

Recent surveys of young people's attitudes and behavior about illegal drugs show that the long-term decline in drug use among youth may have ended. In addition, recent studies suggest that there is an alarming level of violence in our schools. To help redouble drug and violence prevention efforts in schools, the *1994 Strategy* proposes an increase of $191 million for Safe and Drug-Free Schools.

Increased funding is not enough. With two years of data suggesting that the prevention message may be getting stale, more needs to be done. Soon, the Department of Health and Human Services will release the National Structured Evaluation, the most exhaustive study to date of what is effective in substance abuse prevention programming. To build on this report and make necessary revisions in response to changing circumstances, the Office of National Drug Control Policy (ONDCP) will convene by mid-1994 a panel of scholars and experts in substance abuse prevention. This effort will ensure that prevention will have an increasingly important and visible role in the Nation's demand-reduction efforts.

The *1994 Strategy's* specific objectives are as follows:

- Reverse the recent increase in the prevalence of illicit drug and tobacco use among students by 1996.

PROTECTING NEIGHBORHOODS THROUGH ENFORCEMENT AND COMMUNITY ACTION

Recognizing that demand reduction programs—including drug treatment, prevention, and education—cannot succeed if drugs are readily available and that drug law enforcement programs cannot ultimately succeed if the Nation's appetite for illegal drugs is not curbed, the *1994 Strategy* rejects the false choice between demand reduction and law enforcement efforts.

To make streets safer, the Administration's first priority is to pass a tough and smart crime bill. As outlined by President Clinton in his State of the

Union Address, the crime bill must authorize funds to put more police on the streets and to expand comn.unity policing; it must expand drug treatment for incarcerated hardcore drug users; it must boost the number of boot camps for nonviolent offenders; it must allow for drug courts to provide counseling, treatment, and drug testing for nonviolent drug offenders; and it must include reasonable gun controls, such as a ban on assault weapons.

Beyond new initiatives anticipated in the crime bill—and included in the President's budget—the *1994 Strategy* commits the full force of Federal investigative and prosecutive tools to target major drug trafficking organizations so that they are disrupted, dismantled, and destroyed. The objective is to reduce illicit drug trafficking both in and directed at the United States through apprehension, prosecution, conviction, and forfeiture. The Administration will work toward making drugs harder to obtain and more costly for the traffickers and toward reducing the violence attendant with drug activity.

Specific law enforcement objectives include the following:

- Over the next 5 years, put 100,000 more police on the street to work with communities to reduce crime—a nationwide increase of 16 percent.

- Ban the manufacture, transfer, or possession of assault weapons.

The most effective strategies for preventing drug use and keeping drugs out of neighborhoods and schools are those that mobilize all elements of a community through coalitions or partnerships. Cooperative efforts, such as community coalitions, establish and sustain a strong partnership among businesses, schools, religious groups, social services organizations, law enforcement, the media, and community residents to help rid the neighborhood of drug and drug-associated violence. Similar cooperative efforts among Federal, State, and local authorities help local communities tackle drug-related violence. The *1994 Strategy* will expand the number of cooperative efforts, such as community coalitions, by targeting neighborhoods hardest hit by drug use and related crime and violence.

Equally important, the Vice President's Community Empowerment Board—along with the Departments of Housing and Urban Development and Agriculture—will oversee implementation of the President's Empowerment Zones and Enterprise Communities Program. This program reflects a long-term commitment to community-led efforts to revitalize our most distressed neighborhoods and provides a tremendous opportunity to help communities help themselves.

The *Strategy's* community empowerment objectives are the following:

- Work to ensure that all 9 Empowerment Zones and all 95 Enterprise Communities address drug use, trafficking, and prevention in their community-based empowerment plans over the next 2 years.

- Double the number of community antidrug coalitions by 1996 with at least half networked into area-wide or Statewide consortia.

FOCUSING ON SOURCE COUNTRIES

The *1994 Drug Control Strategy* also calls for changing the way international drug control programs are viewed. International drug trafficking is a criminal activity that threatens democratic institutions, fuels terrorism and human rights abuses, and undermines economic development. In major source and transit countries, therefore, counternarcotics programs must be an integral part of foreign policy and must be pursued with the same worldwide commitment that the United States devotes to the promotion of democracy, human rights, and economic advancement.

The new international strategy calls for a "controlled shift" in emphasis from the transit zones to the source countries. The term "controlled shift" is used here because it is anticipated that the shift could precipitate a further change in tactics by the drug cartels, which require drug control agencies

to be prepared to respond to those changes as they occur.

The cocaine cartels and other drug trafficking organizations are vulnerable to sustained enforcement efforts by committed governments. Not only do they fear the loss of profit, they also fear arrest when they know it will lead to conviction followed by significant punishment and seizure of their assets. The ability of the United States to collect intelligence and build cases against major traffickers has improved considerably, and a major thrust of the international program will be to exploit this growing capability. Cooperation with other nations that share our political will to defeat the international drug syndicates is at the heart of our international *Strategy*. The *Strategy's* international objectives are the following:

- Strengthen host nation counternarcotics institutions so that they can conduct more effective drug control efforts on their own.

- Intensify international efforts to arrest and imprison international drug kingpins and destroy their organizations.

- Aggressively support crop control programs for poppy and coca in countries where there is a strong prospect for, or record of success.

PURSUING NEW IDEAS FOR DRUG CONTROL

ONDCP's Research, Data, and Evaluation Committee will have three objectives: (1) identify policies and priorities for drug control research; (2) review and monitor all phases of drug-related data collection, research, and evaluation; and (3) foster and encourage drug-related research. The Committee will also promote better coordination among Federal agencies and identify research-related actions to be considered for future Strategies. The overall objective of the committee is:

- Improve and develop new methods for data collection and for improving the quality, timeliness, and policy relevance of existing data collection systems.

ONDCP and the Substance Abuse and Mental Health Services Administration are working together in an effort to verify the current estimate of the number and determine the location and characteristics of the hardcore drug user population.

ONDCP has also initiated, under the Counterdrug Technology Assessment Center (CTAC), a National Counterdrug Research and Development Program to access our national technology resources. It includes several initiatives focused on providing (1) advanced technology to the Federal, State, and local law enforcement communities; and (2) initiatives to assist both supply and demand reduction activities. Under one initiative, a prototype system is being developed to permit the integration of information from various criminal justice data bases, to improve information exchange, and to streamline law enforcement efforts. Work is also under way to develop and field nonintrusive inspection systems for use at border-crossing inspection points.

BUDGET HIGHLIGHTS

For FY 1995 the President has requested a record $13.2 billion to enhance programs dedicated to drug control efforts. This represents an increase of $1.0 billion, or 9 percent, more than the FY 1994 enacted level. Furthermore, $7.8 billion (or 59 percent) of the total drug program budget is for supply reduction programs. The balance of $5.4 billion or (41 percent) is for demand reduction programs.

The FY 1995 request provides additional resources in the following four major program areas:

1. Reducing Hardcore Drug Use Through Treatment. First and foremost, the *Strategy* makes the reduction of drug use by hardcore drug users its number-one priority. The total 1995 funding request for drug treatment programs is $2.9 billion, an increase of $360 million (14.3 percent). Of this increase, $355 million is specifically targeted for programs to reduce hardcore drug use and includes the following elements:

- $310 million for the Health and Human Services (HHS) Substance Abuse Prevention and Treatment Block Grant;

- $35 million for a new treatment demonstration program at HHS for the hardcore drug-using population; and

- $10 million for the expansion of treatment services for American Indian and Alaska Native populations.

It is anticipated that these additional funds will provide treatment for up to an additional 74,000 hardcore drug users.[2] Furthermore, it is expected that the enactment of the Crime Bill will provide substantially more resources for treatment of prisoners—as many as 65,000 additional hardcore users in prisons. In total about 140,000 hardcore users will receive treatment in FY 1995.

2. Ensuring Safe and Drug-Free Schools by Improving Prevention Efficacy. To create safe and drug-free environments, the FY 1995 request includes $660 million for school-based drug and violence prevention programs. This includes an increase of $191 million over the FY 1994 levels. This increase is associated with two programs within the Department of Education: the Safe and Drug-Free Schools and Communities State Grant Program and the Safe Schools Program.

This initiative will ensure that children will be able to attend schools free of crime and violence and to acquire the tools they need to resist the temptation to use drugs. The FY 1995 request will allow more students to receive drug, violence, and alcohol prevention education. These new programs will allow schools to procure metal detectors and hire security personnel as part of a comprehensive response to school violence, as well as other crime and violence problems arising in the school and community.

3. Empowering Communities To Combat Drug-Related Violence and Crime. The FY 1995 request includes resources to empower communities to confront their drug problems directly. A total of $1.0 billion is requested for community-based efforts. This includes $568 million for the drug component of the community policing effort to provide more cops on the beat.

Further, for prevention and treatment efforts, $50 million is also included in the FY 1995 request for the drug-related portion of the Community Empowerment Program, to be directed principally by the Department of Housing and Urban Development. This program will provide residential and nonresidential drug and alcohol prevention and treatment programs that offer comprehensive services for pregnant women as well as mothers and their children.

To ensure linkages of comprehensive, community-based services—especially prevention services at the local level—the FY 1995 budget requests $115 million for the Community Partnership Program. This funding will aid in the organization of community efforts to build and implement comprehensive, antidrug community strategies.

Finally, in order to provide resources in the areas of heavy drug trafficking and use, the FY 1995 request for the ONDCP High Intensity Drug Trafficking Area Program (HIDTA) is set at $98 million, an increase of $12 million. This increase will permit the establishment of one additional HIDTA, bringing the total to six.

4. Increased International Program Efforts. The fourth major budget initiative supports supply reduction programs worldwide. The 1995 budget requests an increase of $72 million for the Department of State and Agency for International Development to support source country efforts to reduce the availability of illicit drugs through activities such as training of law enforcement personnel, judicial reform, crop control, sustainable development, interdiction, and demand reduction efforts.

The 1995 request recognizes that drug policy must be an integral part of U.S. foreign policy and must be pursued on a broad front of institution building, dismantling of drug-related organizations, and source country and transit zone interdiction. In order to improve the national response to organized international drug trafficking, the

budget emphasizes programs that support a controlled shift of resources from the transit zones to the source countries.

ENDNOTES

1 See *How Drug Abuse Takes the Profit Out of Business*, National Institute on Drug Abuse, Department of Health and Human Services, 1991.

2 The 74,000 users targeted for treatment from the $355 million initiative are those most likely to require extensive residential treatment and aftercare. This distinguishes them from those generally supported by the Substance Abuse Block Grant, who tend to receive treatment on a less costly outpatient basis. However, given the health and crime consequences associated with those most addicted, this initiative targets these users to reduce such consequences.

I. Responding to Drug Use in America Today

Five years have passed since the Anti-Drug Abuse Act of 1988 required the Federal Government to produce a comprehensive National Drug Control Strategy, detailing the resources committed to implement it and including measurable goals. Within that time period, the Federal Government has spent more than $52 billion on drug-related efforts, and—while it has achieved some success—illegal drugs continue to pose a significant threat to the country: Hardcore drug use continues unabated, drug-related crime and violence have not dropped significantly, and children are beginning to show signs of being more tolerant towards the use of some illegal drugs.

But much has been learned from our initial efforts, and now is the time to move the national drug policy debate forward. With an estimated 2.7 million hardcore users on the streets, and with Americans spending $49 billion annually on illegal drugs, action must be taken.

The *1994 National Drug Control Strategy* recognizes that drug dependency is a chronic, relapsing disorder and that drug users stand little chance of overcoming their problems without appropriate intervention and treatment. Drug users, especially hardcore users whose lives are controlled by drug dependence, face dismal futures.[1] In most cases, drug users need help to address the problems associated with their drug dependence: homelessness, isolation from family and friends, unemployment or underemployment, serious health problems such as HIV/AIDS (human immunodeficiency virus/acquired immune deficiency syndrome), and criminal activity.

With respect to the supply of drugs on the streets, law enforcement agencies (including at the international level) have achieved record seizures of illicit drugs; however, the available drug supply is still sufficient to satisfy the needs of the existing drug-using population. Further reductions in illicit drug availability are essential if demand reduction efforts, particularly against hardcore use, are to prove effective and not be overcome by a cheap and plentiful supply of illicit drugs.

In recognizing the seriousness of hardcore drug use, the *1994 Strategy* does not downplay the problems of intermittent or so-called casual drug use. Every addicted or dependent user started on his/her road to that addiction as an experimental or occasional user. This type of "casual" drug use is important (1) for the consequences it holds for both the individual and the society and (2) because it represents a focal point for drug control program efforts. Casual use has declined substantially over the past few years, and the *Strategy* continues with efforts to ensure that it does not revert to the levels experienced in the mid-1980's. The gains achieved thus far through prevention and education efforts must be maintained or the number of hardcore users will certainly increase.

It is important to note that the casual drug user differs in many ways from the hardcore user and can best be reached by prevention efforts and other strategies that take this difference into account—strategies that differ markedly from those that are effective for the hardcore user. Comparatively speaking, it is easier to change casual drug use patterns, since this category of user

is generally deterred by reduced availability, positive peer pressure, increased understanding of the harms of drug use, and the credible threat of punishment. On the other hand, the hardcore user is more difficult to reach and more resistant to change.

Recognizing the changing nature of the drug-using population, the *1993 Interim National Drug Control Strategy* provided a new direction for drug control policy. It brought to the forefront hardcore drug use and its concomitant problems while continuing to strengthen prevention efforts to prevent the reemergence of casual use. The *Strategy* stressed focused prevention efforts, especially efforts targeted at special populations, such as inner-city youth and pregnant women. It emphasized the need to empower local communities by providing more police on the streets, taking guns away from criminals, and ensuring swift and certain punishment to stem the drug-related violence that the drug trade fosters. It highlighted the Administration's intent to focus interdiction efforts on source and transit countries in order to stop the flow of drugs at or close to their source. Through this new direction, the *National Strategy* will ensure success in mitigating the problems of drug use, both to the individual drug user and to society.

THE COST OF NOT ACTING

The total economic cost of drug abuse to the Nation is astounding. One study, prepared by the Institute for Health Policy at Brandeis University for The Robert Wood Johnson Foundation, estimated the total economic cost of drug abuse at $67 billion in 1990, up $23 billion from $44 billion in 1985.[2] Researchers at the University of Southern California (U.S.C.), using the same methodology, estimated the economic cost of drug abuse at $76 billion in 1991, up more than $30 billion from the $44 billion estimated for 1985.[3] The U.S.C. study estimates that drug abuse costs will reach $150 billion by 1997 if current trends continue. The four primary contributors to the increase in economic costs from 1985 to 1991 were (1) emergency room and other medical costs, (2) increased incidence of HIV/AIDS, (3) increased criminal activity, and (4) lost productivity caused by drug use.

The $76 billion in economic costs estimated by the U.S.C. Study includes the value of lost productivity from victims of crime who were unable to work, which is estimated to be $1.3 billion. However, it is necessarily a conservative estimate, since it does not include costs such as lost productivity associated with an individual's own drug use.

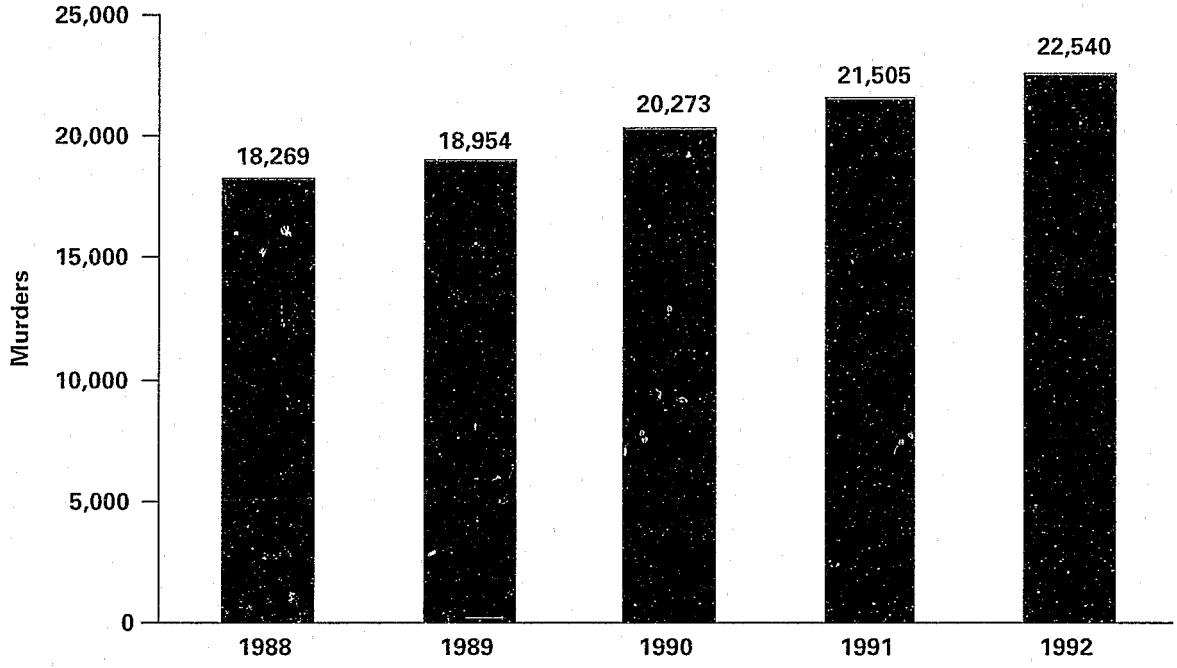
Beyond the economic costs, research has established a clear relationship of drugs to crime and violence. Drug-using offenders are responsible for a disproportionate amount of crime, especially during periods of heavy use. During periods of heavy or addictive use, the frequency and severity of criminal activity rise dramatically. A survey of chronic drug users not in treatment during 1992 found that, during the 30 days prior to enrollment in the study, over 50 percent of both male and female drug users were involved in illegal activity.[4] In addition, 10 percent had income from illegal sources only, and 42 percent had income derived at least in part from illegal sources.

Drug-related criminal activity is one of the main reasons for the substantial growth of the prison and jail populations.[5] According to statistics compiled by the National Institute of Justice's Drug Use Forecasting Program, roughly one-half of the male and female arrestees who participated in the program in 1992 tested positive for cocaine. Clearly, reducing drug use will help reduce crime.[6]

One area where the consequences of drug use and trafficking are readily apparent is in the unprecedented rise in the number of homicides in this country (see Exhibit 1-1). Nationally, the number of homicides has risen steadily since the mid-1980's. Statistics on drug-related homicides are not currently available, but there is strong evidence of a significant link between homicides and the drug trade. One expert found that, of 414 homicides that occurred in New York City between March 1 and October 31, 1988, 53 percent were drug related.[7]

The health costs of drug use are enormous and likely will increase as chronic users seek medical

Exhibit 1-1
Total Murders, 1988–1992



Source: Uniform Crime Reports, Federal Bureau of Investigation

attention for their drug-related problems. An Institute for Health and Aging study estimates the economic cost associated with medical services for drug users to be $3.2 billion.[8] Another study estimates that substance abuse (including alcohol and tobacco use) accounted for $4.1 billion of medicaid inpatient hospitals costs in 1991, which was 19.2 percent of the total medicaid costs.[9]

Among the fastest growing components of the economic costs of drug use are the direct and indirect costs associated with the spread of infectious diseases among drug users. According to the Centers for Disease Control and Prevention (CDC), almost one-third of the new AIDS cases reported are related directly or indirectly to injection drug use. Injection drug use and sexual contact with injection drug users account for 71 percent of the AIDS cases among adult and adolescent women. The incidence of HIV/AIDS is disproportionately higher in minority communities, and almost 50 percent of the AIDS cases among minorities are related to injection drug use. The trading of sex for drugs or for money to buy drugs is also a major contributor to the spread of HIV/AIDS and sexually transmitted diseases. In fact, according to the CDC, drug use and associated sex-for-drugs activity were major contributing factors to the epidemic of syphilis among adults and congenital syphilis among newborns during 1992.

Drug abuse imposes other costs on society as well. Illicit drug use by pregnant women, for example, shows a high correlation with medical complications for both the mother and her child during and after pregnancy. National data on the incidence of drug use by pregnant women are not available, but it is estimated that each year 100,000 to 300,000 infants are born who have been exposed to illicit drugs in utero. A recent study of women giving birth in California found that 5.2 percent of mothers in that State tested positive for illicit drug use just prior to delivery.[10] Drug-exposed infants have lower birth weights and more health problems at birth than other infants. These problems contribute to health care costs through longer hospital stays and enhanced medical services.

The Office of National Drug Control Policy (ONDCP) recently conducted a study to determine how much money is spent on illegal drugs that otherwise would support legitimate spending or savings by the user in the overall economy, and the findings were astounding. ONDCP found that, between 1988 and 1991, the annual retail trade in illicit drugs amounted to between $45 billion and $51 billion. In 1991 Americans spent about $49 billion on these drugs, broken down as follows: $30 billion on cocaine, $9 billion on heroin, $8 billion on marijuana, and $2 billion on other illegal drugs and legal drugs used illicitly.[11] This spending is 9 percent higher than the $45 billion spent in 1990. Comparatively speaking, to show just how substantial this spending is, in 1990 Americans spent $19 billion for books of all varieties; $28 billion for toys and sports supplies; and $53 billion for visual and audio products, computer equipment, and musical instruments.[12]

Economic costs also fall on governments, which must allocate additional resources for social services and law enforcement to deal with the problems of drug use. A recent survey found that State and local governments spent $15.9 billion on drug control activities in Fiscal Year (FY) 1991,[13] an increase of nearly 13 percent over FY 1990. The total Federal budget for drug control activities in that same year was $11.0 billion (including Federal grants totaling $3.2 billion in support of State and local government drug control spending).

THE DRUG USER POPULATION

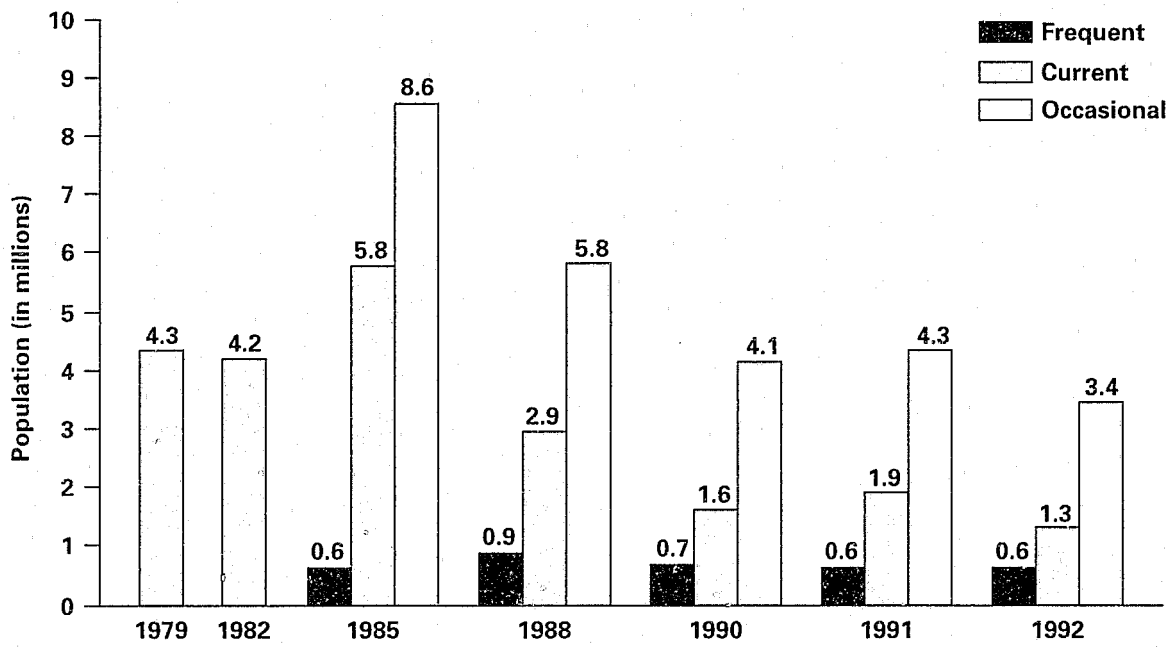
The most widely used surveys of drug use are the National Household Survey on Drug Abuse (NHSDA) and the Monitoring the Future (MTF) survey (also known as the High School Senior Survey). The NHSDA provides information on drug use patterns and trends among the American household population age 12 and older, including people living in noninstitutional group quarters and the homeless who are in shelters. It does not include military personnel, those incarcerated in jails and prisons, and those in residential treatment facilities. The MTF survey provides information on drug use patterns and trends among high school seniors, and recently among 8th and 10th graders, for schools throughout the contiguous United States. This survey also encompasses American college students and young adults in their twenties and early thirties who are high school graduates. Both the NHSDA and the MTF survey are reliable sources of information about casual drug use.

According to the NHSDA, casual drug use is down significantly. Current (30-day) use of any illicit drug in 1992 fell by 21 percent, from 14.5 million users in 1991 to 11.4 million in 1992. Current use of marijuana also fell substantially, decreasing from 11.6 million in 1988 to 9.0 million in 1992. Exhibit 1-2 shows the progress in reducing cocaine use in households over the 1988 to 1992 time period. Here the results are dramatic. For example, "occasional" use (within the past year but less often than monthly) dropped, from 5.8 million users in 1988 to 3.4 million users in 1992—a 41-percent decline. Current (monthly) cocaine use dropped 55 percent, from 2.9 million users in 1988 to 1.3 million users in 1990. However, frequent (weekly) use of cocaine, as measured by the NHSDA, has changed little since 1985 (650,000 users in both 1985 and 1992).

The MTF survey also showed important progress through 1991 in rates of use of marijuana, cocaine, amphetamines, and a number of other drugs among American high school students, college students, and young adult high school graduates. However, the 1992 survey found evidence of increased use of marijuana, hallucinogens, cocaine, and stimulants among eighth graders (see Exhibit 1-3).[14] This increase among the youngest respondents surveyed, coupled with evidence of relaxing attitudes about the harmfulness and acceptability of drug use, does not bode well. There was also evidence of slippage in such attitudes and norms among high school seniors, presaging increases in use among that population. Indeed, in 1993 the use of a number of drugs—including marijuana, inhalants, stimulants, LSD (lysergic acid diethylamide), and hallucinogens other than LSD—was up in nearly all grade levels. While the findings from the 1993 survey are not yet available for either the college student or

Exhibit 1-2

Frequent,[1] Current,[2] and Occasional[3] Cocaine Use: United States, 1979[4]–1992



1 Weekly use
2 Past month use
3 Less than monthly use
4 Data are not available for frequent and occasional use for 1979 and 1982

Source: National Household Survey on Drug Abuse, National Institute on Drug Abuse (1979-1991); Substance Abuse and Mental Health Services Administration (1992)

young adult samples, these populations have already shown some evidence of a reversal, with some increases in marijuana and LSD use in 1992.

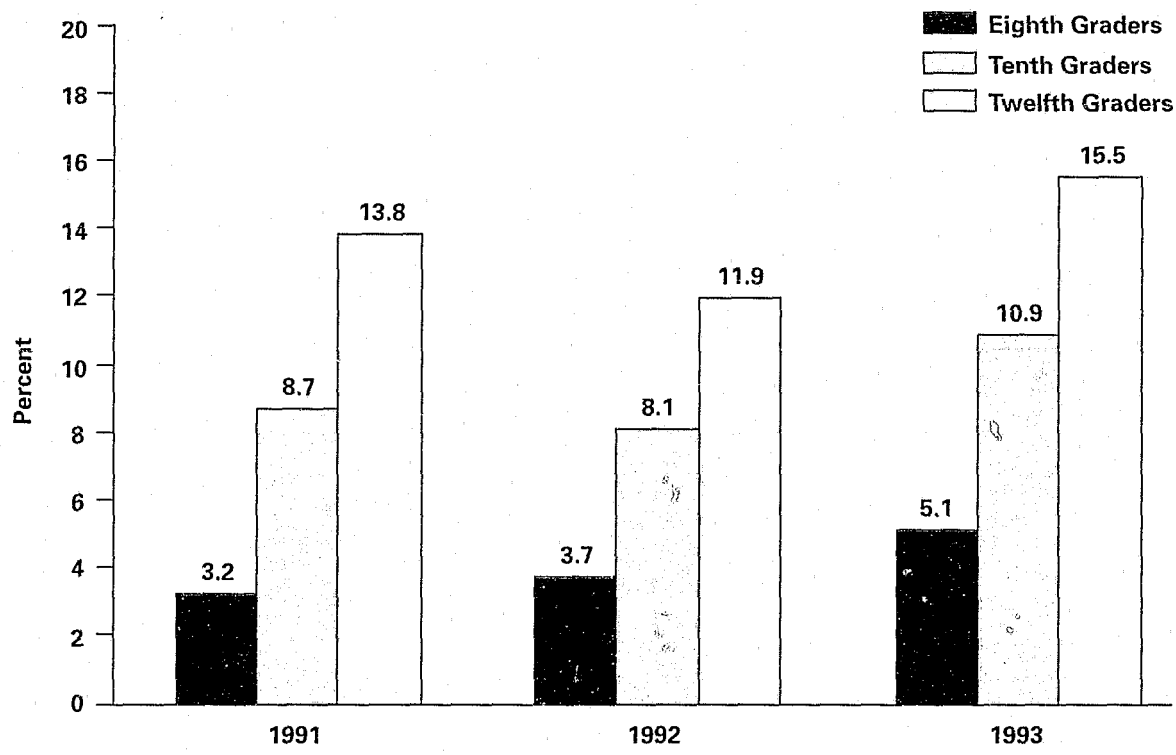
The Administration recognizes the serious problem represented by increased use in both the 1991–92 and 1992–93 school years and has called for an emergency meeting in early 1994 to bring together drug prevention experts both within and outside the Federal Government to develop a national plan to turn this trend around.

However, existing drug use and consequence indicator systems have failed to provide all the information that is needed about the size, location, and characteristics of the drug-using population. All systems suffer from the failure to represent one aspect of drug use adequately—hardcore drug use. Recent research suggests that hardcore users consume the bulk of illicit drugs; therefore, the lack of knowledge about them cannot be taken lightly.[15]

The best estimates available suggest that hardcore (weekly) drug use remains firmly entrenched. The Drug Abuse Warning Network, a system that collects information on patients seeking hospital emergency room treatment related to their drug use, reported record levels of cocaine- and heroin-related emergency room visits in 1992 (see Exhibit 1-4).[16] Cocaine-related emergencies increased from an estimated 101,200 in 1991 to 119,800 in 1992, with individuals ages 26 to 34 having the highest rate of visits. Cocaine-related emergencies doubled among those age 35 and older between 1988 and 1992, making this age group the fastest

Exhibit 1-3

Past Month Use of Marijuana by 8th, 10th, and 12th Graders, 1991–1993



Source: Monitoring the Future Survey of 8th, 10th, and 12th Grade Students, Institute for Social Research, University of Michigan

growing group seeking medical services at emergency rooms for drug-related health problems. The major reasons offered by users for seeking medical assistance were need for detoxification, unexpected drug reaction, and chronic health effects of drug use.

Heroin-related hospital emergencies rose by 34 percent in 1992, from 35,900 in 1991 to 48,000 in 1992. During the same time period, the number of heroin-related emergencies increased for every adult age group, especially among those age 35 and older. As was the case for cocaine-related emergencies, the rate of heroin-related emergencies was highest among those ages 26 to 34.

Overall estimates indicate that there are about 2.1 million hardcore cocaine users and about 600 thousand hardcore heroin users.[17] These levels are essentially unchanged from 1988, despite some expansion in treatment slots during the same period.[18] This is not to suggest that treatment is ineffective: some of the many casual users in the late 1980's probably progressed to hardcore use in numbers sufficient to offset the number of existing hardcore users who either ended their addiction or reduced their use sufficiently to no longer be considered hardcore users.[19] This is, of course, an empirical question that cannot be answered definitely using existing data systems.

TREATMENT SYSTEM ADEQUACY

Substance abuse treatment can reduce hardcore drug use and its consequences to both users and society. Recent estimates suggest that as many as 2.5 million users could benefit from treat-

ment, but only about 1.4 million users were treated in 1993. Largely as a result of inadequate public funding, approximately 1.1 million users did not have the opportunity to receive treatment.[20]

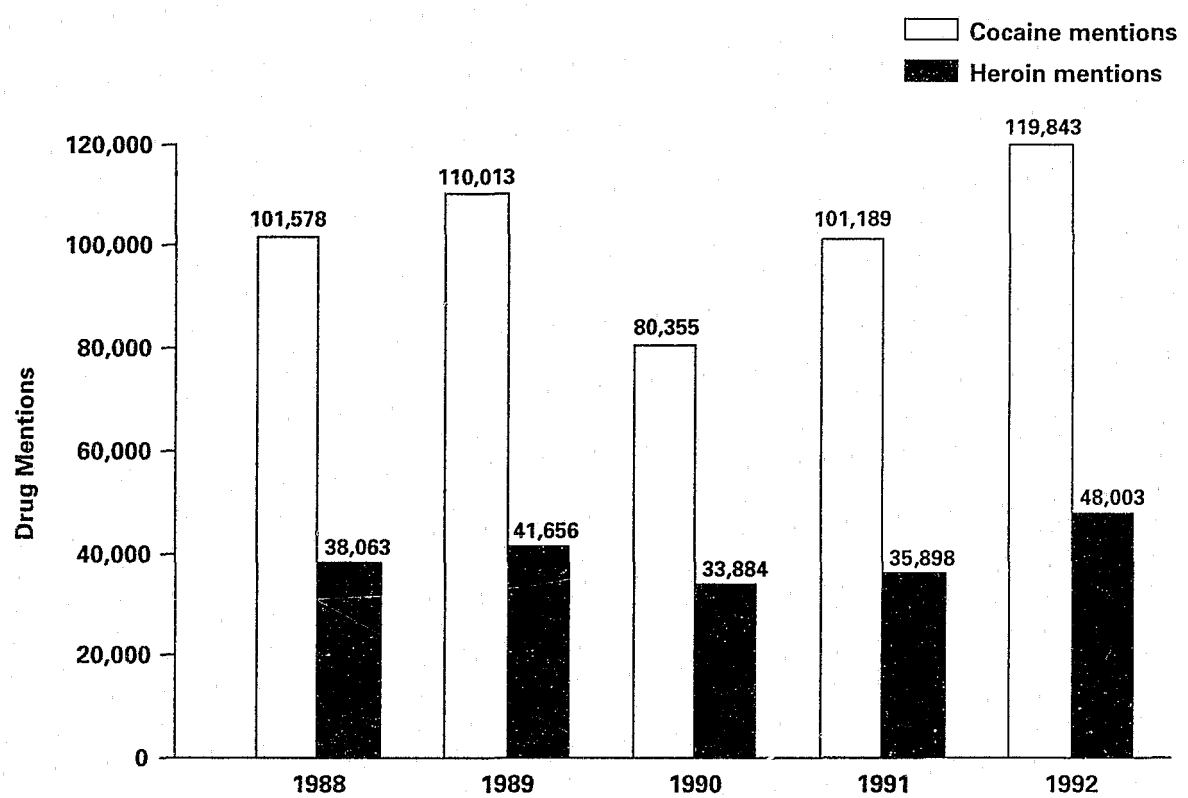
REDUCING ILLICIT DRUG PRODUCTION AND AVAILABILITY

The Department of State's *1993 International Narcotics Control Strategy Report* (INCSR),[21] a congressionally mandated report, provides information on, among other things, cocaine and illicit opium production. According to the INCSR, total hectares[22] of coca cultivation peaked in 1990 at 220,850 hectares. The 1992 level of 217,808 hectares is only 1 percent less than this peak level. It is estimated that this 1992 cultivation had the potential to produce 955 to 1,165 metric tons of cocaine hydrochloride (HCL), or pure cocaine. Increases in the potential amount of cocaine produced are expected in future years for two reasons: (1) in reaction to increased law enforcement pressures, traffickers have adopted more efficient means of cocaine production and (2) younger coca plants in Peru now are starting to mature and reach higher productive capacity. Fortunately, changing conditions in source and transit countries provide the opportunity to address illicit drug production more aggressively than ever before, because without such efforts, the prospect of declines in production is bleak.

But how much of the total potential cocaine production was available for consumption in the United States in 1992? To answer this question, ONDCP developed a model that begins with INCSR estimates of coca leaf production and ends with an estimate of the amount of cocaine reaching the United States (after accounting for various

Exhibit 1-4

Cocaine and Heroin Mentions in Drug-Related Emergency Room Episodes, 1988–1992



Source: Drug Abuse Warning Network, National Institute on Drug Abuse (1988-1991); Substance Abuse and Mental Health Services Administration (1992)

losses along the way).[23] According to the model, potential cocaine availability in 1992 was estimated to range from 255 to 430 metric tons.[24] Further, it was estimated that U.S. drug users consumed about 300 metric tons of this potentially available supply.[25] Exhibit 1-5 shows the relationship between estimated potential cocaine production and estimated availability of cocaine in the United States.

The average purity of cocaine at the retail level has remained high for several years, averaging 64 percent in 1992. Domestic retail prices, adjusted for purity, declined steadily throughout the 1980's but increased temporarily in 1990 (most likely because of reduced availability; see Exhibit 1-5).[26] Since 1990, however, cocaine prices have continued to decline and cocaine has remained readily available. Cocaine will continue to remain readily available if efforts to curb production and check the flow of cocaine to the United States are unsuccessful.

Reliable estimates of heroin availability in the United States do not exist, but most drug experts believe that availability is increasing. Much is known about opium production: According to the 1993 INCSR, total worldwide illicit opium cultivation has exploded since the mid-1980's; it increased 152 percent in 7 years, from 1,465 metric tons in 1985 to 3,689 metric tons in 1992. (Although Colombia recently has seen a marked increase in opium poppy cultivation, successful eradication efforts and a lack of processing laboratories have kept most of that production from reaching drug users.)

The U.S. heroin market is dominated by high-purity heroin from Southeast Asia (i.e., Burma, Laos, and Thailand). Heroin also is available from Southwest Asia and the Middle East (i.e., Afghanistan, Lebanon, Pakistan, and Turkey) and Latin America (i.e., Colombia, Guatemala, and Mexico). Southeast Asia accounted for almost 70 percent of the total worldwide potential opium production in 1992, as shown in Exhibit 1-6. According to the Drug Enforcement Administration's Heroin Signature Program, 58 percent of the heroin samples obtained through domestic purchases and seizures came from Southeast Asia, 32 percent from Southwest Asia or Colombia, and 10 percent from Mexico.[27]

Regarding street price and purity, the heroin available now is more pure than it was a decade ago. Heroin purity at the street purchase level increased from 7 percent in 1982 to 35 percent in 1992, indicating increased availability. Adjusted for changes in purity, heroin prices plummeted until 1990 but increased slightly thereafter. Law enforcement agencies often view an increase in the price of an illicit drug as a result of successful law enforcement operations aimed at trafficking organizations. In this case, the increase in the price of heroin—in the face of the belief that availability is on the rise—could signal an increase in demand. In other words, this increase in price may be evidence of increased heroin use.

Regarding the availability of other drugs, marijuana—the most commonly used illicit drug in the United States—is showing signs of making a comeback. Reports from street ethnographers, police, and treatment providers—buttressed by the MTF survey—suggest that marijuana use was up in 1993. There is also evidence to suggest that hallucinogen use is on the rise and that availability is increasing in a number of States.

IMPROVING DRUG-RELATED DATA AND ANALYSIS

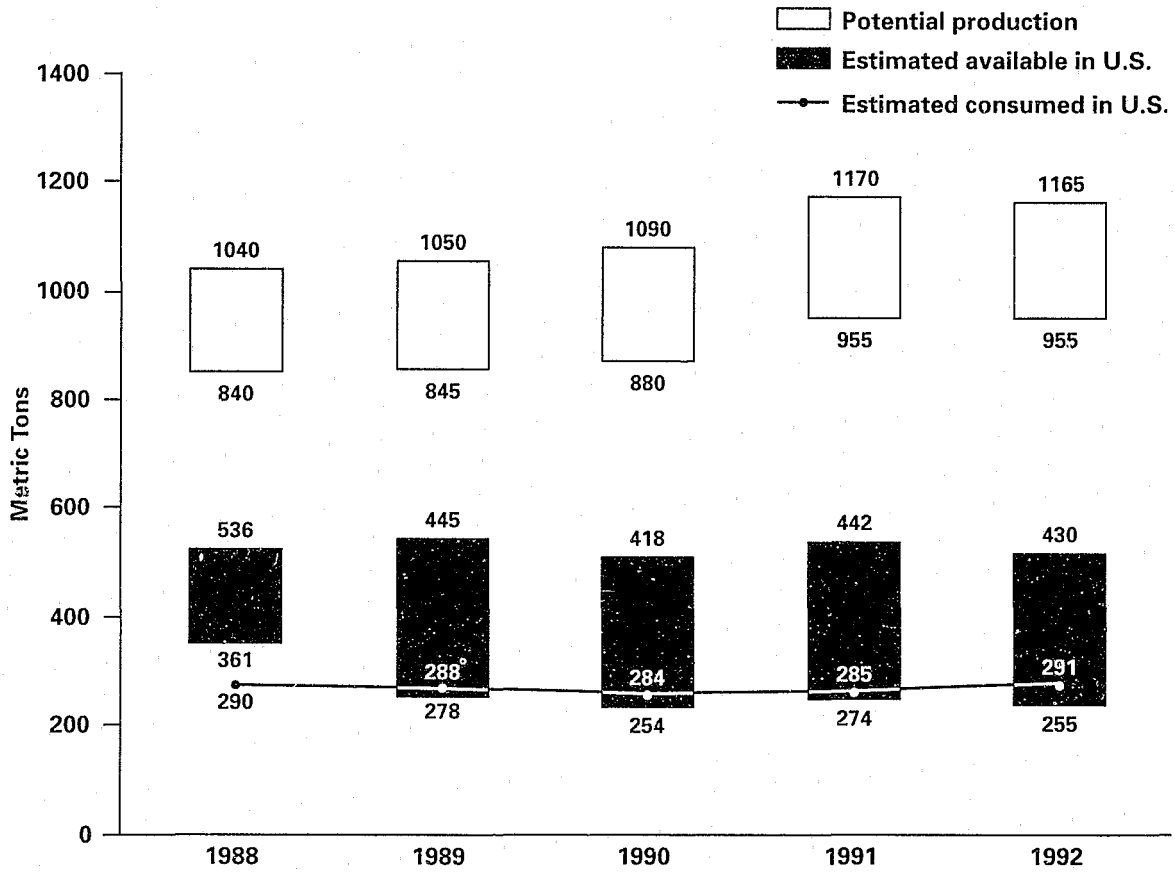
The scope, timeliness, and quality of existing information are of central importance to the assessment of the current drug situation. As the U.S. General Accounting Office notes,

> Policymakers, researchers, and planners must have accurate drug use information if they are to properly assess the nation's current drug prevalence patterns and trends, substance abuse clinical resource needs, criminal justice intervention initiatives, and overall success in winning the war on drugs.[28]

ONDCP is taking a number of steps to improve data collection. First, ONDCP has developed an early information system to monitor changes in

Exhibit 1-5

Potential Worldwide Cocaine Production and Estimated Amount Available and Consumed in the United States, 1988–1992



Note: Data for potential production and estimated amount for consumption in the United States are range estimates, data for estimated consumption in the United States are point estimates.

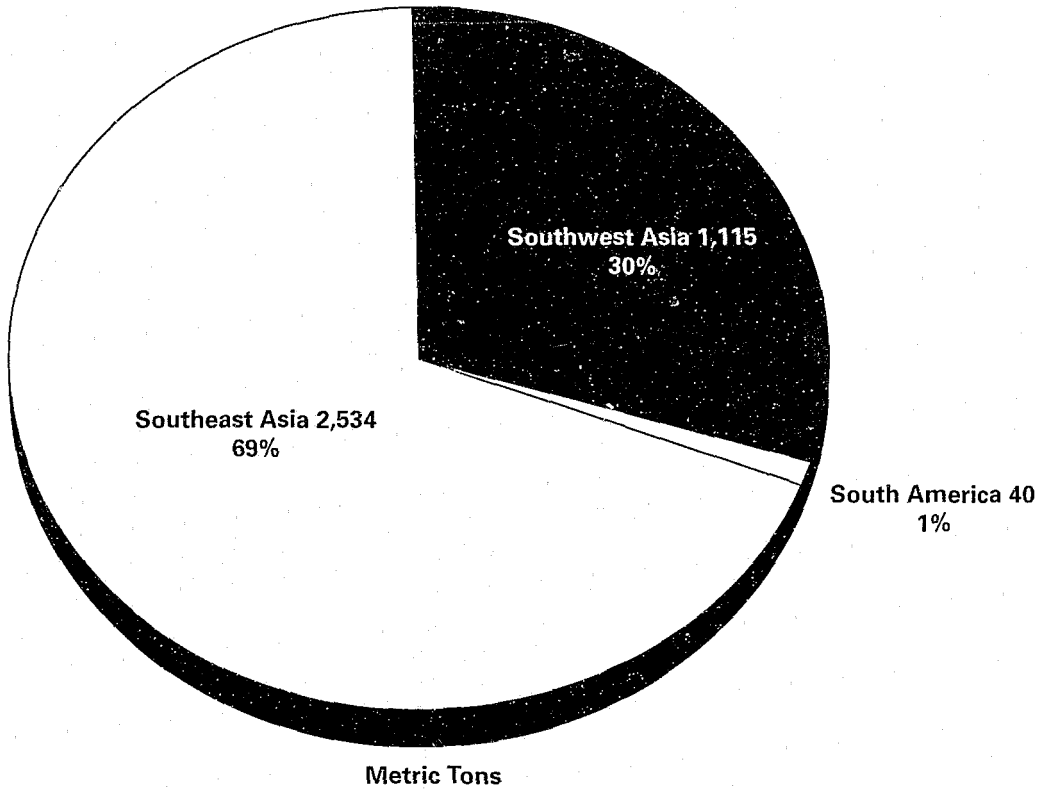
Source: *International Narcotics Control Strategy Report*, 1992, Department of State; Abt Associates, under contract to ONDCP; Rand Corporation, work in progress for ONDCP

drug use. This system, known as "Pulse Check," draws quarterly upon a network of street ethnographers, police officials, and treatment providers, who gather timely and focused drug information.[29] This monitoring system was established primarily to track trends in heroin use but has been broadened to include other drugs and information or treatment utilization. It suggests that heroin use is on the rise, principally among existing heroin users and former heroin users who are being enticed back into heroin use because of its relatively low price and high purity. The system also has revealed evidence that (1) polydrug users are increasing their use of heroin and (2) there has been a reemergence of marijuana and LSD use.

Second, ONDCP and SAMHSA have initiated the Heavy User Survey Pilot Study. This 2-year project will test the efficacy of a new data collection technique to estimate the number, characteristics, and location of hardcore drug users. This project has been undertaken to learn more about hardcore drug users in terms of their total number, location, characteristics, and patterns of use. Such information will be valuable for efforts to fine-tune policies and programs aimed at reducing drug use and its consequences to users and society.

Third, to improve the relevancy for policy purposes of all drug-related information systems,

Exhibit 1-6
Worldwide Potential Opium Production by Major Producing Area, 1992



Source: *International Narcotics Control Strategy Report*, 1992, Department of State

ONDCP has undertaken inventories and assessments of systems used to measure international drug prevalence. ONDCP is also engaged in work to identify ways to use existing drug data both more effectively and creatively at the national, State, and local levels to explore drug policy issues. This work should be completed in spring 1994.

Finally, ONDCP will convene the Research, Data, and Evaluation (RD&E) Committee in 1994. Among other activities, the RD&E Committee will review, monitor, and coordinate Federal research, data collection, and evaluation activities and recommend options to improve current data collection efforts. (See Appendix A for a more detailed discussion of the RD&E Committee.)

ENDNOTES

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

2 Rice, D.P. Unpublished data, Institute for Health and Aging, University of California at San Francisco, CA 94143-0612, n.d., cited in *Substance Abuse: The Nation's Number One Health Problem, Key Indicators for Policy*, prepared for the Robert Wood Johnson Foundation, Princeton, NJ, October 1993, p. 16.

3 Parsons, C., and Kamenca, A. *Economic Impact of Drug Abuse in America*, Bernard and Ellen Simonsen Fellowship Project, Graduate School of Business, University of Southern California, 1992.

4 Needle, R.H., et al. *Drug Procurement Practices of the Out-of-Treatment Chronic Drug Abuser*, National Institute on

Drug Abuse for the Office of National Drug Control Policy, September 1993.

[5] According to the Bureau of Justice Statistics, 79 percent of State prison inmates surveyed in 1991 had used drugs (50 percent in the month before their offenses), and 31 percent were under the influence of drugs when they committed their offenses. Seventeen percent committed their offenses to get money to buy drugs. (Bureau of Justice Statistics. Survey of State Prison Inmates 1991, NCJ-136949, March 1993.)

[6] National Institute of Justice. *Drug Use Forecasting: 1992 Annual Report—Drugs and Crime in America's Cities*, Washington, DC: Office of Justice Programs.

[7] Goldstein, P.J., et al. "Crack and Homicide in New York City, 1988: A Conceptually-Based Event Analysis," *Contemporary Drug Problems*, Winter 1989.

[8] Rice, D.P. Unpublished data, Institute for Health and Aging, University of California at San Francisco, CA 94143-0612, n.d., cited in *Substance Abuse: The Nation's Number One Health Problem, Key Indicators for Policy*, prepared for the Robert Wood Johnson Foundation, Princeton, NJ, October 1993, p. 39.

[9] See Merrill, J. *The Cost of Substance Abuse to America's Health Care System, Report 1: Medicaid Hospital Costs*, Center on Addiction and Substance Abuse, Columbia University, 1993.

[10] See Vega, W.A., et al. *Profile of Alcohol and Drug Use During Pregnancy in California*, 1992, report submitted to the State of California, Department of Alcohol and Drug Programs, 1993.

[11] Rhodes, W., Scheiman, P., and Carlson, K. *What America's Users Spend on Illegal Drugs*, 1988-1991, Abt Associates, Inc., under contract to the Office of National Drug Control Policy, February 1993.

[12] Bureau of the Census. *Statistical Abstract of the United States 1992*, Washington, DC: Government Printing Office, 1993, p. 235.

[13] U.S. Bureau of the Census. *State and Local Spending on Drug Control Activities: Report from the National Survey of State and Local Governments*, survey conducted for the Office of National Drug Control Policy, December 1993.

[14] Johnston, L.D., O'Malley, P.M., and Bachman, J.G. *National Survey Results on Drug Use from the Monitoring the Future Study*, 1975-1992 (2 volumes), Rockville, MD: National Institute on Drug Abuse, 1993.

[15] The RAND Corporation estimates that heavy drug users constitute about 20 percent of the cocaine user population but account for roughly two-thirds of total cocaine consumption. (RAND Corporation. *Controlling Cocaine: Supply vs. Demand Program*, Draft Work in Progress for the Office of National Drug Control Policy, July 1993.)

[16] U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies. *Estimates from the Drug Abuse Warning Network*, Advance Report No. 4, September 1993.

[17] Rhodes, W., Scheiman, P., and Carlson, K. *What America's Users Spend on Illegal Drugs*, 1988-1991, Abt Associates, Inc., under contract to the Office of National Drug Control Policy, February 1993.

[18] A treatment slot is an opening in a treatment program. According to Government estimates (see Table D-6 in Appendix D), the number of treatment slots has increased since 1988. However, at the same time, the number of people served by the treatment system is estimated to have declined. This has occurred because those entering treatment since 1988 have required more intensive services and longer lengths of stay.

[19] It is estimated that as many as one-fourth to one-third of the number of casual users at any given time could transition to hardcore use. See *Understanding Drug Treatment*, Office of National Drug Control Policy, June 1990, p. 4.

[20] This estimate is based on an analysis, performed by the Substance Abuse and Mental Health Services Administration's Office of Applied Studies, of the treatment system using data from NHSDA and from reports by treatment providers on the number of treatment episodes. The estimate of 1.1 million users who did not receive treatment in 1993 may be conservative, because (1) the NHSDA is known to undercount the number of hardcore drug users and (2) clients with multiple treatment episodes may be undercounted and thus total (unique) clients overcounted because providers generally do not report repeat treatments.

[21] This report, prepared annually by the State Department, is designed to provide the President with information on steps taken by drug-producing countries to combat drug production, drug trafficking, and money laundering. The report provides country estimates of crop production, crop yield, and indigenous consumption. Crop estimates reflect potential yield and not true production. The next INCSR is scheduled for release April 1, 1994.

[22] A hectare is a metric unit of area equal to 2.471 acres.

[23] This model was developed by the RAND Corporation and modified by Abt Associates, Inc., under contract to the Office of National Drug Control Policy. A discussion of the model is included in Rhodes, W., Scheiman, P., and Carlson, K. *What America's Users Spend on Illegal Drugs*, Abt Associates, February 1993.

[24] The model computes the inputs and outputs at several different steps in the processing of cocaine. Basically it begins with the INCSR estimate of the land area under cultivation and allows for losses from eradication, source country consumption, and seizures (in both source and transshipment countries). An estimate of the amount available for the U.S. market is derived after subtracting amounts seized by Federal authorities and shipments of cocaine to other countries. Estimates from this model will be improved once the results of Project Breakthrough become available. Project Breakthrough led by the Drug Enforcement Agency is a multiagency research project to determine coca base yield in the Andean countries. The project will determine the leaf yield per coca plant, the usable cocaine alkaloid per leaf, and the ability of illicit cocaine laboratory operators to extract coca base.

[25] The estimates of consumption and availability are related in the following ways. First, the availability estimate is based on potential cocaine production, as estimated by the INCSR, which assumes that all cultivation is used to produce pure cocaine. To the extent that cocaine HCL is not produced from potential cultivation, cocaine availability as derived using this information is over estimated. Second, estimated availability does not exclude losses from State and local law enforcement seizures.

[26] Abt Associates, Inc., and BOTEC Corporation each has developed for ONDCP a price series for cocaine, heroin, and marijuana. Each price series is based on two Drug Enforcement Administration (DEA) data sources that are used for law enforcement purposes but also have application in developing long-term price trends. These systems include the DEA's Domestic Monitor Program, which provides extensive data about heroin prices and purities, and the DEA's System to Retrieve Information from Drug Evidence.

[27] Drug Enforcement Administration. *The NNICC Report, 1992: The Supply of Illicit Drugs to the United States*, National Narcotics Intelligence Consumers Committee, September 1993, p. 18.

[28] U.S. General Accounting Office (GAO). *Drug Use Measurement: Strengths, Limitations, and Recommendations for Improvement*, Washington, DC: GAO, GAO/PEMD-93-18, 1993, p. 8.

[29] Abt Associates, Inc., produces Pulse Checks quarterly under contract to ONDCP. (Office of National Drug Control Policy. *Pulse Check*, unpublished memorandums.)

II. Treating America's Drug Problem

Treating America's drug problem must start with an aggressive effort to finally break the cycle of hardcore drug use. Drug dependence is a chronic, relapsing disorder characterized by a strong desire or craving for drugs. Such dependence is difficult to extinguish once it has been established. Hardcore drug users often suffer extreme physical, psychological, emotional, economic, and social pain and are, in many ways, removed from society. Their addiction affects not only them, but their families, friends, and all of society. But even the chronic or hardcore user can successfully travel the path to recovery if that path is properly illuminated. It is the intention of this *Strategy* to finally take the steps that are needed to illuminate that path and to remove as many of the pitfalls as possible so that, in the end, the individual, familial, and societal costs of drug use are reduced and the dismal cycle of drug abuse is broken for as many as possible.

The *1994 National Drug Control Strategy* proposes an increase of $355 million to expand treatment opportunities for these hardcore users—the largest such effort to date. Providing treatment is both a compassionate and pragmatic course of action. According to the National Institute on Drug Abuse (NIDA), every dollar spent on drug treatment saves $7—$4 in reduced costs to the public and $3 in increased productivity.[1] Drug-using offenders are also responsible for a disproportionate amount of crime, and the frequency and severity of their criminal activity rises dramatically during periods of heavy or addicted use.

Although most recent concern with violence has understandably focused on the brutality attendant to drug trafficking and the weapons involved, there is long-standing evidence that heavy drug use itself spawns violent behavior. This was underscored by a recent PRIDE (Parents' Resource Institute for Drug Education) survey of over 10,000 middle and high school students in a large urban school district; the survey demonstrated that drug users were 3 to 20 times more likely than nonusers to carry guns to school. Preliminary analysis of survey data suggests similar correlations between drug users and gang activity, threatening behavior, and teen suicide.[2] A survey of hardcore drug users not in treatment in 1992 found that more than 50 percent were involved in illegal activity during the 30 days prior to their participation in the survey; 10 percent derived their income solely from illegal sources. Recent detailed studies of violent crime and homicide have found about 50 percent to be in some way drug related.[3]

Fortunately, entry into drug treatment has been shown to have an immediate impact on the levels of drug use and associated crime, while retention in drug treatment has an even greater impact. Major longitudinal studies have shown repeatedly that drug use and criminal activity decline upon entry into treatment and remain below pretreatment levels for up to 6 years after completion of treatment. Studies of opiate addicts found an average reduction in daily narcotics use of 85 percent during treatment and a 40-percent decrease in property crime. A related study of eastern seaboard cities found that the number of annual "crime days" (i.e., days criminally active) per treatment participant dropped from 307 days the year before treatment to about 21 days after 6 months in treatment—a 93-percent reduction. A recent study of methadone treatment participants in the Midwest found a 75-percent reduction in

criminal activity for all entrants and an 85-percent reduction for those who remained in treatment for 1 year.[4]

Treatment programs designed to deal directly with violence are showing promise. One example is the Violence Interruption Program of Chicago's Treatment Alternatives to Street Crime (TASC). The program attempts to break the cycle of drug use and violence among young male and female drug users and gang members through intensive training and counseling conducted in a day reporting program.

An example of a large-scale comprehensive program to link treatment of hardcore users and criminal justice is the Texas Criminal Justice Treatment Initiative. Begun in 1991 and still in the early stages of implementation, this prison-based effort incorporates assessment, treatment, and transition to the community with strong offender management to avoid relapse and recidivism.

The Administration will continue to support drug treatment as a means to reduce crime and violence by promoting strong linkages between treatment and the criminal justice system, supporting aggressive outreach to get hardcore users into treatment, ensuring strong management and monitoring to foster treatment retention, and demonstrating interventions designed specifically for those at risk of violence.

Final passage of the crime bill will help foster drug treatment, drug testing, graduated sanctions, and offender management programs as integral parts of the criminal justice response to drugs. The criminal justice system will be better linked to treatment services to ensure the safe and effective reentry of drug-using offenders into the community and to reserve prison space for those who represent a threat to public safety. Through TASC and TASC-like management programs, courts will be able to divert users into treatment, monitor treatment progress, and condition either pretrial release or probation on participation in drug treatment. In concert with corrections officials, courts can secure needed treatment for those who must be incarcerated and ensure proper transition and community treatment and supervision for those released from prison or jail programs of "coerced abstinence." These programs need to include swift and sure sanctions, including return to prison and mandatory treatment if an offender lapses into renewed drug use.

Just as the criminal justice system provides many opportunities to identify and offer treatment interventions to drug-using offenders, the justice system on a broader scale, provides multiple opportunities to link drug users to treatment services. Hardcore users often encounter noncriminal legal problems that end up in traffic, divorce, family, domestic, and other noncriminal courts. The *Strategy* supports efforts to identify and treat heavy drug-using adults and juveniles who come into contact with the justice system through both noncriminal and criminal courts.

TARGETING DRUG TREATMENT TO POPULATIONS MOST IN NEED

Expanded treatment capacity will be targeted to those areas and populations most in need and will include support for the provision of vocational and support services as well as training for treatment program staff. Certain populations have had limited opportunities training for treatment, have faced numerous practical obstacles to treatment entry and retention, or have been difficult to reach. Thus, while maintaining support for effective existing programs, the *Strategy* will target new and existing treatment resources to address the problems of underserved and priority populations such as low-income citizens, pregnant addicts, addicted women, adolescents within the criminal justice system, and injecting drug users.

As a related matter of national policy, the Administration will continue to press for a health care reform package that emphasizes preventive care, especially for women, young mothers, and children. A companion public health initiative will target prevention, education, and treatment initiatives for those communities most in need to help them reestablish a stable and productive environment for their citizens.

The Department of Health and Human Services (HHS) will work with State substance abuse agencies and service providers to increase outreach efforts and comprehensive treatment services to substance abusing women, including homeless women. HHS also will provide comprehensive treatment services to children of substance abusing women.

EXPANDING THE CAPACITY TO TREAT DRUG USERS

Recent estimates suggest that as many as 2.5 million users could benefit from treatment. Most (about 2.1 million) are addicted to cocaine, especially crack-cocaine, often in combination with other illegal drugs and alcohol. Finally, heroin—the nemesis of previous decades—now claims about 600,000 addicts and has been showing signs of a potential comeback.

Not every user needs long-term treatment. For some, testing and monitoring are enough;[5] for others, self-help groups have proven effective. But the majority of addicts and hardcore users need intensive, continuous, and often long-term help. Currently the treatment system does not have the capacity to provide treatment for all who need it. Today the capacity is available to treat roughly 1.4 million drug users—1.1 million fewer than the total in need of treatment. Although most people who need treatment do not actively seek it, if everyone who needs and could benefit from treatment were to seek it this year, the treatment system could only serve about 60 percent.

The budget proposed to carry out this *Strategy* will add capacity sufficient to treat an additional 140,000 hardcore users next year. This is a significant start, because the provision of intensive treatment to these addicts and hardcore users—offered in concert with targeted prevention and enforcement programs—will begin to reduce the total population in need of treatment. The long-term strategy is to provide additional resources at a rate and in a manner that will best enable the treatment system to expand the delivery of effective services.

BRINGING DRUG TREATMENT SERVICES INTO THE MAINSTREAM OF HEALTH CARE

Health care reform is important to the long-term National Drug Control Strategy, and significant benefits would be provided by the President's proposed Health Security Act. Ultimately substance abuse services should be fully incorporated into the Nation's health care system; this is envisioned, under the Health Security Act, by the year 2001.

Even in its early stages of implementation, the Health Security Act will improve access and remove obstacles to drug treatment. The Health Security Act will extend basic substance abuse benefits to many more Americans than are covered today. Persons with addictive disorders who have frequently been unable to secure health insurance because of preexisting conditions relating to their addiction will no longer be excluded. People who use treatment services will no longer face the lifetime limits common to many policies. The Act also includes, under companion public health initiatives, support for essential activities—such as transportation, outreach, patient education, and translation services—that will remove other barriers to treatment participation.

The substance abuse benefit under the Health Security Act is designed to encourage the most effective treatment in the least restrictive environment (e.g., community-based care rather than inpatient hospital care). To accomplish this, States are challenged to make full, coordinated use of all available treatment resources. The Administration will provide leadership and technical assistance to ensure successful implementation.

Specifically, through initial limits on the number of days and the number of visits and a benefit substitution approach, the Health Security Act will spur treatment programs to implement better assessment, treatment-patient matching, treatment progress monitoring, and transition planning. The Act uses 30 days of inpatient coverage as the annual coverage base and allows the substitution of 1 inpatient day for 2 days of intensive

outpatient treatment or 4 days/visits of outpatient treatment. In this way, the act attempts to contain costly hospitalization and residential care. In addition to controlling costs, it is believed that this approach will inspire the development of skills in planning, management, and evaluation, on which one can base a sound approach to managed care. This will be essential when the substance abuse benefit is expanded in 2001.

These are significant steps. However, health care reform, in its early stages of implementation, cannot be expected to resolve the long-festering problems presented by hardcore and addicted drug users, many of whom need long-term care now and many of whom are in great financial need. For the foreseeable future, it will be necessary to maintain the commitment to public funding of drug treatment.[6]

LINKING EFFECTIVE TREATMENT TO OTHER SOCIAL SERVICES

The goal of expanding treatment also embraces the concept of a comprehensive, integrated approach to treatment services based on a public health model that views drug use, violence, infectious disease, and mental illness as closely related threats to health and welfare. This approach to treatment requires a response to the health, economic, and social aspects of drug use—a response involving a seamless continuum of primary prevention, outreach, intervention, treatment, and recovery support.

The AIDS (acquired immune deficiency syndrome) epidemic—with its spread among drug users, threat to the general population, and demands on the primary health care system—emphasizes the difficulty caused by the separation of drug use treatment from the primary health care system. It is hard to provide services that address both the needs of individual drug users and the public health problem of communicable disease transmission. The recent resurgence in the incidence of tuberculosis and the problem of HIV (human immunodeficiency virus) infection dramatically underscore the interrelationships between drug use and infectious diseases.

Treatment services should include a comprehensive assessment of drug use and overall health, appropriate medical intervention, and case management and patient matching to appropriate levels of care. In addition, services should include HIV testing and counseling, counseling for other sexually transmitted diseases, psychological counseling, life skills education, and assistance in obtaining other needed services (e.g., educational training and remediation, access to secure and drug-free housing, job readiness or employment skills, job placement assistance, transportation, child care, prevention services for children of clients, and followup support). Furthermore, interventions with young people should impart life skills, such as positive conflict resolution, which can channel potentially aggressive behavior into positive peer leadership initiatives.

This strategy reflects an awareness that the social problems stemming from drug use do not fit neatly into separate categories, and neither can efforts to solve these problems. Effective drug treatment and prevention require the broadest possible involvement of community resources. In this regard, recovering Americans offer a substantial resource that has been largely untapped and that can bring special experience, commitment, and sensitivity to treatment and prevention efforts.

EVALUATING TREATMENT: RECOGNIZING EFFECTIVE MEDICATIONS AND MODALITIES

The Administration maintains strong support for drug treatment research, as evidenced by the President's Fiscal Year (FY) 1995 budget request of nearly $265 million. Until recently, there were only two approved medications for drug treatment: (1) methadone, which replaces heroin at the receptor level in the human brain, and (2) naltrexone, which is a narcotic antagonist. However, in 1993, all necessary studies and associated Federal regulations for the approval of LAAM (levo-alpha-acetylmethadol hydrochloride), a longer acting alternative to methadone, were completed. LAAM is administered every 48 hours, unlike methadone, which is administered every 24 hours. Thus, LAAM shows promise in

breaking the drug-seeking habits of persons in treatment and in allowing them to hold jobs or to travel; also, LAAM may prove more acceptable for some patients and less subject to diversion for illicit use. Furthermore, seeing some patients less frequently may make it possible to treat more people with the same amount of staff.

NIDA is completing a clinical trial of buprenorphine, a unique opiate treatment agent, and it has developed a new 30-day dosage form of the narcotic antagonist naltrexone, which is currently under study. New agents that prove effective in treating heroin dependence also will be effective in treating other forms of opiate addiction (e.g., addiction to prescription drugs that are opiate-based). Researchers also have identified several potential medications for treating cocaine and crack-cocaine addiction. NIDA is conducting rigorous clinical trials to determine the usefulness of desipramine, flupenthixol, amantadine, buprenorphine, and other potential agents.

APPLYING THE RESULTS OF RESEARCH: MEETING CLINICAL NEEDS

Research provides the scientific basis for effective drug treatment programs and will further understanding of drug treatment (i.e., its place in the larger health care delivery system; how it is organized, financed, regulated, and delivered; the populations in need and their problems/needs, including access and barriers to treatment; and the range, clinical effectiveness, and cost-effectiveness of treatment outcomes).

The Administration's program of health services research examines such issues as the demand for and the delivery of treatment services, including the costs involved and how access, quality, and outcome of treatment are affected by alternative organizational and manpower configurations for treatment delivery.

For many drugs of abuse, no effective pharmacological agents or medications are available and behavioral therapy is the only treatment. Even when medications are available, they are generally used in conjunction with behavioral strategies. Nonpharmacological treatment research focuses on (1) the development, refinement, and efficacy testing of approaches, such as counseling; (2) related behavioral interventions, such as contingency management; (3) psychotherapy; (4) relapse prevention training; and (5) community and group reinforcement.

A new Behavioral Treatment Research initiative—under which NIDA and the Substance Abuse and Mental Health Services Administration (SAMHSA) will develop, pilot-test, and disseminate promising therapies—is designed to bring more scientific rigor and reliability to drug treatment. Therapies showing promise will be subjected to controlled clinical trials. In turn, those found most effective will be documented and replicated in broader, controlled demonstrations and evaluated at each step. The resulting procedures will be disseminated to the professional community and should provide useful references for resource allocators. This approach is essentially similar to that now taken by the Food and Drug Administration in the approval of new medications. As such, it represents an important step in controlling, evaluating, and disseminating procedures that have often been highly susceptible to variations in delivery and effectiveness in the past.

In a more immediate practical sense, SAMHSA is helping the existing treatment system absorb and apply procedures that have already been demonstrated to be effective. Schools and training programs for health and treatment professionals are receiving technical assistance from HHS to bring treatment staff and programs to a higher level of performance. All physicians and health care professionals must be able to inform their patients about the problems of drug use; professional accrediting organizations and associations should ensure that such knowledge is a prerequisite to accreditation or certification.

EVALUATING TREATMENT: STRENGTHENING PROGRAMS AND APPROACHES

Numerous evaluation programs are beginning to provide practical information. HHS will continue to promulgate treatment protocols and outcome measures for use by all treatment grant recipients in FY 1995. Evaluation of drug treatment in the Bureau of Prisons will be completed in 1995, as will an evaluation of the TASC program; related evaluation of State prison treatment programs will be initiated in 1994. Other evaluations under way include the Job Corps' Drug Treatment Enrichment Program, under which more than 5,000 students have been assessed, with approximately 25 percent of them placed in some level of drug intervention. The evaluation will then compare these students' performances with those of students placed in a less comprehensive program. Another evaluation will study outreach modalities to examine the effectiveness of various types of outreach to heavy users as pathways into drug treatment.

The *Strategy* also promotes program evaluation as an integral part of sound program management. Tools under development for use by treatment providers include a uniform chart of accounts suitable for service providers to determine unit costs. Furthermore, analysis will be available soon from a major national treatment improvement evaluation study, which can provide information about treatment outcomes in innovative treatment settings, such as bootcamps; treatment requirements for hardcore drug users; patient-practitioner matching; and patient-service matching. In addition to receiving technical information and assistance, in 1994 all new HHS drug treatment grantees are required to participate in a national treatment evaluation, which includes collection of assessment, process, and outcome data.

ENDNOTES

1 See *How Drug Abuse Takes the Profit Out of Business*, National Institute on Drug Abuse, Department of Health and Human Services, 1991.

2 Unpublished data from a special study conducted by PRIDE, Inc., 10 Park Place South, Suite 340, Atlanta, Georgia, 1994.

3 See, for example, Needle, R.H., et al. *Drug Procurement Practices of the Out-of-Treatment Chronic Drug Abuser*, National Institute on Drug Abuse for the Office of National Drug Control Policy, September 1993; Ball, J.C. "The Hyper-Criminal Opiate Addict." In Johnson, B.D., and Wish, E. (eds.). *Crime Rates Among Drug-Abusing Offenders: Final Report to the National Institute of Justice*, New York: Narcotic and Drug Research, Inc., 1986; Chaiken, J.M., and Chaiken, M.R. "Drugs and Predatory Crime." In Tonry, M., and Wilson, J.Q. (eds.). *Drugs and Crime*, Chicago: University of Chicago Press: 203-239 1990; Goldstein, P.J. "The Drugs/Crime Nexus: A Tripartite Conceptual Framework," *Journal of Drug Issues*, Fall 1985: 493-506; and Inciardi, J.A., Horowitz, R., and Pottieger, A.E. *Street Kids, Street Drugs, Street Crime: An Examination of Drug Use and Serious Delinquency in Miami*, Belmont, CA: Wadsworth Publishing Company, 1993.

4 See, for example, Anglin, M.D. "Ensuring Success in Interventions with Drug-Abusing Offenders." Paper presented for the conference on the role of treatment and punishment in controlling drug use, Santa Monica, CA, April 1991; Ball, J.C., Corty, E., Bond, H.R., and Tommasello, A. "The Reduction of Injection Heroin Abuse, Non-Opiate Abuse and Crime During Methadone Maintenance Treatment—Further Findings." Paper presented at the Meeting of the Committee on Problems of Drug Dependency, Philadelphia, PA, June 1989; Ball, J.C., and Ross, A. *The Effectiveness of Methadone Maintenance Treatment: Patients, Programs, Services, and Outcomes*, New York: Springer-Verlag, 1991.

5 Numerous studies support the efficacy of testing and monitoring interventions. See, for example, Byrne, J.M., Lurigio, A.J., and Baird, C. "The Effectiveness of the New Intensive Supervision Programs." In Petersilia, J. (ed.). *Research in Corrections*, Vol. 2 Iss. 2. Boulder, CO: National Institute of Corrections, Sept. 1989; Goldcamp, J.S., and Weiland, D. *Assessing the Impact of Dade County's Felony Drug Court*, Washington, DC: National Institute of Justice 1993; and Wish, E.D., and Gropper, B.A. "Drug Testing in the Criminal Justice System." In Tonry, M., and Wilson, J.Q. (eds.). *Drugs and Crime*, Chicago: University of Chicago Press: 321-391, 1990.

6 There are also a number of needs that must be addressed during the transition to health care reform so that the public and private treatment sectors will be integrated when health care reform is fully implemented, such as the training of new counselors and staff and infrastructure development.

III. Protecting America's Children Through Education and Prevention

Educating the youth of this Nation is one of society's most important responsibilities, and nowhere is the need for education greater than to teach children about the dangers of drug use. And while the field of prevention is still developing, there is national consensus for more and better prevention programs targeted to youth. Comprehensive, community-based drug prevention programs are effective in reducing the likelihood that young people will start using drugs, and these programs can lessen the chance that youth will become heavily involved with serious drug use.

The Federal role in drug use prevention includes providing leadership, training, technical assistance, and research; fostering cooperation among Federal, State, and local agencies; facilitating State and local prevention efforts; and providing incentives to encourage States and localities to adopt and implement more effective and/or innovative drug prevention approaches.

The National Structured Evaluation, a nationwide evaluation project mandated by the Anti-Drug Abuse Act of 1988, is near completion, and the principles and critical elements of effective substance abuse prevention programs are beginning to emerge. As part of this study, more than 2,000 drug use prevention programs were screened, and 440 received indepth evaluation. The resulting report will be the most exhaustive study completed to date of what is effective in prevention programming.

Based on this information, the Department of Health and Human Services is developing benchmarks, guidelines, and standards for effective prevention programs, including ideal performance characteristics as well as practical performance indicators of programs and systems. Any existing program will be able to request an assessment against these criteria to measure potential effectiveness and can receive recommendations to stay current with state-of-the-art practices. This should result in several model programs and an increased national understanding as to what is effective drug use prevention.

The reinvigoration and further expansion of the national prevention effort depends upon systematically advancing these evaluation efforts. Although it is important that the Federal Government provide leadership, any lasting progress will require a close partnership with State and local governments as well as with professional societies, private organizations and foundations, educational establishments, business and industry, religious institutions, community associations, and other constituency groups. Contributions by private organizations have been invaluable in the progress of drug use prevention and should be encouraged.

To build on solid information and to make necessary revisions in response to changing circumstances, the Office of National Drug Control Policy will convene a panel of national scholars and experts in substance abuse prevention by mid-1994. This meeting will ensure that prevention will have an increasingly important and visible role in the Nation's demand reduction efforts.

SAFE AND DRUG-FREE SCHOOLS AND COMMUNITIES

Recent surveys of young people's use and attitudes about illegal drugs show that the long-term

decline in drug use among youth may be ending. Use of some drugs—marijuana and hallucinogens such as LSD—among youth actually increased in each of the last 2 school years. Fewer students (of 8th, 10th, and 12th graders) perceived that drug use was harmful in the 1992–93 survey than in the 1991–92 survey.

Some young people are more vulnerable than others. The experiences of drug prevention programs suggest certain ages and/or grade levels at which young people appear most susceptible to first use—the middle school years, the first year of high school, and the first year of college. Supporting young people effectively through these vulnerable periods will require a strong effort by educational institutions and a special attentiveness by parents.

Evaluations of prevention projects conducted under the Drug-Free Schools and Communities Act (DFSCA) are not yet complete. However, given the progress made to date in attacking drug use and in identifying areas that require further work, the Administration strongly supports the reauthorization of the important drug use prevention activities under DFSCA in concert with the violence prevention elements of the Safe Schools Act. The Administration's proposal for the new Safe and Drug-Free Schools and Communities Act incorporates needed improvements in drug prevention programs. The Act also authorizes comprehensive prevention programs that include antiviolence components (e.g., conflict resolution training and other promising antiviolence strategies).

Programs working with young people should be targeted geographically and developmentally. Communities experiencing high levels of poverty and heavy drug use should receive intensive support. Existing antidrug curricula should be age appropriate and should focus special attention on students in the grades shown to be most vulnerable, and programs for students in the directly preceding grades should be intensified. Programs for the years in question should be culturally relevant and enhanced to provide the most appropriate message, the proper level of intensity, and the necessary support.

NATIONAL SERVICE PROGRAM

The President's National Service Program will make a significant contribution to the National Drug Control Strategy through its Summer of Safety and year-round programs. National Service participants will work on programs to enhance school readiness and promote school success; help to control crime by improving community services, law enforcement, and victim services and reducing the incidence of violence; rebuild neighborhoods by renovating and rehabilitating aging housing stock; improve neighborhood environments; and provide better health care in America's communities during their 2 years of service.

At the same time, National Service participants will learn how to work, how to save, how to plan—in short, how to achieve. Such efforts are essential to long-term drug control. Drug abuse prevention research indicates that a key contributor to effective drug prevention is helping at-risk youth bond to societal institutions, including family, positive peers, work environments, schools, and community service organizations.

DRUG-FREE WORKPLACES

Drug use in America's workplaces has serious negative consequences. It threatens worker safety, degrades personal health, and can seriously hinder training effectiveness. Businesses face higher injury rates, spiraling health care costs, and lower productivity and competitiveness in both the domestic and global markets. Drug use in the workplace also decreases the ability of communities to resist drug distribution and use.

The Administration strongly supports efforts to make America's workplaces drug free. It seeks to ensure the effectiveness of Federal drug-free workplace programs, encouraging States, local communities, and private-sector organizations and businesses to implement and maintain comprehensive drug-free programs. Given that about three-fourths of adult men over the age of 16 and more than one-half of adult women in the United States are employed, the workplace has become a key social institution for both earning a living and

for learning positive lifestyles, attitudes, and behaviors.

Effective workplace programs must begin with a policy that clearly states that drug use and alcohol abuse are not acceptable and that includes means to identify and help workers who are engaged in substance abuse. Drug-free workplace programs also should include employee assistance programs; employee education programs, including classes for parents on how to recognize early signs of their children's drug use; supervisor training programs; and substance abuse testing programs in selected workplace environments, particularly those that are safety sensitive. The programs should include strict confidentiality provisions to protect employee records and information regarding substance abuse problems.

The Administration intends to review available data on the workplace to determine what new information may be needed to identify effective workplace programs and understand what makes these programs effective as well as to determine how that information may be generated. Furthermore, to move past the anecdotal information that characterizes much of the workplace discussion, the Administration will initiate necessary research to provide scientific information on the relationship between workplace substance abuse and worker health, safety, and performance.

The Administration also seeks to promote active partnerships between the Federal Government and State governments and with large and small businesses to further the development of drug-free workplaces throughout the Nation. The *Strategy* supports and will promote the broad drug-free workplace recommendations of the President's Commission on Model State Drug Laws.

ALCOHOL, TOBACCO, AND PRIMARY PREVENTION

Success in ending drug use among young people will not be complete until the illicit use of alcohol and tobacco is reduced sharply. Early alcohol and tobacco use is often a strong predictor of illegal drug use. In addition, the behavioral effects of alcohol use have been associated with transmission of HIV (human immunodeficiency virus). Data from recent Monitoring the Future (previously called the High School Senior) Surveys show that alcohol consumption by high school seniors continues to decline but that the number of underage alcohol consumers is still simply too high. Alcohol abuse also is a significant problem at colleges and universities. Recent data also show a departure from the declining trend in tobacco use by teenagers and a decrease in the percentage of high school seniors who disapprove of smoking.

All States recognize the dangers attendant to early alcohol use and have made the purchase of alcohol illegal for those under 21 years of age. To make this policy effective, States and localities must eliminate legal loopholes and enforce laws related to the consumption, sale, and promotion of alcohol. States should review and, where necessary, adopt the policies, procedures, and legislation set forth by the President's Commission on Model State Drug Laws. These are intended to restrict the promotion and availability of alcohol to youth by improving the effectiveness of State laws and local ordinances.[1]

Federal prevention strategies must continue to provide up-to-date information and educational approaches targeted to young people. The Departments of HHS, Education, Transportation, and the Treasury will continue to place priority attention on the seriousness of underage use of alcohol and to include the prevention of alcohol use in their activities. In addition, these agencies will continue to provide information and material to help eliminate the sale of alcohol to those under 21 years of age and to prevent young people from using alcohol. Furthermore, the Departments of HHS and Transportation will continue their drunk- and drugged-driving initiative to deter young drivers from substance use.

The alcohol and tobacco industries should be cognizant of the adverse effects of marketing campaigns that target ethnic and minority groups and young people in general. In addition to reviewing their advertising and promotional practices, the industries are encouraged to work with prevention

organizations to devise effective strategies against underage drinking and smoking and against underage sales of their products.

Parents also play a critical role by setting the rules for their own homes, by reaching agreements with the parents of their children's friends, by demanding strong policies in the schools, and by demanding compliance with the law by local merchants.

PREVENTION RESEARCH

Drug prevention research indicates that prevention strategies can successfully prevent adolescent drug use onset and progression. Studies further suggest that the most successful prevention programs are those that are comprehensive in approach and include multiple components such as drug education, media campaigns, family education, and prevention-focused health policy.[2]

Further research and demonstrations are needed to develop and test the efficacy of drug use prevention strategies that focus on the needs of culturally diverse groups. Prevention research also is needed to determine what prevention strategies are effective for youth at high risk for drug use. Research into the implementation of community coalitions and comprehensive drug prevention models and evaluations of demonstrations is essential (see Appendix A).

Finally, research is needed to show how prevention interventions for children at different ages can be made to build upon and reinforce one another. Greater attention also should be paid to the implications of epidemiological and etiological research for the design of effective prevention programs, particularly for early elementary and young adult populations.

ENDNOTES

1 Regarding tobacco, the Synar Amendment was passed as part of the ADAMHA Reorganization Act (P.L. 102-321). This law requires States, as a condition of receiving their substance abuse block grant funds, to enact legislation that prohibits the sale and distribution of tobacco products to minors.

2 A recent study for the ONDCP found, among other things, evidence of improved self-esteem among students in school-based programs. See Abt Associates, Inc., *Substance Abuse Prevention: What Works, and Why*, August 1993.

IV. Protecting Neighborhoods Through Enforcement and Community Action

One of the ironies in drug policy since passage of the Anti-Drug Abuse Act of 1988 (Public Law 100-690), which established the Office of National Drug Control Policy (ONDCP), is that—despite the Act's call for a balanced, comprehensive drug strategy—by dividing ONDCP into supply and demand offices and mandating that Federal drug control programs be classified as supply or demand reduction programs, the Act helped set into motion a competition for drug-related resources that has at times undermined the domestic national drug policy debate. This Administration rejects the premise that supply reduction programs and demand reduction programs must compete against each other. The levels of drug use and drug-related crime in this country remain at such unacceptable levels that the United States cannot afford to pit one component of domestic strategy against another. Only by working together and dealing with drug use and trafficking in an integrated fashion can the difficult decisions be made about how best to spend the scant resources that are available.

Recognizing (1) that demand reduction programs—drug treatment, prevention, and education—cannot succeed if drugs are readily available and (2) that drug law enforcement programs cannot ultimately succeed unless this Nation's appetite for illegal drugs is curbed, the *Strategy* rejects the false choice between these approaches. In fact, while the *Strategy* provides the largest ever increase in funds dedicated for the treatment of hardcore users and redoubles prevention efforts aimed at youth, this *Strategy* also provides for substantial increases to State and local law enforcement, primarily to put more police on America's streets.

Thus, the Administration's first priority in making the Nation's streets safer is to pass a tough and smart crime bill as soon as possible. As outlined by the President in his State of the Union Address, such a crime bill must authorize funds to put more police on the street and to expand community policing; boost the number of boot camps for nonviolent offenders and the availability of treatment for drug offenders; and include reasonable gun controls, such as a ban on assault weapons.

But just as the *Strategy* focuses on hardcore drug users— those heaviest users who consume the bulk of illegal drugs—a crime bill sent to the President's desk must include tough penalties for those 6 percent of violent offenders who commit 70 percent of the violent crimes. A strong message must be sent to the most violent criminals that, for them, it is "three strikes and you're out."

Beyond the new initiatives anticipated in the crime bill and included in the President's budget, the *Strategy* commits the full force of Federal investigative and prosecutive tools to target major drug trafficking organizations so that they may be disrupted, dismantled, and destroyed. The goal is to reduce illicit drug trafficking both in and directed at the United States. The Administration will work both toward making drugs harder to obtain and more costly (in terms of apprehensions, prose-

cutions, convictions, and forfeitures) for the traffickers and toward reducing the violence attendant to drug activity.

The law enforcement strategy will focus on (1) Federal investigations and prosecutions of the international kingpin organizations and major domestic drug enterprises; (2) efforts to have Federal, State, and local law enforcement work in a coordinated and efficient manner to ensure that all levels and functions of the drug trafficking trade are pursued by those law enforcement authorities best able to address them; and (3) law enforcement's response to that part of the illicit drug trade responsible for the greatest violence in this country. Drug law enforcement is not just a Federal responsibility: greater cooperation and consultation at all levels of law enforcement are central to the *Strategy*. Federal initiatives must be coordinated and integrated with those of State and local agencies and must support efforts by education, treatment, and prevention services to make communities—particularly those hit hardest by drug abuse and drug-related crime—safe and habitable.

However, several enforcement areas are especially, if not uniquely, Federal responsibilities, including drug interdiction internationally and at the borders, coordinated investigations of international and multijurisdictional drug trafficking enterprises, efforts to attack drug money laundering, the illicit diversion of precursor and essential chemicals, and the collection and dissemination of foreign and nationwide drug intelligence. The focus of these efforts will be directed against the cocaine and heroin trades, although marijuana and synthetic drug trafficking and the illegal diversion of pharmaceuticals and listed chemicals also will be addressed. The Administration is working vigorously to ensure that these and other Federal drug control efforts are both effective and efficient. Departments and agencies with drug law enforcement responsibilities have identified several areas to consolidate efforts, reduce duplication in responsibilities, and share valuable drug intelligence. The Administration will continue to review programs to determine where additional improvements can be made.

Internationally this means new and better partnerships between Federal law enforcement agencies and their counterparts in foreign source and transit counties and in other friendly nations cooperating in a collective effort. Domestically this means better integration and coordination of Federal law enforcement efforts and, as appropriate, more Federal support for State and local enforcement efforts.

PUTTING THE COP "BACK ON THE BEAT"

The Administration is committed to helping control and prevent crime by putting more police on the streets and in neighborhoods. On December 20, 1993, the Administration made its first down payment on a commitment to put 100,000 additional police on the street by announcing the first round of community policing grant awards to 74 local law enforcement agencies under the Police Hiring Supplement Program. Over the next several months, the Administration will award grants to about 150 additional police departments, bringing the total number of additional officers funded by this programs to approximately 2,000.

The crime bill pending in Congress builds on the Police Hiring Supplement and greatly expands the Administration's effort to put more police on the street and expand community policing. Under the provisions of this legislation, approximately $9 billion will be available for community policing activities.

This new "Cop on the Beat" program will help communities that make a long-term commitment to community policing increase the number of police officers on patrol in their neighborhoods. More police on the street working in partnership with community residents means less crime and fear of crime. The program is intended to accomplish the following:

- Rehire police officers who have been laid off as a result of State and local budget reduc-

tions and deploy them in community policing roles.

- Hire new police officers for deployment in community policing across the Nation.

- Increase the number of police officers involved in activities that are focused on interaction with community residents on proactive crime control and prevention.

- Provide specialized training to police officers to enhance their problemsolving, conflict resolution, mediation, and other skills to work in partnership with the community.

- Increase police participation in multiagency early intervention programs.

- Develop new technologies to assist police departments in reorienting the emphasis of their activities from reacting to crime to preventing crime.

- Develop and implement innovative programs that permit community residents to assist police officers in crime prevention.

- Establish and implement innovative crime control and prevention programs involving young persons and police officers in the community.

- Develop and establish new administrative and managerial systems that facilitate the adoption of community policing as a departmentwide philosophy.

The two key elements of community policing—community engagement and problemsolving—can reduce the supply of and demand for drugs and also minimize the negative consequences of drug trafficking and abuse. This innovative approach to law enforcement enables communities to reclaim their parks, playgrounds, and streets. It reduces the demand for drugs by discouraging all forms of criminal behavior and promotes community cohesion, which is essential to developing effective community-based drug treatment and prevention programs.

REDUCING THE ROLE OF FIREARMS IN DRUG-RELATED VIOLENCE

The *1993 Interim Strategy* called for the passage of the Brady Bill and the creation of a 5-day waiting period for handgun purchases to allow a background check of the purchaser's age, mental health, and criminal record. Congress passed the Brady Bill, which the President signed into law on November 30, 1993. The Bureau of Alcohol, Tobacco, and Firearms is drafting new Federal regulations to implement the 5-day waiting period and background investigation provisions, which will become effective on February 28, 1994. The Departments of the Treasury and Justice are working cooperatively to implement the law and to develop an effective and efficient system to check the backgrounds of firearms purchasers.

The next steps are legislation that deals with the harms that firearms—particularly firearms used in connection with drug offenses—inflict upon society, a ban on the manufacture, transfer, or possession of assault weapons, and restrictions on semiautomatic weapons. Police chiefs around the country have stated repeatedly that it is imperative that assault weapons be removed from the hands of drug-dealing gangs. A recent study showed that the increasing number of deaths among young people was due in large part to the lethal nature of semiautomatic weapons. The Senate version of the crime bill contains provisions regarding the use or importation of firearms in connection with drug trafficking, as well as a ban on many assault weapons and on the sale of weapons to minors. These provisions must be quickly enacted by Congress.

The Administration already has taken regulatory action to ban the importation of assault pistols. In addition, the Department of the Treasury is developing initiatives to curb illicit firearms dealing. Steps are under way to develop changes to the Federal Firearms License program that will effectively curtail the misuse of these licenses

while permitting legitimate firearms businesses to continue to operate.

EXPANDING DRUG COURTS AND BOOT CAMPS

Drug Court programs in Fort Lauderdale, Miami, Oakland, Portland, and New York have shown that court-ordered rehabilitation programs can be successful in reducing drug use and alleviating prison and jail overcrowding, making room for the more serious and dangerous offenders.

Instead of being directly sentenced to a period of incarceration, qualifying drug-using offenders are placed in a court-ordered rehabilitation program requiring drug testing and intensive supervision and treatment. If an offender fails in the program, graduated sanctions—including increased supervision, residential treatment, community-based incarceration, and jail or prison sentences—are used to demand that the offender be drug free. Put simply, drug using offenders are given one of two choices: treatment or jail.

The crime bills being considered by the House and Senate, as well as the President's budget, include monies that could be used to fund the basic components of Drug Court-type programs. Grants for drug testing and treatment of State prisoners could be linked to monies provided for alternative sentencing programs (such as boot camps) in order to couple treatment opportunities with punishment options.

DEFINING THE FEDERAL ROLE

The Federal role in drug law enforcement includes (1) aggressively pursuing those enforcement efforts that target the major international and inter-State drug enterprises; (2) providing leadership, training, technical assistance, and research; (3) fostering cooperation among Federal, State, and local agencies; and (4) facilitating State and local enforcement and criminal justice efforts and/or innovative drug control approaches. Federal law enforcement and criminal justice agencies also can assist States and localities through participation in joint task forces to rid communities of drugs and the violence associated with their use and distribution. These multiagency task forces are exemplified by the Organized Crime Drug Enforcement Task Forces, which work with senior Federal prosecutors and often involve State and local authorities. The task forces can (1) utilize the range of Federal investigative and prosecutive tools, as well as associated seizure and forfeiture laws; (2) facilitate cooperation among all levels of government; and (3) provide a means of combining skills and resources to achieve the greatest effects against drug offenders. Use of such task forces can help bridge the gaps in enforcement between those efforts that are uniquely Federal and those that are most successfully undertaken by State and local authorities. In this way, all levels of drug trafficking—from the international suppliers through the transportation and financial service providers, to the wholesalers, to the street corner retailers—can be targeted by law enforcement.

The Federal Government is prepared to participate in multiagency and multijurisdictional cooperative efforts when the needs of the community, the State, or the region can best be served by such efforts. Task forces require clear missions and must be carefully structured and coordinated to minimize duplication and overlap with other law enforcement efforts. Care must be taken to ensure that federally initiated task forces do not adversely impact State and local capabilities.

Federal initiatives should support States and localities as they define and improve their criminal justice systems. Collaborative efforts to investigate, prosecute, and adjudicate drug crimes will enhance efficiency and effectiveness. Federal support can facilitate efforts to improve policing, sentencing practices, and correctional systems. Federal law enforcement agencies can disseminate the results of practical evaluations regarding what works and how to successfully implement initiatives. The Administration will work at the Federal level to eliminate obstacles to coordination and delivery of integrated services at the local level.

REDUCING VIOLENCE

Reducing the level of violence in America is an important goal for law enforcement. Drug use and drug trafficking fuel the high level of violence across the country in several ways. For example, the suppliers control and discipline their underlings with violence, the retailers stake out and enforce their market areas with violence, and the drug abusers harm themselves and those around them as a result of their intoxication. Drug use also leads to violence by bringing decay and demoralization to those communities hardest hit by drug abuse and drug trafficking. United States law enforcement will often be an integral part of the prevention and treatment initiatives of this *Strategy*.[1]

TARGETING ORGANIZATIONS THAT CAUSE VIOLENCE IN COMMUNITIES

Gangs are among the major illicit drug distributors in American cities. Federal assistance against significant gang activity will be expanded as appropriate through joint task forces and other initiatives. While the problem of gangs and gang-related violence involves more than drug use and trafficking, the *Strategy* recognizes that drug gangs are ruthless, using violence and bribery without hesitation, often in furtherance of drug distribution.

Although such gangs may deal in a volume of drugs lower than that typically seen in Federal drug cases, several factors make Federal participation in State and local investigations and prosecution appropriate and necessary. These include the multi-State nature of gang operations, the potential violation of immigration laws by many of these groups, their involvement in violations of Federal firearms laws, and the threat their violence poses to local communities. Thus, efforts to control the gang problem will be a focus of our national antidrug efforts.

JUVENILE JUSTICE POLICY: TARGETING AT-RISK YOUTH

Drug use reduction initiatives linked to the criminal justice system should especially target adolescent and young adult populations. Early intervention and prevention programs should involve police, social workers, juvenile justice workers, educators, health professionals, and volunteers to intervene with those youth likely to become delinquent.

The Nation cannot afford to lose juveniles as productive members of society. Prevention is an efficient and cost-effective method of reducing juvenile drug involvement. However, some young people, fully aware of the dangers of drugs, become involved anyway, generally for profit. To stop the formation of youth drug gangs, prevention programs that address the economic and social causes that lead to such gang and drug involvement will be developed. The Federal Government will support demonstration programs that show the most promise and will continue to distribute information across the Nation about successful programs and activities.

If a juvenile commits an offense, the juvenile justice system must respond quickly and firmly. Juveniles must be held accountable for their actions through immediate and effective intervention and sanctions, including appropriate treatment, training, and followup prevention efforts. A system of justice for delinquent offenders should combine accountability with increasingly intensive treatment and rehabilitation services.

DISRUPTING MAJOR TRAFFICKING ORGANIZATIONS

Targeting the major trafficking organizations will continue to be the top priority of Federal drug law enforcement authorities. The Attorney General and the Secretary of the Treasury are working together to develop comprehensive domestic investigative plans that will cover the various Federal agencies and include appropriate roles for State and local enforcement units. This endeavor is intended to ensure the integration of efforts by the major drug investigative agencies and will reduce existing duplication of effort and close gaps. The President has directed that Federal law enforcement plans also will be developed in close harmony with efforts to support foreign govern-

ments that are dealing with the major drug cartels in source and transit countries. The domestic and international drug law enforcement plans will be developed under the general oversight and direction of the Director of ONDCP.

At the Federal level, the kingpin and enterprise strategies will focus efforts on the most powerful and pernicious drug trafficking organizations: those that do the most harm to our citizens and that account for the largest quantities of drugs and violence. The Federal Government will continue and redouble its leadership efforts to direct law enforcement endeavors against the most important elements of these drug organizations—their leadership, production, distribution, transportation, communications networks, chemical supplies, and financial services and assets. Efforts to identify, target, and attack these drug trafficking enterprises and their supporting services will be continued both in the United States and in foreign countries, and this will be done in a sustained and systematic manner both in the field and in the courtroom.

The kingpin and enterprise strategies direct a coordinated attack on the major drug trafficking organizations. These organizations, largely headquartered outside the United States, operate within the United States as well—whether through (1) component entities or transportation and financial service providers (as in the case of the cocaine distribution networks) or (2) through independent organizations (as in the case of much of the Southeast Asian heroin marketed in this country). Increasingly sophisticated in their operations, kingpin organizations are, nevertheless, vulnerable in a number of respects. Federal law enforcement agencies will exploit these vulnerabilities.

In addition to the major international drug trafficking organizations there are criminal organizations that conduct transportation and distribution operations across State lines within this country. Increasingly violent and sophisticated, these inter-State and regional groups are critical parts of the system by which the bulk of imported cocaine or heroin finds its way to the streets of this Nation. More than that, these groups represent an ever growing menace to the safety of the communities through which they move and in which they operate.

The Federal Government is committed to redoubling its efforts to attack inter-State and regional drug trafficking activities in a comprehensive and efficient way. Federal law enforcement agencies bear a particular responsibility and, over the years, have developed a particular expertise in dealing with organized criminal enterprises operating across State lines. That responsibility is especially evident in light of the harm the inter-State criminal organizations cause to our citizens. The structures and operating methods of many criminal enterprises have been penetrated and destroyed using Federal procedures and tools in investigations and Federal criminal statutes for prosecutions. The Federal Government's ability to focus its investigative and prosecutive resources in an organizationally based approach to major international and domestic criminal enterprises will benefit the entire spectrum of drug law enforcement efforts.

All of the foregoing require an unequivocal commitment to ensuring that Federal law enforcement agencies coordinate their efforts, reduce duplication, and enhance their partnership with the law enforcement authorities of States and localities. The two Federal Government Departments most directly involved in drug law enforcement—the Justice and Treasury Departments—have each initiated significant efforts to eliminate overlaps, inefficiencies, and impediments to cooperation within their respective law enforcement operations.

BORDER INTERDICTION

ONDCP is conducting a review of the existing interdiction command and control centers. A fundamental premise of the review is that existing facilities and capabilities will be used, but better integration will be achieved. This restructuring and consolidation, which will occur in Fiscal Year 1994, will improve the integration and coordination of the interdiction efforts, reduce overall costs, and facilitate improvements in interdiction intelligence efforts.

The U.S. Customs Service and the Immigration and Naturalization Service (INS) are working to integrate their efforts throughout the United States, particularly along the southwestern U.S. border. To this end they will map out joint strategies, identify operational improvements, and plan the joint use of existing resources to target criminal organizations along the border. Under pending crime legislation, the U.S. Border Patrol will receive additional personnel and equipment to help stem the flow of both illegal immigration and illegal drugs.

HIGH-INTENSITY DRUG TRAFFICKING AREA PROGRAM

Special emphasis will continue to be placed on those areas of the country most heavily impacted by drug trafficking via the High-Intensity Drug Trafficking Area (HIDTA) Program.[2] The activities in the high-intensity areas adversely affect other areas of the country. The Federal, State, and local partnerships in these areas will continue to receive priority support to advance the goals of the *Strategy*. The HIDTA's will continue their joint efforts to reduce the availability of drugs by dismantling the most significant organizations involved in drug trafficking and drug money laundering.

The extensive Southwest Border HIDTA will emphasize collaborative Federal, State, and local efforts in areas most heavily affected by drug trafficking. Support to the Operation Alliance coalition will be provided primarily to empower joint planning partnerships, such as the Arizona Alliance Planning Committee, in order to focus collective efforts on the most significant drug trafficking and drug-money laundering organizations operating in the highest threat areas. The HIDTA coordinator will ensure overall coordination of the Southwest Border HIDTA program.

New "distribution" HIDTA's—drug distribution areas with the greatest number of hardcore drug users—will be designated based on data from the Drug Abuse Warning Network and other sources. These HIDTA's will concentrate multidisciplinary efforts on distribution networks and their associated clienteles.

Another new initiative involves expansion of the HIDTA Program to support this *Strategy's* priority of reducing chronic drug use, under which newly designated "distribution" HIDTA communities will be given maximum flexibility in allocating funds for joint law enforcement initiatives and treatment of designated criminal justice populations. The Washington, D.C.-Baltimore area has been designated by the Director of ONDCP to be the prototype for this new initiative.

MONEY LAUNDERING AND FINANCIAL INVESTIGATIONS

The law enforcement effort recognizes that money is the linchpin of the operations of the international and domestic drug trafficking organizations. The flow of ill-gotten gains sustains criminal operations by providing them with profits and a constant source of capital for paying expenses and buying more goods and services. We must seek in all investigations and prosecutions to destroy the ability of the traffickers to transfer, invest, and enjoy their illicit profits so that these criminal enterprises will be impaired and ultimately crippled. Halting money laundering must be an integral part of the overall strategy to dismantle the trafficking organizations.

The Departments of Treasury and Justice are reviewing the roles and missions of their respective agencies and developing an integrated plan to better address both domestic and international money laundering. This cooperative review will be completed in early 1994, and new guidance on roles and missions will subsequently be issued by the two Departments. In addition, the Department of the Treasury is working with the banking community to establish a more cooperative, streamlined approach toward reporting potential money laundering violations, including those arising out of narcotics transactions. The thrust of this cooperative effort is to reduce regulatory burdens placed on financial institutions and to focus those institutions on the reporting of significant

potential money laundering violations. To better address the problem of money laundering through financial institutions other than banks (e.g., check cashers and money transmitters), the Administration is working closely with Congress to enact legislation to better identify suspect activities in these institutions.

A foundation of increased interdepartmental cooperation has been laid over the past few years by the Department of the Treasury's Financial Crimes Enforcement Network (FinCEN) and the Drug Enforcement Administration's (DEA's) Multi-Agency Financial Investigations Center (MAFIC). FinCEN has become an important part of the effort to address a broad range of money laundering activities, including those related to illegal drug trafficking. FinCEN will continue to support Federal law enforcement by providing analytical support to financial investigations. The MAFIC has provided and will continue to improve operational coordination among agencies pursuing the kingpin organizations' money laundering services.

DRUG INTELLIGENCE COORDINATION

As noted in the 1993 *Interim Strategy*, effective drug law enforcement requires that Federal agencies charged with drug suppression responsibilities be provided with the best possible intelligence. Central to this goal is that intelligence be shared between agencies in order for enforcement objectives to be achieved. The intelligence "turf battles" of the past must end, as must the costly duplication of intelligence gathering and processing. Neither is cost-effective or makes for efficient law enforcement practices. Particularly important to improving efficiency and removing impediments to cooperation is the assurance that law enforcement at all levels has access to full and timely intelligence about the activities of drug trafficking organizations. Here again the Federal Government has a special role and responsibility. Although it is not the sole repository of actionable drug law enforcement intelligence, the U.S. Government holds, by far, the greatest quantum of that intelligence. Because usable intelligence is crucial to the initiation and development of investigations, to the support of interdiction forces, and to the development of policies and strategies, it is incumbent on the Federal Government to ensure that its intelligence holdings are not merely current but are also meaningfully accessible to operational and headquarters activities. Moreover, cooperative efforts between Federal law enforcement agencies and State and local authorities will likewise have appropriate access to Federal drug law enforcement intelligence, especially intelligence on the inter-State and regional trafficking organizations and associated criminal enterprises.

In response to the Vice President's National Performance Review, the Attorney General has established the Office of Investigative Agencies Policies (OIAP); this office's initial task is to review and make recommendations about drug intelligence coordination and sharing within the Department of Justice among the Federal Bureau of Investigation (FBI), the DEA, INS, and the U.S. Marshals Service. OIAP also will work further to define the roles of the National Drug Intelligence Center so that it can coordinate and provide strategic organizational drug intelligence, as well as work with the El Paso Intelligence Center, so that it is better able to provide tactical drug intelligence. The Attorney General named the Director of the FBI to the position of Director of OIAP, and his report on improved intelligence operations and coordination is due in early 1994.

ONDCP will establish a forum to facilitate full drug intelligence coordination and cooperation among all Federal law enforcement agencies to achieve the most effective drug intelligence collection, analysis, and sharing.

In addition, the Defense and Foreign Intelligence Communities will continue to collect, analyze, and disseminate information concerning foreign aspects of drug trafficking. This type of information is vital to the development of effective international drug control programs and to the allocation of operational and other resources in support of our international partners. The foreign and defense intelligence communities are conducting a full review of their drug intelligence

production, including analytic components, products, user needs, and user satisfaction. As this review is completed, appropriate changes will be made to maximize the effectiveness of their intelligence support.

As part of the restructuring of the interdiction command and control system, the interdiction intelligence support structure also will be modified. Because of the consolidation of facilities and overall reduction of operational resources in the transit zones, it is essential that all relevant information be provided to the interdiction command and control centers in a timely manner and useable form. This will require some shifting of capabilities and the consolidation of existing communications and computer information.

MOBILIZING COMMUNITIES THROUGH ANTIDRUG COALITIONS

Ultimately, the solution to America's drug problem will be found at the grassroots level in neighborhoods and communities throughout the Nation. Individuals, families, neighbors, churches and synagogues, and civic and fraternal organizations must work together to forge efforts to address the underlying causes of social disintegration within their communities in order to prevent drug use. Law enforcement agencies must join with social service agencies to address the problem. The Nation must maintain its commitment to help these neighborhoods contain and reduce drug use and respond to the problems it creates. This *Strategy* proposes an important role for Federal agencies in creating successful community-based efforts. In addition to leveraging financial and other resource support, the Federal Government can create an atmosphere where successful community-based antidrug efforts are welcomed, fostered, and developed.

The most effective strategies for preventing drug use and keeping drugs out of neighborhoods and schools are those that mobilize all elements of a community through coalitions or partnerships. Community coalitions, such as those sponsored by the Department of Health and Human Services, establish and sustain a strong partnership among businesses, schools, religious groups, social services organizations, law enforcement, the media, and community residents to help rid the neighborhood of drug-associated violence.

These coalitions also provide an excellent vehicle (1) for continuing communication between police departments and local communities and (2) in support of efforts to establish community policing programs. Once the required mutual trust is established between the community and the police department, the benefits of such programs are both mutual and cumulative. Police receive more complete and timely information on crimes and criminals, a sense of community purpose and well-being is engendered, and the community rids itself of those who would intimidate and harm it. The *Strategy* will expand the number of such coalitions, targeting those neighborhoods hardest hit by drug use and its related crime and violence.[3]

EMPOWERMENT ZONES AND ENTERPRISE COMMUNITIES PROGRAM

This initiative, which was enacted as part of the President's economic recovery plan, reflects a long-term commitment to community-led programming. Targeting the most disadvantaged urban and rural areas—communities often hit hardest by drug abuse and drug-related crime—the Empowerment Zones and Enterprise Communities program will designate up to 104 areas that meet certain poverty and distress criteria and prepare strategic plans for revitalization. As part of the strategic planning process, communities will have to address the level of drug abuse and drug-related activity in their communities through the expansion of drug treatment services, drug law enforcement initiatives, and community-based drug abuse education and prevention programs. Lessons learned from this effort will be incorporated into other Federal programs to inspire Americans to work together to revitalize their communities.

ENDNOTES

1 The Attorney General recently announced a violent crime initiative. To implement this initiative, the U.S. Attorney in each judicial district will be encouraged to seek the active participation of all primary investigative and prosecutorial agencies in the district in order to best respond to local need for support in the area of violent crime.

2 The HIDTA Program has developed as an equal partnership of Federal, State, and local agencies. There are currently six HIDTA's: Houston, Los Angeles, Miami, New York, the Southwest border, and the Washington, D.C.-Baltimore area.

3 Additionally, the Departments of Health and Human Services, Education, Justice, and Housing and Urban Development will collaborate to review recent research and grantee experience to identify and understand those protective and resiliency factors that lessen the risk of drug use. The results of this review will be reported to the Nation and will be used to revise the awarding of all existing research grants as appropriate and to guide additional research.

V. Focusing on Source Countries

The reduction of drug use requires the United States to have a strong international counternarcotics strategy. The problem of international drug trafficking is increasing, and foreign narcotics syndicates continue to make the United States their primary target. International drug trafficking affects the United States, bringing crime to the streets, violence to communities, and drug abuse to towns and cities. These assaults on health and safety will continue to affect the security and undermine the welfare of the people of the United States. If drug production and trafficking are left unchallenged at their source, they will overwhelm the Nation's ability to respond to the drug threat at home.

The global drug trade affects America's security and welfare in other important ways. Rich, violent, and powerful drug syndicates pose a growing and fundamental threat to fragile democracies and their economic growth. In these countries, drug-related corruption and crime undermine public confidence in governmental democratic institutions. Using their resources and power to corrupt and intimidate, these drug syndicates can virtually destroy public safety organizations, paralyze judicial institutions, ruin banking and other key international businesses, and gain influence at the highest levels of government. Recent examples of drug-related violence, corruption, and political upheavals in countries as diverse as Russia and Peru demonstrate how these threats can affect vulnerable democracies around the world.

Global economic interests are compromised by the movement of billions of dollars of illicit drug money around the world yearly. This money flow creates unfair competition for honest businesses and can result in severe misallocation of resources toward unproductive ends in rich and poor countries. In addition, this flow can severely distort economic planning, particularly in weak economies that are struggling to grow, and fosters global inflation. In addition, drug production and processing in Asia, the Andes, and elsewhere are causing serious environmental damage.[1]

Domestic and foreign antidrug initiatives must be complementary. The national counternarcotics strategy is twofold: (1) to support the domestic objectives of reducing the availability and use of drugs and (2) to respond to the threat trafficking poses to the broader foreign policy objectives of protecting democracy, creating sustainable economic development, and protecting the global environment.

These remain daunting challenges; however, there are vulnerabilities that can be exploited through new policy initiatives. For example, the growth of democracy and free-market economies presents new international narcotics control opportunities that did not exist a few years ago. The United States finds that democratic, market-oriented governments are much easier to work with and more willing to cooperate with the international community in a common effort against the illicit drug industry. This allows for greater international cooperation against the drug trade and allows for the development of more sophisticated and comprehensive strategies to reduce both the incentive and capacity for international narcotics trafficking.

SHIFT IN INTERNATIONAL DRUG STRATEGY FOCUS

The National Security Council last year directed a comprehensive interagency assessment of the international narcotics challenge and the Administration's response to it. This assessment was further framed by the need to examine the foreign counternarcotics goals and objectives. In light of tight funding, programs that were working and were cost-effective were kept over others that were too costly or ineffective and were not consistent with the international strategy goals and objectives.

The 7-month review reaffirmed the complexities involved in attacking the international narcotics problem and concluded that the past reliance on an interdiction-based strategy was too narrow and costly to address the full range of threats posed by drug trafficking. The review determined that a shift was necessary from a strategy predominately based on interdiction to a three-pronged strategy that emphasizes the following: (1) assisting institutions of nations that show the political will to combat narcotrafficking, (2) destroying the narcotrafficking organizations, and (3) interdicting narcotrafficking in both source and transit countries. Elements of the international strategy include the following items:

- Placing greater emphasis on building and strengthening international cooperation against narcotics production, trafficking, and use—particularly in source countries. The United States will assist those nations that have the political will to fight the illegal drug trade. Bilateral and multilateral programs to enhance judicial reform, the development of competent and honest law enforcement and judicial and penal institutions, and the control of money laundering and essential and precursor chemicals will be supported. Trade and other economic support incentives will be used to create alternatives to narcotics production and trafficking to increase the resources host nations can apply to drug control. Further, the United States will take advantage of the increasing worldwide concern about the narcotics problem to get the international community and multilateral organizations more involved in international drug control. Traditional participants, such as the United Nations Drug Control Program (UNDCP) and the Organization of American States, as well as other organizations, such as the Financial Action Task Force and the Dublin Group, will be encouraged to become more involved in promoting judicial reform and enhancement, demand reduction, public awareness, community mobilization, training, and economic alternatives.

- Assisting other nations in attacking the drug trade by destroying narcotrafficking organizations. The United States will expand and support international efforts to arrest and convict the leadership of narcotrafficking organizations. It also will support international efforts to collect information on all aspects of these organizations—finance, production, processing, transportation, and distribution—and create and enforce the laws necessary to attack these targets and to prosecute and convict the organizations' leaders. The *Strategy* will pursue sustainable development programs in cooperating source countries to promote viable economic alternatives to illicit drug production and trafficking. Finally, the Administration will engage multilateral development banks and international financial institutions in support of sustainable development aimed at creating permanent economic alternatives to drug production and trafficking.

- Ensuring a focused and flexible approach to reduce the supply of illicit drugs in the United States. Interdiction will remain an important element of the *Strategy*. Interdiction disrupts the traffickers' use of preferred routes and methods, increases their operating costs and level of risk, and generates important information for other law enforcement operations. It is, however, an expensive high technology endeavor, and its effectiveness has been undercut by increased drug production and the continued high profitability of the trade. The

strategy is to gradually shift the focus of operations—particularly with regard to cocaine—from transit zones to source countries. Agencies responsible for interdiction activities will use their assets more efficiently (through increased host nation cooperation and better operational planning) to detect, monitor, and apprehend drug traffickers. However, these agencies will maintain vigilance and flexibility in the transit zones to augment and adjust interdiction efforts in response to new or changing trafficking patterns.

This new approach to international programs will enable source countries to shoulder greater responsibility for the counternarcotics effort in their countries and in their regions. Focusing on the source countries reflects the need to intensify efforts against the leadership of the drug syndicates and to apply available resources where the trade is more confined and potentially more vulnerable. The political, economic, and social consequences of drug trafficking also are likely to be most severe in drug producing countries. Meanwhile, in those countries where antinarcotics political will and commitment remain weak, diplomatic and other cost-effective initiatives will continue to strengthen their will to combat narcotics production and trafficking.

Collectively these objectives reflect the Administration's intention to continue to lead the international antidrug effort. It is in the national interest to maintain this role, but the assistance offered to other countries will no longer be unconditional. The United States will work closely with those countries that demonstrate the political will and commitment to undertake serious counternarcotics programs. However, those drug producing and trafficking countries that do not make an effort will face increasingly serious economic and other sanctions, including more aggressive use of the congressionally mandated certification process that conditions economic and military assistance on counternarcotics performance.

The President has called for stricter coordination, oversight, and accountability in the implementation of international counternarcotics policy. Further, he has granted new and greater authorities to the Director of the Office of National Drug Control Policy to oversee and provide direction to international drug control efforts, including the appointment of an interdiction coordinator to oversee all U.S. interdiction operations from source countries to the U.S. border.

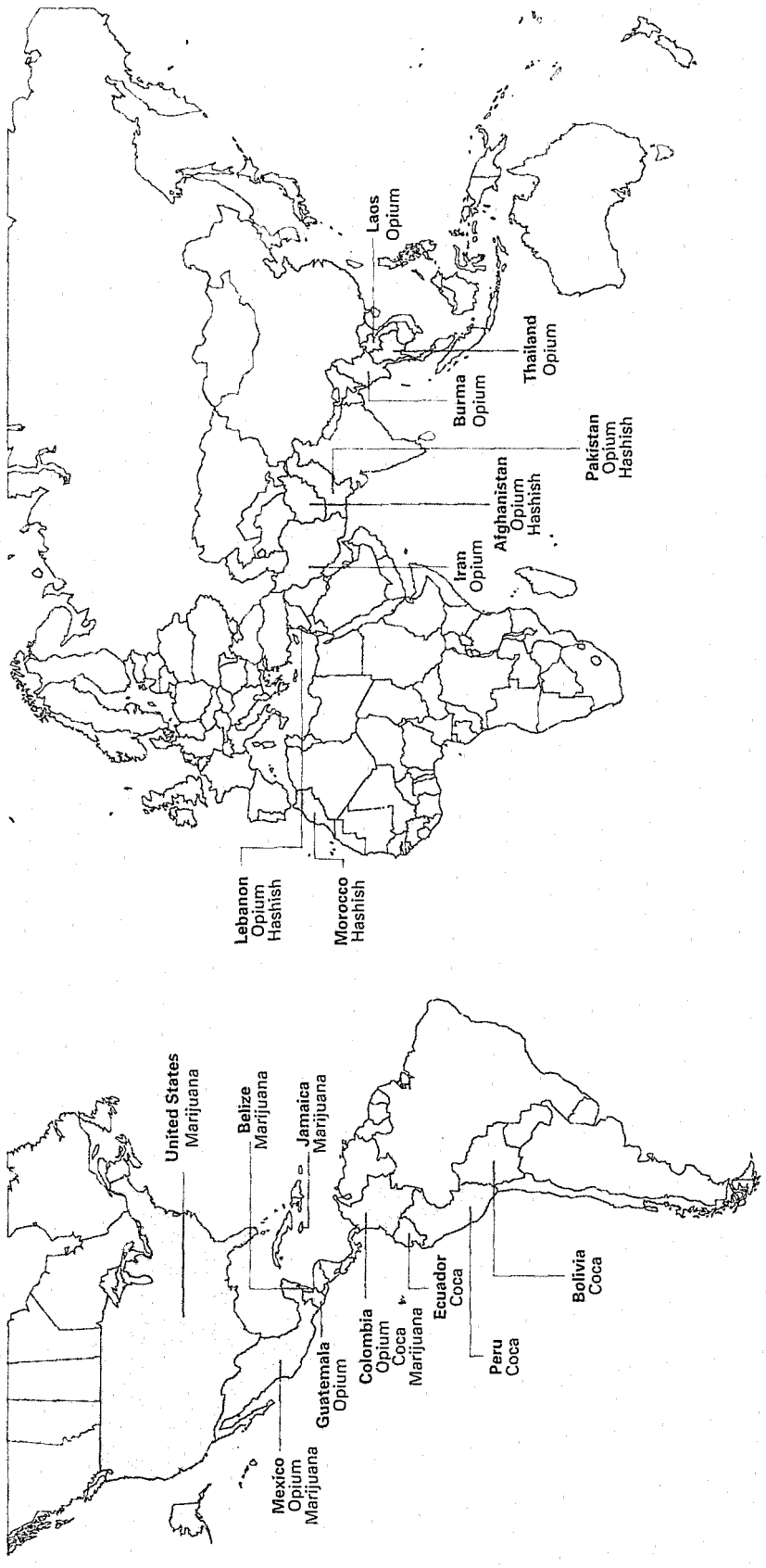
DRUG-SPECIFIC APPROACHES

Although general global policy is framed by the principles outlined above, implementation will be tailored to respond to the distinctly different challenges posed by the cocaine and heroin trades. Cocaine is a bigger and more dangerous threat to the United States. Production is largely limited to three countries that have a long record of counternarcotics relations with the United States (see Exhibit 5-1). Most of the cocaine is smuggled to the United States through clandestine air and sea shipments (see Exhibit 5-2). By contrast, opium and heroin production are dispersed widely around the world, often in countries where the United States has little influence and in areas where even the central governments have little or no control. Moreover, the United States consumes only a small share of total heroin production. Most of the trade serves large opiate markets in Europe, Asia, and elsewhere. These differences affect the type of support the United States will seek from other donors, what can be accomplished in source countries, how trafficking organizations can be pursued, and how interdiction efforts can be better targeted.

The Cocaine Strategy. Drug trafficking organizations continue to target the U.S. drug market effectively, despite the unprecedented international law enforcement pressure that they face. Latin American producers are the sole suppliers of cocaine to the United States, and they remain intent on meeting the demands of this, their most profitable, market. Selected aspects of the cocaine threat include the following:

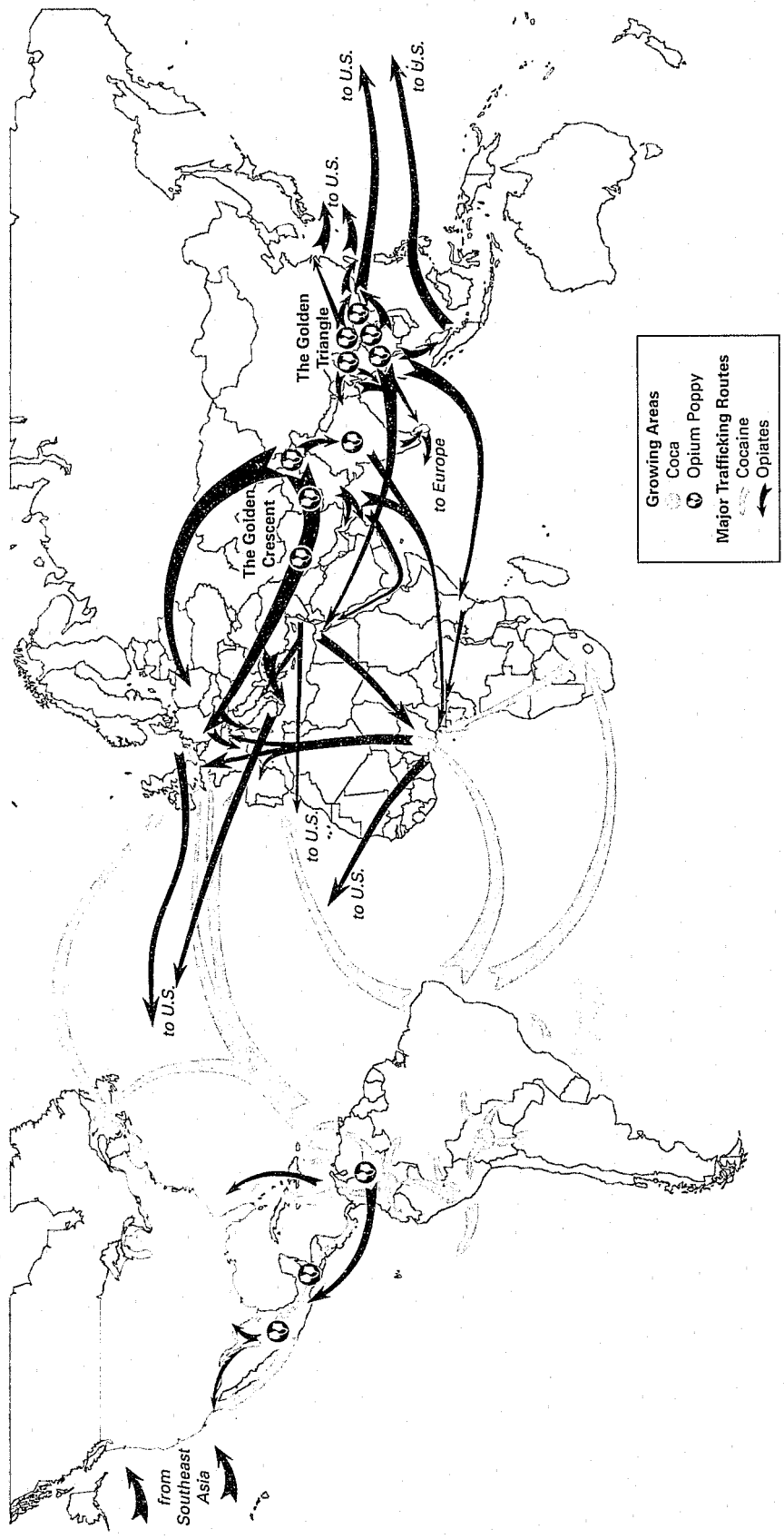
- Coca leaf production is sufficient to refine more than 1,000 metric tons of cocaine annually. The United States consumes approximately 300 metric tons of cocaine a year and significant amounts are seized and destroyed.

Exhibit 5-1
Opium, Coca, Marijuana, and Hashish Producing Countries



Source: *International Narcotics Control Strategy Report*, 1993, Department of State

Exhibit 5-2
Opium and Coca Trafficking Routes



Source: *International Narcotics Control Strategy Report*, 1993, Department of State

For example, about 338 metric tons were seized by U.S. and foreign law enforcement organizations in 1992. Any amount of the drug remaining after U.S. consumption and worldwide seizures is sent to Europe and other markets, has been lost in transit, or has been consumed in the transit countries.

- Powerful cocaine syndicates, buttressed by enormous profits, rely heavily on corruption to protect their operations. This undermines the effectiveness and credibility of all democratic institutions, including the judiciary, police, and military.

- Trafficker use of intimidation and violence in their host countries—especially in Colombia, but increasingly in other countries such as Mexico—creates an atmosphere of public insecurity and threatens the safety of the nation's citizens as well as U.S. citizens who reside there.

- Collusion of Latin American drug traffickers with foreign criminal organizations and insurgents weakens private institutions as well. Trafficker penetration of banking, shipping, media, and other institutions erodes the social fabric of their countries and dampens long-term economic development.

These and other aspects of the cocaine threat complicate U.S. efforts to foster antidrug cooperation. They often give added impetus to calls by pressure groups for extralegal political change, as has occurred already in Guatemala and Peru. If the power of the illegal drug trade is not curtailed, traffickers can gain virtually unobstructed influence at the highest levels of government, as they did over a decade ago in Bolivia and more recently in Panama.

The Cocaine Strategy focuses on the growing and processing areas of the source countries. This approach (1) responds to the evidence that patterns of drug production and flow are changing and that a comprehensive regional approach is essential and (2) reflects the need to target the limited resources on areas where they can have the greatest effect. From a tactical standpoint, antidrug efforts in the source countries should provide the best opportunities to eradicate production, arrest drug kingpins and destroy their organizations, and interdict drug flow.

While commitment and performance in the source countries—Bolivia, Colombia, and Peru—have differed widely, all have made progress and continue to improve their efforts. Colombia has manifested strong political will, despite the high price it is paying in violence and loss of life for taking on the drug cartels. Moreover, Colombia has made good use of U.S. counternarcotics support, spending 10 counternarcotics dollars of its own for every dollar of counternarcotics assistance received. Over the past 4 years, Colombia has reformed its judicial system and interdiction capabilities. With the help of U.S. investigative agencies and prosecutors, Colombia has greatly improved its investigative and prosecutive capabilities and has successfully dismantled the Medellin cartel. The Cali cartel, meanwhile, has taken over most of Medellin's trade and is now the world's dominant source of cocaine. It is imperative that Colombia keep up the pressure on the cocaine trade by intensifying its attack on this organization.

The United States will continue to provide counternarcotics support to Colombia and to encourage continued cooperation as long as Colombia demonstrates strong political will against Cali and the other major cartels and all their criminal activities. The United States will encourage Colombia to continue judicial reform; law enforcement training; poppy and coca eradication; antikingpin operations; and land, maritime, and air interdiction.

Bolivia has made considerable progress in developing its counterdrug capabilities. Joint investigations with the Drug Enforcement Administration led to the dismantling of four significant drug trafficking organizations in 1993. U.S. Government-provided counternarcotics assistance has strengthened Bolivian democratic institutions, contributing to 12 years of civilian democratic rule.

President De Lozada, elected in 1993, has vowed to eliminate all illicit, nontraditional coca cultivation in Bolivia and is looking for measures that are faster and less economically and politically painful than past efforts. Bolivia has promoted sustainable development as the best means to eliminate coca cultivation permanently. While new initiatives are being developed, Bolivia needs to reinvigorate its eradication program.

The United States will continue to work closely with Bolivia to improve its counterdrug performance, focusing on coca eradication, sustained economic development, judicial reform, and adherence to international agreements on extradition of drug traffickers. Bolivia's counternarcotics forces have progressed to the point where they are able to unilaterally plan and conduct many of their operations.

Peru's record with respect to counternarcotics efforts has been as checkered as it has in other areas of the bilateral relationship. In no other country are the U.S. foreign policy objectives of democracy, human rights, counternarcotics, and economic development more closely integrated and interactive. After President Fujimori's dismissal of Peru's Supreme Court and legislature in April 1992, the United States suspended all bilateral assistance not related to counternarcotics efforts or humanitarian programs. Despite this, Peru not only has continued but has increased its efforts to interdict drugs and both essential and precursor chemicals.

In response to the movement of coca cultivation and processing to new areas, the strategy in Peru is to move support forces from the Santa Lucia Base in the Huallaga Valley. Accordingly, the Peruvian counternarcotics police will continue operations against traffickers, utilizing mobile teams and operating from existing municipal airports. This not only will make the Peruvian police more operationally responsive but also will reduce U.S. helicopter support costs by one half.

From a U.S. counterdrug perspective, Peru has great strategic significance. Peru alone produces enough coca to supply not only the United States market but also emerging markets in Europe and transit countries. In terms of leaf quality, climate, and available growing area, there are no known regions in the world that are comparable. Without Peru, the cocaine industry would be severely handicapped, and cocaine supplies and profits would topple. Unfortunately, given the important requirements for Peru also to improve its record on human rights and its economy, it will be some time before the Peruvian Government will be in a position to dislodge the traffickers from its territory and replace coca cultivation with suitable alternatives.

Peru must begin to develop a long-term strategy that will reduce its coca cultivation. This *Strategy* provides enough resources to sustain a U.S. law enforcement presence east of the Andes, to help Peru further develop its interdiction capabilities, and to provide support for judicial reform and alternative development. This support will allow Peru to maintain pressure on the traffickers and to prevent them from establishing permanent sanctuaries inside the country—something that is very much in Peru's national security interest.

Mexico has strong political will and has significantly increased its counternarcotics efforts in recent years. Mexico works very closely with the United States in drug control. Last year the Mexican Government seized 38 metric tons of cocaine and eradicated 6,900 hectares of poppy and 12,100 hectares of cannabis. Intelligence estimates suggest that as much as 70 percent of the cocaine entering the United States crosses the 2,000-mile border with Mexico. This area is very important to cartel drug smuggling and will likely remain so for the foreseeable future.

Mexico is the only Latin American country to take over funding responsibility for its entire counter-drug program. Accordingly, U.S. counternarcotics assistance has dropped from approximately $20 million a year to just over $1 million. President Salinas is now institutionalizing his Administration's counterdrug effort by such actions as establishing the National Institute for Drug Control to oversee the implementation of Mexico's counternarcotics program. The United

States will continue to strengthen its counterdrug partnership with Mexico and will provide them whatever appropriate technical assistance, law enforcement training, and investigative support they require. For example, Mexico's drug interdiction program (the Northern Border Response Force) relies on U.S. detection and monitoring information to conduct its interdiction operations, and this support will continue.

In the past the United States has provided limited counterdrug assistance to Brazil, Ecuador, and Venezuela, which—because of their proximity to the source countries—are commonly referred to as "spill-over" countries. The importance of each is now growing as the traffickers expand their smuggling and money-laundering operations into Ecuador and Venezuela and as Brazil increases in importance as a major supplier of precursor and essential chemicals. United States policy must take cognizance of these changes and seize any opportunities they may present to increase commitment to counternarcotics activities.

The Heroin Strategy. The heroin threat requires a significantly different approach than that described for cocaine. The heroin industry is much more decentralized, diversified, and difficult to collect intelligence on and conduct law enforcement operations against. From a global perspective, heroin may pose a greater long-term threat to the international community than cocaine. Consequently, the need to give heroin serious attention goes beyond domestic concerns of a potential heroin epidemic to larger concerns about international political stability.

In many countries opium and heroin are the drugs of choice among users of illicit drugs, and production of each is up dramatically. Today at least 11 countries produce a total of 3,700 tons of illicit opium for the international drug markets—more than double the production a decade ago. Heroin refining occurs in nearly all producing countries, as well as in some transit and consumer countries. While Southeast Asia remains the largest producer and supplier to the U.S. illicit drug market, U.S. heroin market requirements could easily be met by Western Hemisphere sources.[2]

The demise of the Soviet empire has significantly changed the international political and geographical landscape, and the drug industry is responding to an array of new business and criminal opportunities. Traffickers now use new smuggling routes that traverse the poorly guarded borders of the Caucasus, Central Asia, and Eastern Europe, where local law enforcement is poorly staffed and ill equipped to oppose them. In some cases the "new" routes are in fact old smuggling highways that until recently were blocked artificially by the Soviet Union or by regional conflicts, as in the Balkans.

Given the decentralization, breadth, and diversity of the heroin industry, there is no practical alternative to a multidimensional and global approach to the heroin problem. It is clear that the Heroin Strategy must focus on promoting greater mobilization of international cooperation and action against all aspects of the heroin drug trade. A source-country approach is not feasible, since poppies are too easily and profitably grown throughout the world. No single country or group of countries has the resources, knowledge, or worldwide reach to address this complex challenge. The international community must unite to deny the illicit drug industry the ability to expand its criminal empires and undermine national security interests. Such a strategy requires leadership and long-term political commitment rather than massive funding.

In many major heroin source and transit countries, the United States has important national security interests, that go beyond drugs; however, to pursue these other interests, the drug industry and its criminal activities must be dealt with as well. The U.S. Heroin Strategy will carefully target those countries and regions that pose the most direct heroin threat to the domestic health and national security interests of the United States and act in light of existing relations.

Accordingly, diplomatic efforts will be increased to influence Burma's neighbors—especially China and Thailand—to exert more narcotics control pressure on the Government of Burma by emphasizing to them the regional threat posed by Burma's heroin trade. Furthermore, the

United States has increased support to the UNDCP's Sub-Regional Project, working with Burma and its neighbors to reduce opium production and enhance regional cooperation.

The Administration is working closely with overseas partners to develop detailed information on the worldwide narcotics trade to exploit vulnerabilities identified inside and outside the respective countries. Accordingly, the United States will continue to provide countries with established judicial institutions the information, evidence, and other operational support they need to take aggressive legal action against major traffickers and corrupt government officials.

China and Thailand are being encouraged to conduct drug interdiction operations along the border between Burma and Thailand, at major ports, and wherever such operations can enhance the collection of evidence on the organizations and their leaders. And U.S. diplomatic and investigative initiatives will be expanded in emerging transit countries of the region, such as Cambodia and Vietnam.

Colombia presents a major new heroin supply threat to the United States. The cartels have all the prerequisites to capture a large part of the U.S. domestic heroin market: They have sufficient poppy in cultivation to meet U.S. supply needs, their product quality is high, and their retailing capabilities are well developed. Given these advantages and their closer proximity to the United States, the cartels can provide stiff competition to Asian traffickers. The cartels already are selling very pure, high-quality heroin in the United States at a cheaper price than their Asian counterparts. To counter this threat, the United States will provide maximum support to Colombia's efforts to eradicate poppy and to interdict heroin heading for this country.

In view of Afghanistan's importance as a major opium source country, the United States will establish the principle that assistance to major drug-producing areas in Afghanistan should be in the context of a plan to reduce opium growing and processing. Further, the United States will continue to encourage Pakistan to make a serious effort to reduce heroin and opium production, and increase its investigative efforts on high-level trafficking. The U.S. will provide appropriate judicial training and other technical assistance necessary to enhance Pakistan's capability to successfully prosecute, convict, or extradite major traffickers.

Changes in worldwide opium production and trafficking patterns are increasing Turkey's importance to the drug industry for processing and transshipment and as a clearinghouse linking the Southwest Asian trade to European, Middle Eastern, and North American markets. U.S. policy will continue (1) to promote Turkish political will and commitment to improve its investigative and prosecutorial capabilities, (2) to target the country's well-established drug syndicates, and (3) to assist with the technical and operational expertise required to undertake this task. The United States will offer similar assistance to Asian, African, and Latin American transit countries that demonstrate the requisite political will to reform and enhance their investigative capabilities.

Since Europe is one of the largest world markets for heroin, the United States will encourage European and other major consumer countries to take the lead in thwarting heroin production and trafficking in and through Eastern Europe and the Commonwealth of Independent States, providing these countries with badly needed financial and material antinarcotics assistance. U.S. counternarcotics assistance for the Commonwealth will be provided through UNDCP, along with limited direct assistance for building indigenous law enforcement, demand reduction, and money-laundering enforcement capabilities.

INTERNATIONAL COOPERATION OBJECTIVES

Boosting international awareness of the illicit drug threat and strengthening the political will to combat it are principal *Strategy* objectives. Affected countries are encouraged to invest resources in counternarcotics public awareness, demand reduction, and training programs that will build public support and strengthen the political will for implementing counternarcotics programs. Re-

search institutions in particular will be encouraged to develop the data necessary to provide a foundation for monitoring the status of drug use on a continuous basis.

Cocaine, opium, and heroin production are connected to other critical national concerns such as democracy, refugees, and the environment. The United States will seek to raise awareness among all nations that effective drug control measures are in the countries' interest to implement and that they need to undertake the necessary diplomatic and law enforcement initiatives.

The United States will increase efforts to combat international drug-money laundering and the diversion of chemicals to support drug processing by encouraging more members of the international community to pass tougher legislation concerning money laundering, precursor chemical and currency control, and asset seizure and forfeiture. Those countries that have adequate laws in these areas will be encouraged to enforce them more stringently.

[1] Slash-and-burn coca and opium cultivation destroys hundreds of thousands of acres of rain forest every year, and the dumping of millions of gallons of the toxic chemicals used to make cocaine and heroin pollutes river systems and ground cover at an alarming rate.

[2] The two largest growing areas are Afghanistan and Burma, countries where the United States has little political influence or physical access. Opium poppy cultivated in Colombia could be sufficient to supply the heroin demand for the United States.

VI. Strategy Goals and Objectives

The *1994 National Drug Control Strategy* has one overarching goal—the reduction of drug use. This goal was established by Section 1005 of the Anti-Drug Abuse Act of 1988, which requires that the National Drug Control Strategy include "comprehensive, research-based, long-range goals for reducing drug abuse . . . [and] short-term measurable objectives which the Director [of the Office of National Drug Control Policy (ONDCP)] determines may be realistically achieved in the 2-year period beginning on the date of submission of the *Strategy*." Section 1005 of the act also requires that each *Strategy* include "a complete list of goals, objectives, and priorities for supply reduction and for demand reduction." According to the Act, demand reduction includes drug use education, prevention, treatment, research, and rehabilitation; and supply reduction includes any activity to reduce the supply of drugs in the United States and abroad, including international drug control, foreign and domestic intelligence, interdiction (in the border and transit zones and in source countries), and domestic law enforcement.[1]

Successful national policy requires the development of supply reduction and demand reduction programs that contribute to the overall goal of reducing drug use and subsequent damage to individuals, families, and communities, as well as reducing the damage caused by drug trafficking and drug-related crime and violence. The *1993 Interim Strategy* provided a general plan for the Nation to reduce drug use and its consequences to users and society; the goals and objectives delineated below provide the means for objective measurement of the success of this plan.

Past Strategies. Past strategies placed special emphasis on the reduction of drug use by casual or intermittent drug users—that is, those users whose frequency of use does not result in problems or behaviors that require some type of treatment. This emphasis was understandable: The National Household Survey on Drug Abuse (NHSDA) reported almost 6 million casual or intermittent cocaine users in the mid-1980's (compared with 1.3 million in 1992). The early strategies emphasized programs that targeted these users to reduce their numbers and prevent many of them from passage into hardcore drug use.[2] The early strategies also included some goals on the health consequences of hardcore drug use by measuring trends in the number of hospital emergency room admissions, as well as goals pertaining to illicit drug availability.

Three principal surveys were used to identify reductions in overall drug use, adolescent drug use, use of specific drugs (e.g., cocaine and marijuana), hospital emergency room mentions, and illegal drug-use approval rates of high school seniors.[3] Progress in reducing drug availability was tracked using perceptions of drug availability from the Monitoring the Future (MTF) Survey.

The *1994 Strategy* expands the focus away from casual and intermittent drug use and places it more appropriately on the most difficult and problematic drug-using population—hardcore drug users. This shift recognizes that drug dependence is a chronic, relapsing disorder requiring specialized treatment and provision for aftercare. The *Strategy* also recognizes that prevention programs must place special emphasis on high-risk populations to deter new, high levels of first-time drug

use and that prevention efforts also are needed to keep new users from becoming addicted.

With respect to supply reduction, the *1994 Strategy* significantly changes that program's emphasis. Past practice emphasized programs that attacked the flow of drugs essentially in all places at all times: in the source countries, in the transit zones, along the borders of the United States, and within communities. The *Strategy* changes the emphasis from the past practice of concentrating largely on stopping narcotics shipments to a more evenly distributed effort across four program lines: (1) assisting nations that demonstrate the will to address the problems of drug use and trafficking, (2) destroying domestic and international drug trafficking organizations, (3) exercising more selective and flexible interdiction programs, and (4) enhancing the quality of traditional investigative and prosecutorial activities while furthering new advances in policing, such as by using community policing to deter criminal activity.

This shift in the *Strategy's* program emphasis means that the goals used in the past must be expanded. With respect to demand reduction programs, the *Strategy* will continue to include goals reflecting the need to reduce casual or intermittent drug use. However, additional goals will be added to include the reduction of hardcore drug use and its consequences to the user and society.

On the supply side, past strategies rightfully avoided goals that reflected seizures or arrests; these were recognized as poor substitutes for goals measuring drug availability. While measuring drug availability is not an unreasonable indicator of overall progress, it does not encompass the totality of our national efforts or reflect the true impact of law enforcement efforts on reducing illicit drug consumption and its consequences to users and society. Statistics on the number of arrests or the total amount of seized assets say little about whether the presence of illicit drugs in schools has decreased or whether inner-city communities plagued by drug-related crime and violence are any safer. It is therefore inappropriate to evaluate the success of the Nation's overall drug control strategy using such limited indicators.

Special Issues Surrounding New Strategy Goals. As previously stated, by law the *Strategy* has as its overarching goal the reduction of drug use and its consequences to users and society. All supply reduction and demand reduction activities are dedicated to satisfying this one goal. However, this focus does not provide an adequate way to measure progress in the overall drug program effort because it oversimplifies the nature of the problem.

Another issue that needs to be addressed is how to deal with the problems of alcohol and tobacco use, which account for the bulk of substance abuse-related costs (i.e., health-related costs, deaths, crime, and other social costs). ONDCP's statutory mandate is limited to the problems of controlled substances; it can address alcohol and tobacco use only when such use is illegal. This means that the problems of underage drinking and tobacco use are legitimate drug policy concerns, but the broader issue of substance abuse in general—defined to include alcohol and tobacco problems—is beyond ONDCP's statutory mission, although it is not beyond the mandate of the Federal Government. Indeed, approaches to solving drug problems do not occur in isolation; to be successful, they must be linked to efforts to curb alcohol and tobacco use. This *Strategy* addresses illicit drug use but recognizes the substantial and important contribution of its programs to the reduction of alcohol and tobacco consumption. Accomplishing the reduction of the deleterious use of alcohol and tobacco is under the purview of the U.S. Departments of Health and Human Services (HHS) and Education.

A more generic issue concerns the problem of measurement. The ability to track progress in achieving goals and objectives depends greatly on the quality, timeliness, and relevance of information on drug use and its consequences to users and society. The *Strategy's* mandate is to reduce drug use, but surveys describing drug prevalence or consumption of illicit drugs all have limitations. Drug use is not easy; drug use is illegal and not all users readily offer information about themselves and their drug habits. Existing surveys do not effectively measure drug use by the most serious drug user—the hardcore drug user.[4] Moreover, some of

these surveys have been criticized as inadequate on other grounds.[5] To overcome these shortcomings, ONDCP offers the following plan:

- First, ONDCP will convene the Research, Data, and Evaluation (RD&E) Committee (see Appendix A), which will, among other things, identify shortcomings in existing drug-related data collection systems and recommend steps to improve drug data collection for policy and *Strategy* implementation purposes.

- Second, ONDCP will work with agencies and independent groups involved in gathering drug-related information to assess the steps that can be taken to use drug data more effectively for national drug policy development and implementation.

- Third, Federal agencies will work with State and local agencies to promulgate uniform standards for reporting drug use and consequence data, as well as law enforcement data.

- Fourth, working with other Federal agencies, ONDCP will develop and implement a plan to more effectively disseminate Federal drug use and consequence data.

The objective of this effort will be threefold: (1) to improve existing measures to assess progress in reducing drug use and its consequences to users and society, (2) to develop measures to evaluate major program components of the *Strategy*, and (3) to provide more relevant and timely information for policymakers. In the interim, and within reason, existing surveys will continue to provide measures to monitor progress in achieving the *Strategy* goals and objectives delineated below. Exhibit 6-1 summarizes the goals for the *1994 National Drug Control Strategy*.

1994 STRATEGY GOALS AND 2-YEAR OBJECTIVES[6]

The *1993 Interim Strategy* provided the blueprint for action against the Nation's drug problem, with the Federal Government coordinating with State and local governments as well as with private and public sector treatment and prevention programs. The success of the *Strategy* will depend, in large measure, on cooperation and collaboration with drug control programs provided by all public and private sector entities. Furthermore, the *Strategy's* success depends on how closely it is linked to other Federal programs that include a substance abuse control component, such as the Public Health Service's Healthy People 2000, the Department of Education's programs addressing the National Education Goals, the Administration's Empowerment Zone and Enterprise Communities Program, the Department of Housing and Urban Development's (HUD's) proposed Community Partnership Against Crime, and the Administration's National Service program.

The national goal of reducing drug use has seen the greatest progress in reducing consumption among casual users and less progress with hardcore drug users. The focus must be more on hardcore drug users, including special populations that warrant additional attention, such as low income citizens, adults and adolescents in contact with the criminal justice system, pregnant women, and women with dependent children. Also equally important is the need for outreach to those hardcore users who have yet to encounter the justice system.

Most hardcore users regularly use more than one drug and present complex social, health, and mental health problems, in conjunction with their drug use.[7] Since past efforts to reduce casual drug use were neither quick nor easy, efforts to reduce polydrug use can be expected to follow a similarly difficult path. This must be clearly understood. Expectations of an easy solution to the drug problem, particularly hardcore use, are unreasonable. The *1994 National Drug Control Strategy* establishes realistic, long-term goals for achieving success against hardcore and casual drug use; in the short term, successive 2-year objectives established for each goal present the most reasonable means to track progress. In some cases, the goals established here are process oriented, rather than outcome oriented, because adequate outcome measures do not exist. These goals reflect the immediate need (1) to improve monitoring and oversight of existing program delivery and (2) to

Exhibit 6-1
Goals of the 1994 National Drug Control Strategy

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

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

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

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

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

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

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

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

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

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

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

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

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

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

promote the number of certain specialized programs and add to the capacity of existing programs to support many of the long-term goals.

OVERARCHING GOAL

The ultimate measure of the *Strategy's* effectiveness will be determined by the extent of reductions in drug use, as measured both by the number of users—both casual and heavy—and by the amount of drugs they consume.

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

1996 Objectives

- Reduce the number of hardcore users (defined as those who use illicit drugs at least weekly and exhibit behavioral and societal problems stemming from their drug use) through drug treatment at an average annual rate of 5 percent.[8]

- Reduce the adverse health and social consequences of illicit drug use. Progress will be measured using such measures as drug-related cases in hospital emergency rooms, drug use among arrestees, and the number of infants exposed in utero.

- Reduce the number of casual drug users [defined to include individuals who (1) experiment with drug use, (2) use drugs occasionally, or (3) use drugs on a past-month basis] at an average rate of 5 percent. Progress will be measured using surveys such as NHSDA and the MTF Survey.

DOMESTIC PROGRAM GOALS AND OBJECTIVES

A reduction in drug use requires an encompassing strategy of comprehensive treatment; collaboration among the various health, social service, and mental health providers that may have contact with clients who use drugs; and related services, such as habilitation and rehabilitation to prevent users from relapsing into a life of drug addiction. Such efforts, when properly designed, mitigate the hopelessness that surrounds drug use. Additionally, such efforts also must be complemented by effective prevention strategies, particularly ones that are community based, research driven, comprehensive, and coordinated. To be community based, prevention strategies must reflect local circumstances and develop from local values, culture, and experience. To be comprehensive, prevention strategies must include all relevant community domains, including (but not limited to) schools, parents, businesses, local law enforcement, religious institutions, and public housing authorities.[9] The strategies also must address the needs of individuals of all ages, races/ethnicities, and other backgrounds.

The *1994 Strategy's* domestic program long-term goals address the problems caused by drug use to both individuals and society and present strategic, measurable objectives to address the problems of illicit drug use. In most cases, progress measures are identified for each objective. In those cases where no progress measure exists, ONDCP will task the relevant Federal agency to develop a measure or means to report on progress in achieving the stated objective by 1996.

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

1996 Objectives

- Increase the number of hardcore drug users in treatment by almost 140,000 per year beginning in Fiscal Year 1995. This will include both hardcore drug users in and outside of the criminal justice system.

• Enact the first-ever guarantee of basic drug use treatment services as part of the President's Health Security Act. At a minimum, this will provide basic substance abuse treatment benefits to the more than 58 million Americans who have no coverage at all for some time each year.

• Use effective outreach and referral programs to facilitate early entry into drug treatment by adult and adolescent hardcore drug users who have yet to encounter the justice system. Progress will be measured using existing surveys of the treatment system.

• Provide drug treatment for adults in custody or under the supervision of the criminal justice system who have been identified as having drug problems. The Department of Justice (DOJ) will measure progress using existing surveys of the jail and prison populations.

• Provide treatment for heavy drug users (adults and youth) who come into contact with the justice system through traffic, domestic, family, divorce, and other civil venues. Progress measures will be developed through the RD&E Committee.

• Provide drug treatment for adolescents under the supervision of the court system or other youth service settings. DOJ will measure progress using surveys of the youth offender population.

• Increase the number or capacity of treatment programs that offer comprehensive drug treatment to women, especially mothers (pregnant and nonpregnant), and support services for their dependent children. Measures of progress include surveys such as the National Maternal Infant Health Survey, NHSDA, the National Drug and Alcoholism Treatment Unit Survey, and the Alcohol and Drug Services Survey.

• Increase the number of personnel trained in drug treatment, counseling, and prevention, particularly for those in the criminal justice system.

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

1996 Objectives

• Monitor States that receive Substance Abuse Block Grant funding to ensure that they are in compliance with the law requiring HIV (human immunodeficiency virus) and tuberculosis screening of all clients. HHS will measure progress through the State plans required by the grant.

• Reduce the spread of infectious disease—including tuberculosis, HIV/AIDS (acquired immune deficiency syndrome), and sexually transmitted diseases—related to drug use. Progress will be measured principally by using existing Centers for Disease Control and Prevention data.

• Improve the linkage between treatment facilities and local departments of health and primary health care services by increasing the number of referrals between public health programs and treatment facilities. Progress measures will be developed by HHS.

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

1996 Objectives

• Work to ensure that all 9 Empowerment Zones and 95 Enterprise Communities address drug use and trafficking in their community-based empowerment plans over the next 2 years. HUD will be tasked with reporting on progress in achieving this objective.

• Double the number of community anti-drug coalitions by 1996 with at least half networked into area-wide or Statewide consortia. HHS will report on progress in achieving this objective.

• Increase prevention research and demonstrations in order to improve understanding of effective prevention strategies for drug use as

well as risk and protective factors. HHS will be tasked with reporting on progress in achieving this objective.

- Strengthen the collection and dissemination of results from prevention research and evaluation to ensure that effective approaches are made widely available to communities. HHS will be tasked with reporting on progress in achieving this objective.

- Strengthen public awareness of the consequences of drug problems and support for community drug prevention and treatment approaches. ONDCP will work with drug control agencies on efforts involving the mass media, national voluntary organizations, and community-based groups.

- Provide prevention action standards and offer assessments to community prevention programs. HHS will publish the results of an extensive evaluation on prevention programs and provide assessment standards for individual programs.

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

1996 Objectives

- Reverse the recent increase in the prevalence of illicit drug use among students by 1996.

- Increase the number of schools providing education and recreation services in a safe, supervised setting after school, on weekends, and during vacation periods.

- Increase the number of community-based drug prevention programs, such as the Community Partnership Programs. HHS will be tasked with developing progress measures for this objective.

- Promote community policing in areas burdened with the problems of drug use and crime to enable communities to "take back the streets." DOJ will be tasked with developing progress measures for this objective.

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

1996 Objectives

- Ensure that antidrug prevention efforts target alcohol and tobacco use among underage youth, as well as the use of other illicit drugs, in order to reduce use. Progress will be measured using surveys such as NHSDA and MTF.

- Reverse the recent increase in the prevalence of tobacco and alcohol use among students by 1996. Progress will be measured using surveys such as NHSDA and MTF.

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

1996 Objectives

- Compile and disseminate standards and guidelines for Employee Assistance Programs (EAP's) to help employees with problem assessment and to provide referrals for treatment, counseling, and followup counseling to prevent recurrence of drug problems. HHS will report on progress in achieving this objective.

- Encourage employers, including small businesses, grantees, and contractors, to implement comprehensive drug-free workplace programs (1) that comprise clear, written policies against illicit drug use, (2) that educate employees and train supervisors about corporate policy concerning problems associated with drug use and workplace performance, and (3) that offer EAP's to assist employees in resisting drug use. The Small Business Administration will report on progress in achieving this objective.

- Continue to require Executive Branch agencies to adhere to drug-free workplace policies and programs. This means having an approved plan in place that spells out the agency policy, administrative procedures, and criteria for selection of Testing-Designated Positions. ONDCP will coordinate this effort.

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

1996 Objectives

- Increase the number and/or capacity of Offender Management Programs, especially those that promote accountability among users. DOJ will be charged with developing progress measures.

- Call on Community Partnership Programs (1) to adopt early warning systems to alert the communities they serve of new drug use patterns and consequences and (2) to provide the necessary linkages to the health, prevention, vocational, treatment, and other followthrough services for children, youth, and families of drug users (particularly of hardcore drug users). HHS will develop model systems for use by individual Community Partnership Programs. These models will incorporate other existing linkage programs, such as Target Cities.

Domestic law enforcement program efforts also complement and support efforts to reduce illicit drug use. Local law enforcement efforts, supplemented and supported by Federal and State law enforcement efforts, must work to disrupt drug markets. A balanced law enforcement approach dictates a three-pronged strategy: (1) to reduce the flow of drugs to neighborhoods; (2) to prevent or minimize the damage to individuals, families, and communities caused by drug use, trafficking, and related violence; and (3) to expand the use and effectiveness of the criminal justice system to coerce abstinence and treatment, as well as to ensure appropriate followup and aftercare.

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

1996 Objectives

- Over the next 5 years, put 100,000 more police on the street to work with communities to reduce crime—a nationwide increase of 16 percent.

- Ban the manufacture, transfer, or possession of assault weapons.

- Empower communities to address the problems of drug use and related violence through community-based efforts, such as community policing. DOJ will be tasked with reporting on progress in achieving this objective.

- Augment the role of programs, such as the Community Partnership Programs, to include the problems of drug-related crime and violence, including related domestic violence, and increase understanding of the contribution of drug use to crime and violence by promoting research and evaluation of programs directed toward such linkages. HHS will be tasked with reporting on progress in achieving this objective.

- Ensure swift, certain, and appropriate punishment for drug offenders using an expanded number of drug courts or pretrial diversion alternatives in appropriate cases for first-time, nonviolent, drug-using offenders. DOJ will be tasked with reporting on progress in achieving this objective.

- Expand and enhance drug abuse treatment efforts to address domestic violence issues. HHS will be tasked with reporting on progress in achieving this objective.

- Coordinate a comprehensive Federal, State, and local approach, employing combined task forces as appropriate, in order to

ensure that all levels of the trafficking problem are vigorously attacked. DOJ will be tasked with reporting on progress in achieving this objective.

- Focus investigative and prosecutorial efforts against violent crime, including that related to drug trafficking, with a particular emphasis on cooperation and coordination among Federal, State, and local law enforcement agencies. DOJ will be tasked with reporting on progress in achieving this objective.

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

1996 Objectives

- Disrupt, dismantle, and destroy major narcotics trafficking organizations by interdicting their illicit wares; arresting, convicting, and incarcerating their leaders, members, and associates; and seizing the means and fruits of their illicit activities. Progress will be measured by disruptions in availability of the major illicit drugs on the streets of the United State.[10]

- Better define the size and scope and work aggressively to suppress domestic marijuana production and trafficking.

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

1996 Objectives

- Identify and eliminate areas of duplication and increase coordination of efforts among Federal law enforcement agencies and between Federal law enforcement agencies and their State and local counterparts. The Department of the Treasury and DOJ will be tasked with reporting on progress in achieving this objective.

- Identify and implement options, including science and technology options, to improve the effectiveness of law enforcement to stop the flow of drugs along the Southwest border. ONDCP will report on progress in identifying and introducing new technologies for detecting illicit drugs as one progress measure. The Department of the Treasury and DOJ will be tasked with reporting on progress in achieving this objective.

- Review and improve the structure of intelligence and communications to increase the accessibility, timeliness, and analysis of drug intelligence information to best meet the needs of law enforcement. Working with the intelligence community, the National Drug Intelligence Center will report on progress in achieving this objective.

INTERNATIONAL PROGRAM GOALS AND OBJECTIVES

Drug use is not a victimless crime; its victims are everywhere. The victims of the seemingly insatiable demand for drugs include the citizens of this country as well as the citizens of countries around the world. The President has made it clear that the United States views the operations of international criminal narcotics organizations as a national security threat. Consequently, the *Strategy* directs support for those countries that have the political will to battle major narcotics trafficking organizations; calls for the destruction of those organizations; and mandates the continuation of the ability to conduct selected, responsive Federal interdiction efforts.

The *1994 National Drug Control Strategy* establishes the following goals for international supply reduction. In most cases, progress measures have yet to be identified for each of the goals and objectives. The Counternarcotics Interagency Working Group (IWG) or the Interdiction Coordinator

will report on progress in achieving each of these goals and objectives.

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

1996 Objectives

- Strengthen host nation counternarcotics institutions so that they can conduct more effective drug control efforts on their own.

- Heighten international concern about the global drug threat by demonstrating the deepening connection between the drug trade and other concerns such as economic growth and prosperity, democracy, and the environment.

- Lead efforts to develop and enforce stronger bilateral and multilateral standards (1) to deny traffickers access to essential drug-producing chemicals; (2) to control money laundering; and (3) to thwart the use of international commercial air, maritime, and land cargo shipments for smuggling.

- Make greater use of multilateral organizations— including traditional participants, such as the United Nations Drug Control Program, the United Nations Development Program, and the Organization of American States, and new participants, such as the World Bank and Regional Development Institutions such as the Inter-American Development Bank and Asian Development Bank—to institute programs where U.S. access is limited for security or political reasons, to complement U.S. interests, and to help internationalize the response to the drug problem.

- Direct counternarcotics assistance at countries that demonstrate the requisite political will and commitment to reduce the production and trafficking of illegal drugs and make more aggressive use of economic and other sanctions against key drug-producing and transit countries that do not demonstrate the political will to cooperate on counternarcotics efforts.

- Through nongovernmental organizations and other interest groups, mobilize international opinion against narcotics production, trafficking, and pressure complacent governments into developing and implementing strong counternarcotics policies and attacking drug-related corruption.

- Encourage at-risk countries to invest resources in counternarcotics public awareness, demand reduction, and training programs that will build public support and strengthen the political will for implementing counternarcotics programs.

- Encourage research institutions to develop programs that routinely monitor drug use trends and consequences and to compile the data necessary to describe the costs and effects of drug production, trafficking, and use on national security and welfare to meet the needs of policymakers and international drug control agencies.

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

1996 Objectives

- Focus U.S. assistance on building and strengthening judicial, enforcement, and social institutions in key drug-producing and transit countries so that they become more self-reliant and have a solid and publicly supported legal, political, and operational base for conducting a sustained attack on the drug trade.

- Pursue sustainable development programs in cooperating source countries to strengthen their economies and to create fundamental

economic alternatives to narcotics production and trafficking.

- Encourage source countries to use sustainable development projects to extend governmental authority into drug-producing regions to facilitate eradication and enhance enforcement efforts.

- Intensify international efforts to arrest and imprison international drug kingpins and destroy their organizations.

- Coordinate diplomatic initiatives with major source countries to deny traffickers access to the chemicals they need to produce cocaine and heroin and to thwart the traffickers efforts to launder their illicit proceeds.

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

1996 Objectives

- Reduce coca cultivation by 1996 by assisting and pressing Colombia, Bolivia, and Peru to initiate or intensify crop control efforts through enforcement operations and economic incentives.

- Stop the fast-developing opium cultivation by 1996 through aggressive crop control programs in Colombia, Guatemala, and Mexico and by preventing production from spreading to other Latin American countries.

- Aggressively support crop control programs for poppy and coca in countries where there is a strong prospect for a record of success.

- Conduct flexible interdiction in the transit zone to ensure effective use of maritime and aerial interdiction capabilities. The interdiction coordinator will report on progress in achieving this objective.

- Aggressively support crop control programs for poppy and coca in countries where there is a strong prospect for, or record of success.

- Optimize the program effectiveness of overseas interdiction programs by appointing an interdiction coordinator to coordinate the use of U.S. interdiction resources and to ensure that they are directed at the most important targets.

- Lead and support enhanced bilateral and multilateral criminal investigations—including collecting and sharing information and evidence—to identify, apprehend, and convict drug kingpins and their top associates.

ENSURING THAT GOALS AND OBJECTIVES ARE MET

The success of the *National Drug Control Strategy* ultimately rests on the ability of participants in drug control to effectively achieve the goals and objectives defined above. The *Strategy* is national in scope, and its success is not just a Federal responsibility. Instead, the *Strategy* requires the vigorous participation of State and local governments, private organizations and foundations, interest groups, religious organizations, and private citizens if it is to succeed.

ONDCP is charged by law with establishing policies, objectives, and priorities for the *Strategy* and for monitoring its implementation.[11] Federal agencies responsible for drug control activities will develop and submit to ONDCP plans describing concretely and precisely how the goals and objectives will be achieved. These plans will be reviewed and approved by the Director of ONDCP to ensure progress toward achieving *Strategy* goals.[12] ONDCP will report in 1995 and 1996 on the progress of the *Strategy* in achieving the goals and objectives delineated in the *1994 Strategy*.

ENDNOTES

1 The division of programs into "supply reduction" and "demand reduction" is somewhat artificial; some programs (such as community policing) do not fit easily into either category.

2 The *September 1989 National Drug Control Strategy* stated, "[T]he highest priority of our drug policy must be a stubborn determination . . . to reduce the overall level of drug use, nationwide . . . " (p.8).

3 These surveys include NHSDA, the University of Michigan's Monitoring the Future (MTF) Survey, and the Drug Abuse Warning Network (DAWN). The *1992 National Drug Control Strategy* used the NHSDA to establish the following measures as goals: current (past 30-day) overall drug use; current adolescent drug use; occasional (past year but less often than monthly) drug use; frequent (weekly) drug use; current adolescent cocaine use; drug availability (ease to obtain) for cocaine, heroin, marijuana, PCP (phencyclidine), and LSD (lysergic acid diethylamide); and current adolescent alcohol use. DAWN was used to establish one goal related to the health consequences of drug use: reducing drug-related emergencies reported in hospital emergency rooms. The MTF Survey was used to establish goals on drug use attitudes regarding seniors not disapproving of cocaine use (under two frequency-of-use categories) and of marijuana use.

4 The difficulty in measuring hardcore drug use is substantial. Hardcore drug users are a "rare group"—that is, they are a very small proportion of the U.S. population. Any general population survey, like NHSDA, has trouble finding enough hardcore users to provide a large enough sample to result in adequate estimates. This is why ONDCP and the Substance Abuse and Mental Health Services Administration are working together to design an alternative estimation procedure.

5 For example, see *Drug Use Measurement: Strengths, Limitations, and Recommendations for Improvement*, GAO/PEMD-93-18, June 1993.

6 As part of its consultation process, ONDCP brought together over two-dozen expert analysts within the Federal Government to provide advice on formulating goals, objectives, and measures for the *1994 National Drug Control Strategy*. Participants were drawn from a wide spec trum of agencies, including the Center for Substance Abuse Prevention, the Center for Substance Abuse Treatment, the National Center for Health Statistics, the Department of Education, the Department of State, the Drug Enforcement Administration, the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, the Bureau of Justice Statistics, the National Center on Child Abuse and Neglect, and the Office of Applied Studies in the Substance Abuse and Mental Health Services Administration. This effort was supplemented by other input received as part of the overall *Strategy* consultation.

7 Kessler, R., et.al., "Lifetime and 12-Month Prevalence of DSM-III-R Psychiatric Disorders in the United States, Results from the National Comorbidity Survey," *Archives of General Psychiatry*, 1994.

8 ONDCP and HHS are working on a project to develop estimates of the size, location, and characteristics of the hardcore drug user population. This project will provide the measure of progress in achieving this objective. In the interim, ONDCP will continue to rely on existing data.

9 Results from prevention research identify promising clinical and educational practices that prevent the onset of drug use (primary prevention), interrupt progression into drug use, reduce the likelihood of relapse (secondary prevention), and ameliorate drug-related morbidity and social consequences. The National Institute on Drug Abuse's prevention research program includes risk appraisal and vulnerability research; controlled basic and applied intervention research; and research to understand the social, psychological, and environmental risk and protective factors, perceptions, and behaviors. This program also includes media and education research focused on public awareness, attitudes, and perceptions.

10 DOJ will be given principal responsibility for reporting progress in this area. Measures of perceived availability, as monitored by HHS and the MTF Survey, also will be used to track progress in achieving this goal.

11 Specifically, Section 1003 of the Anti-Drug Abuse Act of 1988 requires that the Director "monitor implementation of the *National Drug Control Strategy*, including (A) conducting program and performance audits and evaluations; and (B) requesting assistance from the Inspector General of the relevant agency in such audits and evaluations."

12 As part of these implementation plans, Federal agencies will identify the data, surveys, and other sources of information they will use to assess progress in achieving the stated goals and objectives. In addition, the RD&E Committee will identify options to expand the scope and coverage of existing drug use and consequence measures, to monitor *Strategy* goals and objectives, and to conduct program evaluation.

Federal Resource Priorities

The President's 1995 budget request for drug control programs provides a new direction for national efforts to confront the problems caused by illicit drug use and trafficking. Not only has the total funding request substantially increased but significant emphasis is now placed on demand reduction programs, particularly treatment services for hardcore users and prevention activities for children and adolescents. Moreover, this budget provides resources to link drug policy with other facets of the Administration's domestic policy, especially programs to stimulate economic growth, reform health care, curb youth violence, and empower communities. The Fiscal Year (FY) 1995 request also proposes to unite drug programs with related efforts to give individuals and communities relief from problems that lead to drug use.

Recognizing the strong linkage between hardcore drug use and its health and crime consequences to society, the drug control budget increases funds for drug treatment to a record level. Moreover, the FY 1995 budget increases resources for community-based prevention education programs, critical supply reduction programs in source and transit countries to stop the flow of illicit drugs to the United States, and local law enforcement programs for community policing.

Further, interdiction funding has been reduced, reflecting the shift in program emphasis from relatively more expensive programs operating in the transit zone to less expensive programs in source and transit countries. Finally, the budget recognizes the importance of Federal law enforcement and maintains funding for efforts to ensure continued progress in attacking drug trafficking.

FY 1995 DRUG CONTROL PROGRAM RESOURCES

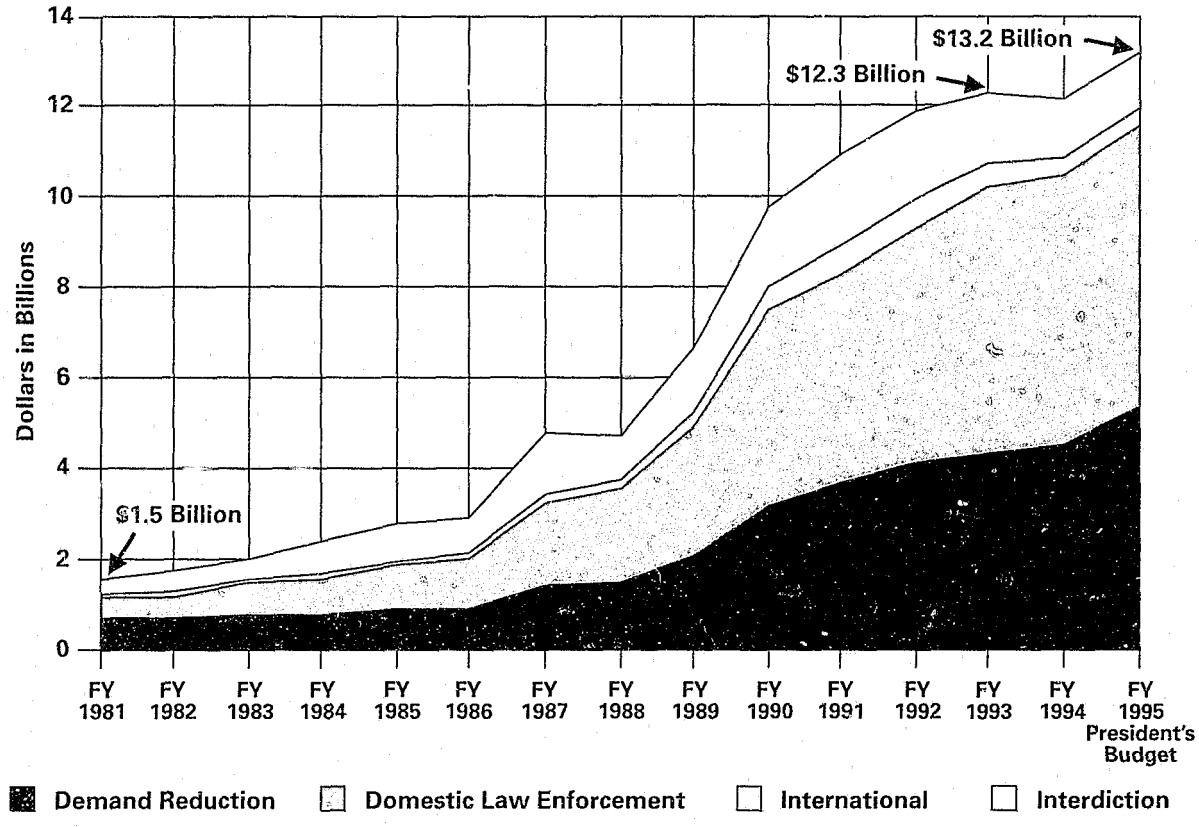
For FY 1995, the President has requested a record $13.2 billion (see Exhibit 7-1) to enhance programs dedicated to drug control efforts. This represents an increase of $1.0 billion, or 9 percent, more than the FY 1994 level. Given the tight fiscal constraints with which many programs are faced, the 1995 request clearly expresses the Administration's commitment to alleviating the problems associated with drugs, crime, and violence.

Throughout the FY 1995 request are funding enhancements in support of the goals of the *1994 National Drug Control Strategy*. Increased funding has been requested for programs that have proven effective in addressing the problems of drug use and its associated crime and violence. Among the funding enhancements are:

- A total drug budget request of $13.2 billion for drug control activities to fund programs that reduce the number of drug users and the amount of drugs used as well as reduce the supply of illicit drugs entering the United States.

- $2.9 billion for drug treatment programs to expand treatment capacity and services and increase treatment effectiveness so that those in need of treatment can receive it.

Exhibit 7-1
Federal Drug Control Spending by Function, 1981–1995



- An additional $355 million for programs that target the hardcore drug-using population.

- $2.1 billion for drug prevention activities to create safe and healthy environments in which children and adolescents can live, grow, learn, and develop; to assist local communities in developing effective prevention programs; and to increase workplace safety and productivity by reducing drug use in the workplace. Of this amount, an increase of $191 million is requested for the Safe Schools and the Safe and Drug Free Schools and Communities State Grant Program prevention programs to ensure that children receive comprehensive drug, crime, and violence prevention curricula.

- A new funding enhancement of $568 million for Community Policing, including domestic law enforcement and prevention activities, to help reduce drug-related crime and violence in communities.

- A total of $428 million for international efforts to strengthen international cooperation against narcotics production, trafficking, and use as well as to assist other countries in attacking the drug trade.

- $28 million within the Department of Transportation to reduce the use of alcohol among youth.

The 1995 budget request includes significant increases in drug program funding for all major program areas except for drug interdiction. Table 7-1 illustrates the Federal drug control spending for the seven major functions tracked in the drug control budget.[1]

Together, treatment and prevention (Education, Community Action, and the Workplace)

Table 7-1
Federal Drug Control Spending by Function, FY 1993–FY 1995

(Budget Authority in Millions)

	FY 1993 Actual	FY 1994 Enacted	FY 1995 President's Request	FY 94–FY 95 Change $	FY 94–FY 95 Change %
Drug Treatment	2,339.1	2,514.1	2,874.4	360.3	14.3%
Education, Community Action, and the Workplace	1,556.5	1,602.4	2,050.7	448.2	28.0%
Criminal Justice System	5,685.1	5,700.4	5,926.9	226.6	4.0%
International	523.4	351.4	427.8	76.4	21.7%
Interdiction	1,511.1	1,299.9	1,205.6	(94.3)	–7.3%
Research	499.1	504.6	531.6	27.0	5.3%
Intelligence	150.9	163.4	162.8	(0.6)	–0.4%
Total	**12,265.3**	**12,136.2**	**13,179.8**	**1,043.6**	**8.6%**

programs comprise more than 80 percent of the $1.0 billion increase in total drug control resources between FY 1994 and FY 1995. Resources requested for treatment will increase by 14 percent; prevention resources will increase by 28 percent.

The budget also heavily emphasizes the role of the community in drug control efforts. Approximately $775 million will be provided for community-based programs such as Community Empowerment, Community Policing, and Community Partnerships.

International program resources also will increase significantly in FY 1995. Total international program spending increases by 22 percent, from $351 million in FY 1994 to $428 million in FY 1995. Most of this increase supports State Department programs in the coca-producing countries, although additional resources are provided to support bilateral and multilateral efforts to confront the emerging heroin problem.

Domestic law enforcement efforts increase 4 percent between FY 1994 and FY 1995. Most of this spending growth is to activate new Federal prisons and to initiate community policing-related drug law enforcement.

The FY 1995 budget requests for drug interdiction programs are down by 7 percent. A total of $1.2 billion is requested in FY 1995. This is $94 million less than the FY 1994 level of $1.3 billion. Further, Interdiction funding is down by 20 percent, compared with FY 1993, due to substantial reductions in the Department of Defense budget and reduced operations in the transit zones.

Intelligence funding also is slightly down in the FY 1995 request, reflecting planned consolidation and streamlining of intelligence gathering and analysis capacity.

SUPPLY AND DEMAND RESOURCES

The Anti-Drug Abuse Act of 1988 requires the Director of the Office of National Drug Control Policy (ONDCP) to report on spending for programs dedicated to supply reduction and demand reduction activities. The $1.0 billion increase in the FY 1995 request provides additional resources for both supply reduction and demand reduction programs. However, the bulk of the increase in total resources is for demand reduction programs, which increase by more than 18 percent, as compared with supply reduction programs, which increase by only 3 percent.

Of the total $13.2 billion request, $7.8 billion is for supply reduction programs and $5.4 billion is for demand reduction programs. The percentage of resources for supply reduction has fallen below

60 percent for the first time. The FY 1995 budget provides 59 percent of total budgeted resources for supply reduction and 41 percent for demand reduction programs. This reflects a dramatic shift in program emphasis in favor of treatment and prevention programs. It also demonstrates the Administration's commitment to closing the gap between funding for supply reduction and demand reduction programs.

MAJOR DRUG BUDGET INITIATIVES

Four major budget initiatives are included in the FY 1995 request. The first two initiatives focus on reducing the demand for illicit drugs through treatment and prevention programs. The third initiative provides resources to communities to confront the problems of drug use and its health and crime consequences, particularly for youth and hard-to-reach populations. The last initiative enhances international programs to give producer countries the means to attack the problems of drug production and trafficking at the sources.

1. Reducing Hardcore Drug Use Through Treatment. First, the FY 1995 budget request focuses on increasing funding for programs that diminish drug use by providing additional funding for those programs that are most effective in reducing drug use, particularly for the hardcore drug using population. As has been stated in the *Strategy*, hardcore drug use fuels the continued high demand for illicit drugs and is linked to the high level of crime that occurs, especially in inner cities. Further, studies link hardcore drug use and HIV/AIDS (human immunodeficiency virus/acquired immune deficiency syndrome) transmission. Injecting drug users and their sexual partners account for nearly one-third of the reported AIDS cases and, in cities where the rate of HIV is high, women trading sex for crack-cocaine also have been identified as a growing source of HIV/AIDS transmission.

It is for these reasons that the *Strategy* makes the reduction of drug use by hardcore users its number-one priority.

The total 1995 funding request for drug treatment programs is $2.9 billion, an increase of $360 million (14 percent). Of this increase, $355 million is targeted specifically for programs to reduce hardcore drug use and includes the following elements:

- $310 million for the Department of Health and Human Services (HHS) Substance Abuse Prevention and Treatment Block grant;
- $35 million for a new treatment demonstration program at HHS for the hardcore population; and
- $10 million for the expansion of treatment services for American Indian and Alaska Native populations.

It is anticipated that these additional funds will provide treatment for up to an additional 74,000 hardcore drug users.[2]

Furthermore, it is expected that the enactment of the Crime Bill will provide substantially more resources for treatment of prisoners. It is estimated that funding provided by the Violent Crime Reduction Trust Fund could provide resources to treat as many as 65,000 additional hardcore drug users in prisons.

These initiatives will specifically support the following goals:

- Goal 1 by reducing the number of drug users. In this particular case, the number of hardcore drug users will be reduced significantly. The $355 million treatment initiative, coupled with resources expected from the Crime Bill, will enable as many as 140,000 additional hardcore drug users, both in and out of the criminal justice system, to receive drug treatment.
- Goal 2 by closing the treatment gap by 9 percent by 1996. The treatment gap will continue to close by like amounts thereafter if resources for treatment are maintained. The

Administration will continue to support additional resources in the future to close the treatment gap as well as to provide adequate capacity so that all those who seek treatment can receive it.

- Goal 9 by targeting hardcore drug users. Drug-related crime and violence will be reduced.

2. Ensuring Safe and Drug-Free Schools by Improving Prevention Efficacy. Drug use and drug-related violence interfere with learning in schools. Accordingly, to create safe and drug-free environments, the FY 1995 request includes $660 million for school-based drug and violence prevention programs, an increase of $191 million over the FY 1994 level for two programs within the Department of Education: the Safe and Drug-Free Schools and Communities State Grant Program and the Safe Schools Program.

This initiative will ensure that children can attend schools that are free of crime and violence. Under the FY 1995 request, every student in grades K–12 will have the opportunity to receive violence and drug and alcohol use prevention education. Further, these new programs will allow for the procurement of metal detectors and the hiring of security personnel in school districts that demonstrate high levels of drug-related crime as well as other crime and violence problems.

It is estimated that more than 40 million youths are exposed to prevention programs annually; this initiative will provide more comprehensive programs than ever before. It specifically supports the following goals:

- Goal 1 by reducing the number of drug users. Once they are in safe learning environments, children can benefit from the prevention message. The 1992 Monitoring the Future Survey found drug use on the rise among students. This initiative seeks to reverse the recent increase in drug use among children.
- Goal 4 by helping communities develop effective prevention programs. By providing safe living and learning environments for youth, communities can ensure that every child in grades K–12 can participate in drug, alcohol, and violence prevention education.

3. Empowering Communities to Combat Drug-Related Violence and Crime. The FY 1995 request includes resources to empower communities to confront their drug problem directly. A total of $1.0 billion is requested for community-based efforts. Included in this amount is $733 million for the Community Policing, Empowerment Zone, and Community Partnership Programs.

The drug component of the Community Policing effort to provide 100,000 police on the streets is $585 million. Community policing has been acknowledged as a necessary first step to halt the cycle of community decay caused by drug use and trafficking and the violence it generates. By increasing police presence and expanding community policing, the FY 1995 request contributes directly to the following goals:

- Goal 5 by helping communities to create safe and healthy environments.
- Goal 9 by enabling communities to address drug use and related violence.

Empowerment activities are local efforts based on strategic, comprehensive plans. They offer the best way to coordinate government efforts across program and jurisdiction lines, contributing to the following goals:

- Goal 1 by reducing the number of drug users.
- Goal 2 by providing expanded treatment capacity and services.
- Goal 5 by creating safe and healthy environments in which children and adolescents can live, grow, learn, and develop.

- Goal 8 by linking treatment and prevention services to other supportive social services in the community through the broader community empowerment effort.

Also for drug-related prevention and treatment efforts, $50 million is in the FY 1995 request for the drug-related portion of the Community Empowerment Program, which will be directed principally by the Department of Housing and Urban Development. This initiative is to support communities that prevent and remedy child neglect and abuse by providing residential and nonresidential drug and alcohol prevention and treatment programs that offer comprehensive services for pregnant women and mothers and their children.

Moreover, to ensure linkages of comprehensive, community-based services—especially prevention services at the local level—the FY 1995 budget requests $115 million for the Community Partnership program. This funding will aid in the organization of community efforts to build and implement comprehensive, antidrug community strategies.

The funding for the Community Partnership program is maintained at the FY 1994 enacted level. However, about $37 million of the total $115 million request includes resources becoming available as a result of the completed grant cycle from partnerships funded in the past. In essence, these resources will be available for grants for new community partnerships in FY 1995.[3] Community Partnerships contribute to the following *Strategy* goals:

- Goal 1 by providing prevention services and linkages to treatment programs to reduce the number of drug users in the United States.

- Goal 4 by assisting local communities in developing effective prevention programs.

- Goal 5 by creating safe and healthy environments in which children can live, grow, learn, and develop.

- Goal 6 by reducing the use of alcohol and tobacco products among underage youth.

- Goal 8 by strengthening linkages among prevention, treatment, and criminal justice communities and other supportive social services.

Finally, to provide resources in the areas of high drug trafficking and use, the FY 1995 request for the ONDCP High Intensity Drug Trafficking Area Program (HIDTA) is $98 million, an increase of $12 million. The increase in funding will permit one additional HIDTA, bringing the total to six. The five HIDTA's that currently exist are New York, Los Angeles, Miami, Houston, and the Southwest border. It is envisioned that a portion of the funds in FY 1995 will be used for services to reduce drug use by the hardcore population. This initiative contributes to the following goals:

- Goal 1 by reducing drug use, particularly in the newly proposed HIDTA that will target the problem of hardcore drug use.

- Goal 5 by helping communities to create safe and healthy environments.

- Goal 9 by enabling communities to address drug use and related violence.

- Goal 10 by enabling law enforcement to reduce domestic availability of illicit drugs and to target those who traffic in such drugs.

- Goal 11 by improving the efficiency of Federal drug law enforcement.

4. Increased International Program Efforts. The fourth major budget initiative supports supply reduction programs worldwide. The 1995 budget requests an increase of $76 million for International Programs, of which $72 million is for the Department of State and the Agency for International Development to support source country efforts to reduce the availability of illicit drugs through activities such as training of law enforce-

ment, judicial reform, crop control, sustainable development, interdiction, and demand reduction efforts.

The 1995 request recognizes that drug policy must be an integral part of U.S. foreign policy and be pursued on a broad front of institution building, dismantling of drug-related organizations, and source-country and transit zone interdiction. To improve the national response to organized international drug trafficking, the budget emphasizes programs that support a controlled shift of resources from the transit zones to the source countries. This initiative will directly contribute to the following goals:

- Goal 12 by strengthening international cooperation against illicit drug production, trafficking, and use.

- Goal 13 by assisting other countries in developing comprehensive counternarcotics policies, including those contributing to institution building and economic growth.

- Goal 14 by supporting law enforcement efforts to increase the costs and risks to traffickers.

OTHER FY 1995 BUDGET HIGHLIGHTS

There are several other notable changes in the *1994 National Drug Control Strategy*.

- Activities by the Corporation for National and Community Service programs will be enhanced by $15 million, to a total of $43 million, to address the educational, human service, public safety, and environmental needs of the Nation through volunteer activities.

- Research activities within the National Institutes of Health will increase by $18 million, to a total of $444 million.

- Immigration and Naturalization Service drug-related activities will increase by $11 million, to a total of $168 million.

- An increase of $16 million for the Job Training Partnership Act program to provide enhanced vocational training and rehabilitative services for the hardcore drug user.

- A decrease of $52 million in the Coast Guard program largely due to the completion of the Operation Bahamas and Turks and Caicos Helicopter Replacement program.

- Funding for Department of Defense activities has increased slightly by $6 million, to a total of $874 million. However, this request is still down by $266 million from its FY 1993 level.

- Funding for the formula portion of the Byrne grant has been eliminated. However, the discretionary amount has been doubled to $100 million. It is anticipated that the activities conducted under the formula grant will be carried out under grants authorized by the pending Crime Bill.

- The air and marine programs within the Customs Service have been reduced by $31 million to a total Customs Service drug-related request of $506 million. However, this reduction will not impact the operation of the P–3 air surveillance program.

PROGRAM LINKAGES

The *1994 National Drug Control Strategy* recognizes the importance of Federal, State, and local government program linkages and the need for grassroots level efforts rather than top-down Federal-to-local programs to deal with the drug problems. There must be a commitment by all levels of government for programs to succeed at the community level.

To that end, there is a strong need for better cross-agency coordination with regard to drug programs as well as more flexibility for communities to allocate resources in areas that will best meet their particular circumstances. The Community Empowerment program holds great promise for

enabling communities to better coordinate Federal spending, but more can be done.

To carry out this priority, ONDCP will work with Federal agencies to encourage program linkages at the local level to improve program delivery. For example, there is a need for treatment providers to be better linked to programs that offer related vocational and social services for hardcore drug users. ONDCP will encourage Federal drug control agencies to identify programs that could be better linked to provide a more comprehensive package of services so that hardcore drug users can function in society by reducing or eliminating their drug use. ONDCP will encourage such agencies to enter into interagency agreements, cooperative agreements, and memoranda of understanding to better meet the drug services needs in communities.

NATIONAL FUNDING PRIORITIES FOR FY 1996 to FY 1998

The Administration will vigorously pursue funding for the following program areas to reduce drug use and its consequences to the individual and society and to reduce the availability of illicit drugs in the United States. The following are the funding priorities for FY 1996 to FY 1998:

- Expand treatment capacity and services and increase treatment effectiveness so that those who need treatment can receive it.

- Enhance prevention programs that target youth, reducing underage use of illicit drugs, alcohol, and tobacco products.

- Support programs at the local level that create safe and healthy environments in which children and adolescents can live, grow, learn, and develop.

- Focus increased efforts on programs that assist local communities in developing effective prevention programs.

- Increase workplace safety and productivity by reducing drug use on the job.

- Strengthen multiagency linkages among prevention, treatment, and criminal justice programs as well as other supportive social services to better serve the needs of the communities.

- Support programs that reduce domestic drug-related crime and violence.

- Enhance programs that reduce all domestic drug production and availability, and continue to target for investigation and prosecution those who illegally manufacture and distribute drugs and who illegally divert pharmaceuticals and listed chemicals.

- Support enhancements to programs that strengthen international cooperation and actions against narcotics production, trafficking, and use.

ENDNOTES

1 Detailed information about Federal drug control spending by agency and function may be found in the Budget Summary report. See *1994 National Drug Control Program: Budget Summary*, Office of National Drug Control Policy, February 1994.

2 The users targeted for treatment from the $355 million initiative are those most likely to require extensive residential treatment and aftercare. This distinguishes them from those users generally supported by the Substance Abuse Block Grant, who tend to receive treatment on a less costly outpatient basis. However, given the health and crime consequences associated with those most addicted, this initiative targets these users to reduce such consequences.

3 For the most part, the Community Partnership grants have historically been awarded for 3 to 5 years. The current program allows the majority of the funds, approximately 80 percent, to be used for community development efforts, with only a small portion of the funds to be used for the implementation of the plan. With the newly available funds in FY 1995, this program will be restructured to allow the communities to use the majority of the funds for the provision of direct prevention services. Additionally, it will require the communities to demonstrate how they will continue their drug prevention efforts after the grant has expired.

Federal Drug Control Spending by Function, FY 1993–FY 1995

(Budget Authority in Millions)

Drug Function	FY 1993 Actual	FY 1994 Estimate	FY 1995 President's Request	FY 94–FY 95 Change $	FY 94–FY 95 Change %
Criminal Justice System	5,685.1	5,700.4	5,926.9	226.6	4.0%
Drug Treatment	2,339.1	2,514.1	2,874.4	360.3	14.3%
Education, Community Action, and the Workplace	1,556.5	1,602.4	2,050.7	448.2	28.0%
International	523.4	351.4	427.8	76.4	21.7%
Interdiction	1,511.1	1,299.9	1,205.6	(94.3)	–7.3%
Research	499.1	504.6	531.6	27.0	5.3%
Intelligence	150.9	163.4	162.8	(0.6)	–0.4%
Total	**12,265.3**	**12,136.2**	**13,179.8**	**1,043.6**	**8.6%**
Four-Way Split					
Demand Reduction	4,301.9	4,544.0	5,370.5	826.5	18.2%
	35.1%	37.4%	40.7%		
Domestic Law Enforcement	5,928.9	5,941.0	6,175.9	235.0	4.0%
	48.3%	49.0%	46.9%		
International	523.4	351.4	427.8	76.4	21.7%
	4.3%	2.9%	3.2%		
Interdiction	1,511.1	1,299.9	1,205.6	(94.3)	–7.3%
	12.3%	10.7%	9.1%		
Total	**12,265.3**	**12,136.2**	**13,179.8**	**1,043.6**	**8.6%**
Supply/Demand Split					
Supply	7,963.4	7,592.3	7,809.4	217.1	2.9%
	64.9%	62.6%	59.3%		
Demand	4,301.9	4,544.0	5,370.5	826.5	18.2%
	35.1%	37.4%	40.7%		
Total	**12,265.3**	**12,136.2**	**13,179.8**	**1,043.6**	**8.6%**
Demand Components					
Prevention (w/o research)	1,556.5	1,602.4	2,050.7	448.2	28.0%
Treatment (w/o research)	2,339.1	2,514.1	2,874.4	360.3	14.3%
Research	406.3	427.4	445.4	18.0	4.2%
Total, Demand	**4,301.9**	**4,544.0**	**5,370.5**	**826.5**	**18.2%**

(Detail may not add to totals due to rounding)

Drug Control Funding: Agency Summary, FY 1993–FY 1995

(Budget Authority in Millions)

	FY 1993 Actual	FY 1994 Estimate	FY 1995 President's Request
Department of Agriculture			
Agricultural Research Service	6.5	6.5	6.5
U.S. Forest Service	9.6	9.6	9.8
Special Supplemental Program for Women, Infants, and Children (WIC)	12.9	14.6	14.8
Total, Agriculture	**28.9**	**30.7**	**31.0**
Corporation for National and Community Service	**9.7**	**28.5**	**43.0**
Department of Defense	**1,140.7**	**868.2**	**874.2**
Department of Education	**700.8**	**599.1**	**782.3**
Department of Health and Human Services			
Administration for Children and Families	88.9	89.9	89.9
Centers for Disease Control and Prevention	31.2	36.6	36.6
Food and Drug Administration	6.8	6.8	6.8
Health Care Financing Administration	231.9	261.8	292.2
Health Resources and Services Administration	20.9	33.4	38.7
Indian Health Service	44.9	43.3	51.2
National Institutes of Health (NIDA)	404.2	425.2	443.7
Substance Abuse and Mental Health Administration	1,299.0	1,360.9	1,603.2[1]
Social Security Administration	4.6	20.0	22.8
Total, HHS	**2,132.4**	**2,278.1**	**2,585.2**
Department of Housing and Urban Development	**175.0**	**315.0**	**315.0**
Department of the Interior			
Bureau of Indian Affairs	19.4	22.4	18.1
Bureau of Land Management	10.0	5.2	5.2
Fish and Wildlife Service	1.0	1.0	1.0
National Park Service	8.7	8.8	8.8
Office of Territorial and International Affairs	1.4	1.3	1.0
Total, Interior	**40.6**	**38.7**	**34.1**
The Federal Judiciary	**405.6**	**452.9**	**505.5**
Department of Justice			
Assets Forfeiture Fund	484.3	575.6	487.0
U.S. Attorneys	207.2	207.9	208.7
Bureau of Prisons	1,432.3	1,407.7	1,670.2
Crime Control Fund	0.0	0.0	567.6
Criminal Division	18.0	19.1	19.2
Drug Enforcement Administration	756.6	768.1	767.1
Federal Bureau of Investigation	257.0	257.2	262.4
Immigration and Naturalization Service	147.0	157.4	168.3
INTERPOL	1.9	1.9	2.0
U.S. Marshals Service	247.9	235.1	255.6
Office of Justice Programs	661.4	520.1	135.7
Organized Crime Drug Enforcement/Task Forces	385.2	382.4	369.9
Support of U.S. Prisoners	196.8	222.1	262.6

(Detail may not add to totals due to rounding)

[1] Excludes $45.0 million that will be transferred from the ONDCP Special Forfeiture Fund for hard-core drug treatment.

Drug Control Funding: Agency Summary, FY 1993–FY 1995

(Budget Authority in Millions)

	FY 1993 Actual	FY 1994 Estimate	FY 1995 President's Budget
Department of Justice (continued)			
Tax Division	1.2	1.2	1.2
Weed and Seed Program Fund	6.6	6.6	6.7
Total, Justice	**4,803.3**	**4,762.5**	**5,184.3**
Department of Labor	**65.1**	**64.8**	**80.5**
Office of National Drug Control Policy			
Operations	15.2	11.7	10.0
High Intensity Drug Trafficking Areas	86.0	86.0	98.0
Gift Fund	0.2	0.3	0.0
Special Forfeiture Fund	15.0	12.5	52.5
Total, ONDCP	**116.4**	**110.5**	**160.5**
Small Business Administration	**0.2**	**0.2**	**0.2**
Department of State			
Bureau of International Narcotics Matters[2]	147.8	100.0	—
Bureau of Politico/Military Affairs[2]	52.3	15.4	—
Emergencies in the Diplomatic and Consular Service	0.1	0.3	0.3
International Narcotics Control Program	—	—	231.8
Total, State	**200.2**	**115.7**	**232.1**
Agency for International Development[2]	**139.8**	**44.9**	**—**
Department of Transportation			
U.S. Coast Guard	310.5	314.6	263.1
Federal Aviation Administration	21.0	24.8	16.5
National Highway Traffic Safety Administration	23.8	34.4	27.7
Total, Transportation	**355.3**	**373.8**	**307.3**
Department of the Treasury			
Bureau of Alcohol, Tobacco, and Firearms	151.0	153.8	153.5
U.S. Customs Service	561.0	536.1	505.5
Federal Law Enforcement Training Center	21.9	20.5	18.2
Financial Crimes Enforcement Network	14.7	14.6	15.7
Internal Revenue Service	91.8	90.3	94.6
U.S. Secret Service	56.6	57.1	57.3
Treasury Forfeiture Fund	143.5	230.2	208.8
Total, Treasury	**1,040.5**	**1,102.6**	**1,053.6**
U.S. Information Agency	**9.3**	**9.8**	**10.0**
Department of Veterans Affairs	**901.5**	**940.3**	**981.1**
Total Federal Program	**12,265.3**	**12,136.2**	**13,179.8**
Supply Reduction	**7,963.4**	**7,592.3**	**7,809.4**
	64.9%	**62.6%**	**59.3%**
Demand Reduction	**4,301.9**	**4,544.0**	**5,370.5**
	35.1%	**37.4%**	**40.7%**

(Detail may not add to totals due to rounding)

[2] The funding estimates for these accounts in FY 1995 have been incorporated in the Department of State's International Narcotics Control Program request as part of a planned consolidation. (See the *1994 National Drug Control Strategy: Budget Summary* for program description.)

Conclusion

The Administration's National Drug Control Strategy is designed to redirect and reinvigorate national efforts to confront the drug crisis. This *Strategy* significantly shifts emphasis and budget priorities to drug demand reduction, targeting important additional resources to reduce chronic, hardcore drug use. At the same time, the Strategy maintains an appropriate level of emphasis on domestic and international enforcement initiatives. The *Strategy* no longer perceives America's drug problem through the narrow prism of supply versus demand activities. Instead, the *Strategy* sets forth measurable goals and objectives by which the effectiveness of domestic and international programs can be measured.

Ultimately, America's drug problem will be solved at home, through domestic programs that combine effective law enforcement, treatment, prevention, and education programs that are mutually supportive. The international program supports the domestic effort by reducing the availability of illegal drugs and by creating a global environment where drug production, trafficking, and use are universally opposed and condemned.

Drug policy will be linked with efforts to spur economic growth, reform health care, curb youth violence, and empower communities. At the heart of the domestic program are demand reduction efforts. Crucial to these efforts are educational and youth-directed programs such as the President's National Service Initiative and community-based programs such as Empowerment Zones and Enterprise Communities. Aggressive drug treatment will be aimed at hardcore users in the community and in the criminal justice system, and the proposed Health Security Act will make drug treatment part of the national health care system. Research will focus on the application of behavioral and biomedical science as well as on at-risk populations and medications evaluations.

Also crucial to domestic drug policy are reducing drug-trafficking and drug-related violence, and controlling and preventing crime. The Administration will work vigorously, using the full force of the available investigative and prosecutorial tools, to suppress the traffic in drugs aimed at and already within the United States and to quell the violence associated with drug trafficking. In addition to continuing to target drug trafficking organizations, Federal law enforcement agencies will increase their involvement in cooperative law enforcement efforts to help communities rid their neighborhoods of gangs. These agencies also will disrupt major drug trafficking organizations by keeping drugs from entering the country and spreading across it. The Safe Schools Act of 1993, awaiting congressional passage, will help curb school violence. Reauthorization of the Drug-Free Schools and Communities Act and other initiatives will address the impact of drugs and violence on youth.

Drug control policy will be an integral part of foreign policy, because drug trafficking is a national security problem that jeopardizes efforts to achieve political stability and economic security abroad.

To counter the cocaine and heroin trade, the Administration will take steps to ensure a coordinated response by the State Department, the Department of Defense, and law enforcement

agencies. Counternarcotics programs in other countries will be supported, and steps will be taken to strengthen and broaden international cooperation against the drug trade. U.S. Federal law enforcement agencies will lead the effort to develop an international coalition against drug cultivation, production, trafficking, and use. Efforts through international organizations will continue, including the United Nations Drug Control Program, which currently provides drug control assistance to 97 countries.

Antidrug efforts are a national, not a Federal, undertaking. Key to the *Strategy* are initiatives that involve State and local governments, the private sector, schools, religious and community groups, and individual Americans.

Appendix A: Research, Data, and Program Evaluation

Since its inception, the National Drug Control Strategy has included a long-term commitment to research in several areas. These areas include drug use, treatment, education, prevention, criminal justice, and technical advancements in support of law enforcement and drug interdiction. The knowledge that emerges from this research and the tools that are based on it have contributed to reducing the impact of drug use on this Nation and will serve as a basis for the Office of National Drug Control Policy's (ONDCP's) future strategies to address national drug problems.

RESEARCH, DEVELOPMENT, AND PROGRAM EVALUATION BUDGET

The strategy for addressing the continuing problems presented by drug trafficking and drug abuse in the United States will be shaped largely by harnessing the best minds in the fields of social sciences and public policy, physics, chemistry, the health sciences, and engineering.

For Fiscal Year 1995, this Administration will seek $531.6 million for drug-related research in a wide range of fields. (See Table A-1.) Several Federal departments and agencies with responsibilities for drug control participate in enhancing the state of knowledge regarding drug trafficking and use and the techniques to address them. In the pages that follow, the projects and research objectives set for the next fiscal year are described. The fruit of this work will strengthen drug program efforts at all levels—Federal, State, and local.

THE RESEARCH, DATA, AND EVALUATION (RD&E) COMMITTEE

To determine which programs and strategies are the most effective, data collection and research efforts must be refined and improved. Federal, State, and local governments and private

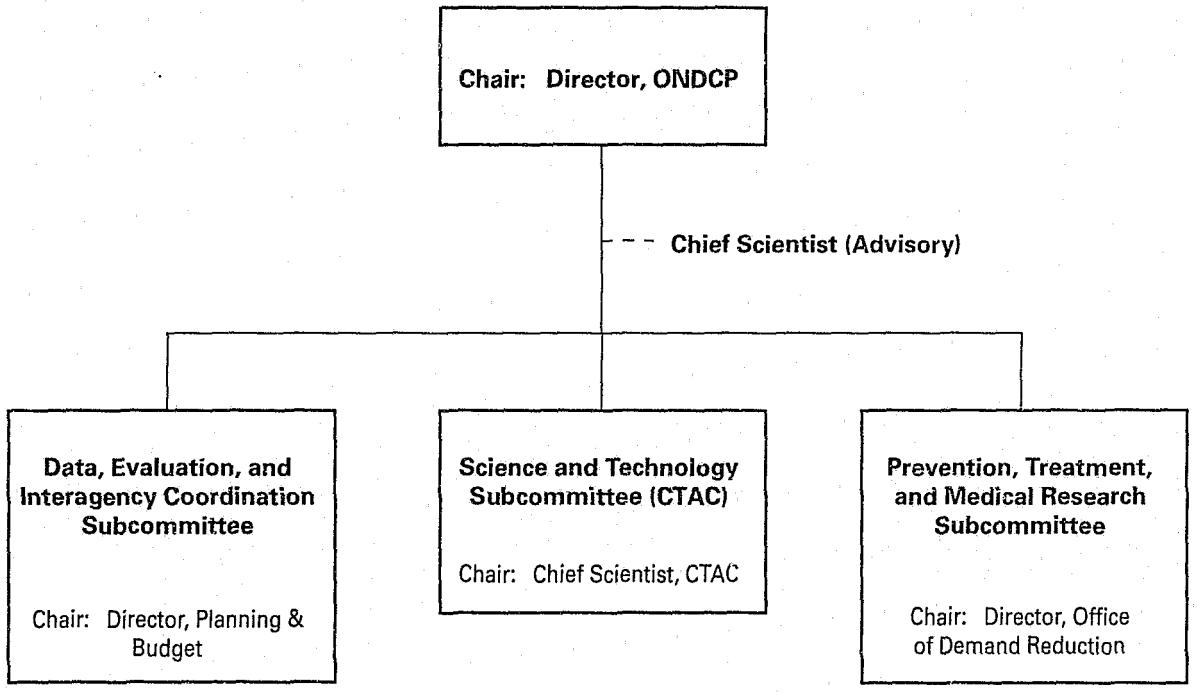
Table A-1
Research Funding

(Budget Authority in Millions)

	FY 1993 Actual	FY 1994 Estimate	FY 1995 President's Request	FY 94–FY 95 Change $	FY 94–FY 95 Change %
Treatment	242.0	252.6	264.4	11.8	4.5%
Prevention	164.3	174.8	181.0	6.2	3.4%
CTAC	15.0	7.5	7.5	0.0	0.0%
ONDCP	1.9	2.8 *	1.5	–1.3	–86.7%
Other Domestic Law Enforcement	75.9	66.9	77.2	10.3	13.3%
Total R&D	**499.1**	**504.6**	**531.6**	**27.0**	**5.1%**

* Includes $1.2 million for a one-time heavy-user study.

Exhibit A-1
Organization of the Research, Data, and Evaluation Committee



organizations must be able to obtain reliable information about the nature and extent of the drug problem to use in developing appropriate policy and for program development and evaluation. Efforts have already begun to improve the quality, timeliness, and policy relevance of drug data collection systems and to develop new methods for capturing information about emerging trends. Additionally, a new data collection effort has been undertaken to measure the number, location, and characteristics of the hardcore user population. ONDCP also will, in coordination with other drug control departments and agencies, sponsor and conduct research and evaluation projects to determine which strategies and programs are working, and why.

Coordination of Federal research and evaluation efforts and open exchange of information from drug-related research and evaluation projects are essential to sound policy. To assist in this, ONDCP will establish and convene the Research, Data, and Evaluation (RD&E) Committee in 1994. The goals of this committee will be to (1) provide, promote, and facilitate coordination of Federal research efforts; (2) ensure that key Federal research efforts receive appropriate support and priority; and (3) provide a mechanism to ensure that the available drug-related Federal research dollars are expended on projects that have a high probability of both immediate and long-term cost-effectiveness and are consistent with the primary goals and objectives of the National Drug Control Strategy. This committee also will seek to ensure that both the drug-related data and results of evaluations as well as the knowledge and useful products that flow from Federal research projects are readily available to the broader drug control community.

The RD&E Committee will establish policies and priorities for drug control research; review and monitor all phases of drug-related data collection, research, and evaluation; and foster drug-related research, such as the development of new modes of drug treatment. The RD&E Committee also will be charged with identifying research-related actions for future Strategies and suggesting appropriate funding levels and sources for RD&E activities. In addition, ONDCP will seek expanded

participation by industry, the academic community, and other countries in the development and exchange of drug-related technology. ONDCP's Counter-Drug Technology Assessment Center (CTAC) will be integrated into the RD&E Committee within the overall research and evaluation initiative.

The organizational structure of the RD&E Committee (see Exhibit A-1) will reflect the important role of the CTAC as the central counterdrug enforcement research and development organization of the U.S. Government. It is headed by a chief scientist, appointed by the Director of ONDCP, who serves as head of ONDCP's Science and Technology Subcommittee. CTAC develops for the Director of ONDCP near-, mid-, and long-term scientific and technological requirements for Federal, State, and local law enforcement agencies and for supporting related research. Through the Science and Technology Subcommittee, the chief scientist is able to enlist and coordinate Federal efforts to assist law enforcement agencies.

USING RESEARCH RESULTS

ONDCP's research objective is to improve the efficiency and effectiveness of drug control programs through the explicit application of research and evaluation by all parties involved in the drug effort. The Administration will support efforts that add to the base of knowledge concerning: (1) the nature and extent of the drug problem, including efforts to improve the scope and quality of data collection systems, and (2) the relative effectiveness of specific approaches to reducing drug availability and use. In particular, there is a need to know more about the causes and consequences of drug use, where drug use poses the greatest threat and with whom, what options are available to control initiation, and how best to reduce drug use.

DEMAND-RELATED RESEARCH, EVALUATION, AND DEVELOPMENT

With respect to demand-related research, emphasis will be placed on learning more about trends and characteristics of drug use, drug surveillance systems to track drug use and market trends on a real-time basis, and new data sources to determine drug use trends among high-risk groups and groups currently underrepresented in existing surveys. The Federal Government, which supports almost 90 percent of all drug abuse research, generally has focused its efforts on the incidence and prevalence of drug use and on its causes and effects. Federally funded research now is working to develop estimates of the hardcore user population and is also supporting efforts to develop new therapeutic approaches for treatment and to evaluate and maximize their efficacy. Also under development are improved diagnostic strategies and instruments as well as outreach approaches for hardcore drug users not in treatment [especially for injecting drug users at risk for HIV/AIDS (human immunodeficiency virus/acquired immune deficiency syndrome), hepatitis B, sexually transmitted diseases, and tuberculosis].

Practical requirements, as well as Executive Order 12880, dictate that the bulk of demand reduction research focus on the quality, cost/effectiveness, access, organization, financing, and management of: (1) drug treatment, prevention, and education and (2) related demand reduction activities. Priority areas for the immediate future will include evaluation of new medications for drug abuse treatment, research into the effects of drugs on the pregnant addict and her child, and development and testing of new prevention strategies.

Research also will focus on evaluation of behavioral therapies for drug treatment and the effects of drugs on the brain and nervous system. For example, recent studies have shown that only 20 percent of cocaine users in the United States account for a full two-thirds of all the cocaine consumed each year.[1] Due to certain attributes of cocaine (i.e., its rapid entry into the blood stream, the high serum concentration it achieves, and its action on the brain), it is exceptionally addictive and its effects on the central nervous system are cumulative and often devastating.[2] Typically, about 75 percent of cocaine users relapse to some level of use within a year of admission to treatment—many do so either during or shortly after

completion of the treatment program. There are some new therapeutic agents that may hold promise for helping addicts abstain from cocaine use, but these usually require several weeks to take effect and, as they alone cannot eliminate either social or biological contributors to addiction, they do not provide a cure. With these studies in mind, the Federal Government will continue to investigate new approaches to the treatment of cocaine addiction, such as by the use of catalytic antibodies that destroy the drug after it enters the blood stream but before it reaches the brain.

In another area of prevention and treatment, some experts postulate that an increasing percentage of violent crimes are being committed by drug addicts for the purpose of financing their consumption of illegal drugs, primarily cocaine and heroin. When apprehended and convicted, these hardcore drug users most often are sentenced to incarceration, but they are seldom treated for their addiction while confined. Upon their release, they generally return to both drug use and other crimes. The goal is to identify those inmates who require treatment and to enroll them into an effective drug treatment program while they are incarcerated—with successful completion as a requirement before they are eligible for transition to the community. To measure successful completion, the use of advanced techniques to identify drug use using biochemical tests of sweat or hair is being investigated. These technologies have shown promise under laboratory conditions and now must be evaluated for use by jails, prisons, and community corrections officials.

Drug treatment centers need the best and latest information from the research community on the most effective methods and types of treatment available. This includes an indepth understanding of the type of individuals who enter treatment programs—their demographic characteristics as well as their treatment, drug use, and criminal histories. Furthermore, the research community needs information from the treatment centers to help determine the short- and long-term effectiveness of different types of treatment and to determine how best to match individuals with the proper treatment modality. This information, as well as details on progress from ongoing research efforts, must be shared among researchers and practitioners to improve their ability to engage in collaborative efforts. ONDCP will spearhead a computer-based drug treatment research information network that will link the research community and drug treatment centers throughout the Nation using Internet and the evolving National Research and Education Network. At present, all available research results and treatment information are being incorporated into a prototype multimedia information network system designed to share the latest information with the broader community over the "information superhighway." This effort is intended to improve the way drug use treatment is administered by facilitating ongoing collaboration among major research efforts. Provision of this capability puts the latest research at the direct disposal of treatment providers and provides a means for easy access to information by all those involved in treatment provision and research.

As stated in the *1993 Interim Strategy*, it is clear that Historically Black Colleges and Universities (HBCUs) can make significant contributions in the areas of both supply reduction and demand research and development initiatives. With their unique ties to both academia and the African-American community, HBCUs offer an opportunity to target sophisticated prevention and treatment modalities for drug use. In addition, HBCUs can play an important role in the area of technical contributions to technology development.

In support of this, ONDCP will identify those schools with graduate degrees in technologies applicable to CTAC requirements. ONDCP, through the CTAC, will then work with HBCUs with the most promising mix of technologies for counterdrug research proposals, emphasizing proposals that feature joint academic-community partnerships. Additionally, CTAC will include HBCUs in areas such as technical seminars and technology review meetings.

ONDCP also will work with the Hispanic Association of Colleges and Universities to identify those colleges and universities that have strong links with Hispanic populations to target

prevention and treatment programs to this, the fastest growing and youngest minority population in the United States. These institutions provide an effective vehicle to reach large numbers of Hispanic youths living in poverty and at high risk for using drugs and alcohol.

Beyond this, research in other areas also is critical. Included are inquiries into the findings from basic medical research, which are useful as building blocks for the development of new medications; research on drug use and AIDS transmission; and research on maternal, paternal, and fetal effects of drug use.

Medical research also plays a significant role in the *Strategy*. The Nation confronts rapidly evolving problems with new drugs and patterns of use. Intensive research efforts are now being addressed to learning about the biophysical and behavioral nature of these problems and to treating them. Primary responsibility for coordination of medical research performed in the separate branches of the Federal Government will be vested in the Treatment, Prevention, and Medical Research Subcommittee of the ONDCP RD&E Committee. Drug control departments and agencies on the demand reduction side have already begun vital research on improved treatment protocols, better matching of clients to types of treatment, and developing medications that reduce craving for addictive drugs or block their effects. Large-scale research efforts have been targeted at understanding cocaine addiction, the effect of maternal cocaine use on babies, how to help these babies, and how to treat cocaine users. The Treatment, Prevention, and Medical Research Subcommittee will have the responsibility for coordinating current and future agency research efforts with the major priorities of the National Drug Control Strategy, which will be further elaborated by this Subcommittee into specific goals, objectives, and strategies acceptable to all members.

As efforts to create new treatment sites and programs lead to an increase in the number of treatment slots available, there will be a corresponding increase in requirements for trained men and women to staff them. But many current programs lack the trained professional staff appropriate to the adoption of sophisticated new treatment techniques. In addition, all too often counselors and other adjunct staff members have limited or inadequate training. In an effort to provide for this needed training and for comprehensive and effective continuing education, ONDCP will—working through the Treatment, Prevention, and Medical Research Subcommittee—seek to expand, refine, and streamline drug abuse training programs in medical schools and elsewhere.

SUPPLY-RELATED RESEARCH AND DEVELOPMENT

With respect to supply-related research and development (R&D), efforts will be focused on ways to improve information about illicit drugs, including production, prices, and availability in the United States. These efforts will include the cooperation of international organizations to coordinate collection and application of such knowledge for purposes of developing strategies for drug control. These efforts also will include research to establish ways to counter the corrupting influence of drug trafficking by promoting democracy, economic stability and growth, and human rights. Already underway are studies to estimate the availability of illicit drugs in other countries and to develop improved information about worldwide drug seizures.

In the Science and Technology area, to consolidate Federal research and development efforts, CTAC has formulated a multiyear national research and development program for counterdrug technology development. The program centers on four major thrusts—(1) wide area surveillance, (2) nonintrusive inspection, (3) tactical technologies, and (4) demand reduction—and on the attendant testing and support capability for technology development within each thrust.

CTAC will expand its technology development and sharing efforts with State and local law enforcement agencies. Accordingly, as stated in the *Interim National Drug Control Strategy*, ONDCP has initiated a National Counterdrug Research and Development Program to access the

national technology resources. This program—comprised of several technology development initiatives focused on bringing advanced technology to the Federal, State, and local law enforcement communities—includes initiatives to improve the technology development infrastructure to assist both supply and demand reduction activities. Furthermore, it established an outreach program to ensure technical dialogue and information flow on the domestic and international fronts. This outreach program consists of technical problemsolving symposia and workshops involving supply and demand reduction researchers, the private sector, and academia, including historically black and Hispanic educational institutions. CTAC also sponsors research to identify and address gaps in technology in order to improve the ability to counter drug trafficking and its associated criminal activity.

Information sharing must be one of the cornerstones of any program to support State and local R&D programs. To support and accelerate the transfer of technology to State and local organizations, CTAC will sponsor at least 12 demonstrations of information sharing at Federal, State, and local test sites.

In another area related to information sharing, a prototype system is being developed to permit the integration of information from various criminal justice data bases, regardless of the computer type or physical location. Once completed, the prototype criminal information system will be provided at low cost to existing operating systems of Federal, State, and local law enforcement agencies.

ONDCP also has established the Technology Testbed Program in several local sites set up to function like laboratories, with the goals of deriving better designs for field equipment and affecting major improvements to counterdrug operations for the law enforcement community. These testbeds provide an environment to evaluate equipment prototypes and to improve design specifications before fielding the equipment. Testbeds also permit the insertion of new technologies into existing operations early in the planning and development stages in order to assess how their introduction might improve overall operations and performance.

ONDCP also has undertaken another outreach program to establish lines of communication with scientific and technical experts in academia, national laboratories, Government agencies, and private industry to assist in the identification and development of promising new counterdrug technologies. In October 1992, as part of this program, ONDCP hosted (with the National Institute of Justice) a Contraband and Cargo Inspection International Technology Symposium. The purpose of this meeting was to examine the potential of technology to accomplish nonintrusive inspections at national borders by the U.S. Customs Service and other counterdrug law enforcement agencies. In November 1993 ONDCP sponsored a technical symposium examining technologies applicable to the Drug Enforcement Administration, the Federal Bureau of Investigation, the U.S. Coast Guard, and State and local law enforcement organizations for combatting traffickers.

In the international arena, ONDCP has sponsored and supported international technical symposia for the exchange of information. ONDCP has begun several cooperative R&D initiatives with South American countries to improve and validate ONDCP models of cocaine crop and yield estimation models.

In the area of Tactical Technologies, ONDCP efforts will focus on information systems and communications and surveillance equipment. This equipment is used to support field and headquarters personnel in their daily tactical operations against drug trafficking organizations. Implementation of this research would lead to better information processing, allowing enforcement personnel to better use the vast amounts of data produced by field agents. Focused information management research will enhance data processing, sorting, and analysis capabilities.

The development of trace substance detection capabilities for the analysis of physical evidence is needed to assist in ongoing investigations. Such

capabilities will include identification of traces of narcotics on currency seized in drug transactions and on luggage or other conveyances used in the drug trade. Also included will be analysis of bodily fluids for illicit drugs and a complete range of standard forensic examinations in support of criminal investigations.

Attempts to conceal drug and contraband shipments on board commercial carriers and within legitimate international commerce present a formidable challenge to law enforcement agencies. The U.S. Customs Service inspection personnel examine shipping containers and other conveyances at U.S. ports of entry. Similarly, the U.S. Coast Guard conducts boardings of vessels at sea in both international waters and the territorial sea for compliance with U.S. laws. Smugglers have been known to use every form of shipment, including private vehicles, sailboats and motor vessels, concealed compartments and tanks, various forms of mail services, aircrafts of all types, luggage carried by air and sea passengers or pedestrians, external and internal body cavities, and containerized cargo. Research into the area of nonintrusive inspection relies heavily on the transfer of nuclear, x-ray, gas chromatography, and spectroscopy technology developed for U.S. nuclear and chemical weapons. Additionally, the nonintrusive inspection thrust must provide solutions for monitoring transportation of illegal drug money, chemicals, and substances used to manufacture illegal drugs, either into or out of the country. This is especially important because the movement of money out of the United States by drug organizations finances all aspects of drug-smuggling operations.

CTAC's national R&D program calls for the development of a family of nonintrusive inspection systems to be installed at U.S. Customs Service border crossing inspection points located at intermodal, airport, and commercial truck facilities. These systems must be designed to address all aspects of contraband detection, from the processing of the manifest/entry data to identifying the most likely suspicious shipments. These systems also must assess nuclear, physical, and chemical sensor hardware concepts and use sophisticated algorithms to optimize sensor performance.

Other supporting technologies, such as chemical sniffers and x-ray-related technology for body scanning, also are addressed under CTAC research. Evaluation of these technologies will provide inspectors with a rapid and reliable method to determine when there is a need for a more thorough investigation of suspect individuals, baggage, or cargo.

These are but a few of the areas in which ONDCP currently has an interest. The broad area of research, evaluation, and development is one in which America always has excelled. It is the purpose and mission of the RD&E Committee, with the CTAC, to till this fertile field in support of efforts to address this Nation's drug problem.

ENDNOTES

1 RAND Corporation. Modeling the Demand for Cocaine (draft report prepared for ONDCP), July 1993.

2 Donald Landry, et al. "Antibody-Catalyzed Degradation of Cocaine," Science 26: 1899-1901, March 1993.

Appendix B: Drug-Related Statistics

BUDGET

Table B-1. Federal drug control budget, 1988-1995 (in millions)

	1988	1989	1990	1991	1992	1993	1994	1995[1]
Funds	$4,707.8	$6,663.7	$9,758.9	$10,957.6	$11,910.1	$12,265.3	$12,136.2	$13,179.8

[1] 1995 President's request.

Source: Office of National Drug Control Policy.

Table B-2. Drug control expenditure, by activity and level of government, Fiscal Years 1990 and 1991 (in millions of dollars except percents)

Expenditure type by level of government	Total	Police protection	Courts only	Prosecution and legal services	Public defense	Corrections	Health and hospitals	Education	Other
				1991					
All State and local	$15,907	$4,223	$540	$649	$260	$6,827	$2,784	$503	$120
State	8,965	695	303	195	80	4,638	2,405	399	251
Direct	7,451	637	228	168	73	4,342	1,611	340	53
Intergovernmental	1,513	57	74	27	6	296	794	60	198
Local	8,567	3,586	313	483	187	2,500	1,268	163	68
Direct	8,455	3,585	311	482	187	2,486	1,173	163	68
Intergovernmental	112	1	1	1	—	14	94	—	—
				1990					
All State and local	$14,075	$4,035	$496	$594	$256	$6,045	$2,184	$366	$100
State	7,476	677	284	191	74	3,899	1,878	303	170
Direct	6,248	618	209	159	70	3,648	1,250	259	34
Intergovernmental	1,228	58	75	32	4	251	628	44	136
Local	7,923	3,417	288	436	186	2,410	1,012	108	66
Direct	7,827	3,416	287	435	186	2,397	933	107	66
Intergovernmental	96	1	1	1	—	13	79	1	—
				Percent change, 1990 to 1991					
All State and local	13.0%	4.7%	8.8%	9.3%	1.6%	12.9%	27.5%	37.6%	20.4%
State	19.9	2.7	6.4	2.0	7.0	19.0	28.1	31.8	47.6
Local	8.1	4.9	8.6	10.7	.5	3.7	25.2	51.5	2.9

NOTE: Intergovernmental expenditures consist of payments from one government to another. Such expenditures eventually show up as direct expenditures of the recipient government. Duplicative transactions between levels of government are excluded from the totals for all governments and for local governments.

— Represents zero or rounds to zero.

DRUG USE

Table B-3. Trends in selected drug use indicators, 1979-1992 (number of users in millions)

Selected Drug Use Indicators	1979	1982	1985	1988	1990	1991	1992
Any illicit drug use[1]	24.3	22.4	23.0	14.5	12.9	12.8	11.4
Past month (current) cocaine use	4.3	4.2	5.8	2.9	1.6	1.9	1.3
Occasional (less than monthly) cocaine use	na	na	8.6	5.8	4.1	4.3	3.4
Frequent (weekly) cocaine use	na	na	0.6	0.9	0.7	0.6	0.6
Current marijuana use	22.5	20.0	18.2	11.6	10.2	9.7	9.0
Lifetime heroin use	2.4	1.9	1.9	1.9	1.7	2.7	1.8
Any adolescent illicit drug use[1]	4.1	2.8	3.3	1.9	1.6	1.4	1.3

na - not applicable

[1] Data are for past month (current) use.

Source: National Household Survey on Drug Abuse, National Institute on Drug Abuse (1979-1991), and Substance Abuse and Mental Health Services Administration (1992).

Note: Any illicit drug use includes use of marijuana, cocaine, hallucinogens, inhalants, (except in 1982), heroin, or nonmedical use of sedatives, tranquilizers, stimulants, or analgesics. The exclusion of inhalants in 1982 is believed to have resulted in underestimates of any illicit use for that year, especially for adolescents.

Table B-4. Estimated casual and heavy cocaine and heroin user populations, 1988-1991

Cocaine and Heroin Use	1988	1989	1990	1991
Cocaine				
Casual users (use less often than weekly)	7,347,000	6,466,000	5,585,000	5,440,000
Heavy users (use at least weekly)	2,082,321	2,334,509	1,965,544	2,142,597
Heroin				
Casual users (use less often than weekly)	539,000	505,000	471,000	381,492
Heavy users (use at least weekly)	641,664	625,126	515,487	586,132

Source: Abt Associates under contract to ONDCP.

Note: Data in this table are composite estimates derived from the National Household Survey on Drug Abuse (NHSDA) and the Drug Use Forecasting (DUF) program (see W. Rhodes "Synthetic Estimation Applied to the Prevalence of Drug Use," *Journal of Drug Issues*, 1993 for a detailed description of the methodology). The NHSDA was not administered in 1989. Estimates for 1989 are the average for 1988 and 1989.

Table B-5. Trends in 30-day prevalence of selected drugs among eighth, tenth, and twelfth graders, 1991-1993

Selected drug/grade	Percent who used in the last 30 days 1991	1992	1993	92-93 Change
Marijuana/hashish				
8th grade	3.2	3.7	5.1	1.4 sss
10th grade	8.7	8.1	10.9	2.8 sss
12th grade	13.8	11.9	15.5	3.6 sss
Inhalants[a, b]				
8th grade	4.4	4.7	5.4	0.7
10th grade	2.7	2.7	3.3	0.6 s
12th grade	2.4	2.3	2.6	0.2
Hallucinogens[b]				
8th grade	0.8	1.1	1.2	0.1
10th grade	1.6	1.8	1	0.1
12th grade	2.2	2.1	2.7	0.6 s
LSD				
8th grade	0.6	0.9	1.0	0.1
10th grade	1.5	1.6	1.6	0.0
12th grade	1.9	2.0	2.4	0.4
Cocaine				
8th grade	0.5	0.7	0.7	0.0
10th grade	0.7	0.7	0.9	0.2
12th grade	1.4	1.3	1.3	0.0
Stimulants				
8th grade	2.6	3.3	3.6	0.3
10th grade	3.3	3.6	4.3	0.7
12th grade	3.2	2.8	3.7	0.9 ss
Alcohol (any use)[c]				
8th grade	25.1	26.1	26.2	0.1
10th grade	42.8	39.9	41.5	1.6
12th grade	54.0	51.3	51.0	-0.3

Notes: Level of significance of '92-'93 difference: s=.05, ss=.01, sss=.001. Any apparent inconsistency between the '92-'93 change estimate and the respective prevalance estimates is due to rounding error.

Approximate N: 8th grade = 17,500 in 1991; 18,600 in 1992; 18,300 in 1993.
10th grade = 14,800 in 1991; 14,800 in 1992; 16,300 in 1993.
12th grade = 15,000 in 1991; 15,800 in 1992; 16,300 in 1993.

[a] Data based on five questionnaire forms in 1991-1993; N is five-sixths of N indicated.

[b] Unadjusted for underreporting of amyl and butyl nitrites.

[c] Data based on one questionnaire form. For 12th graders, N is one-sixth of N indicated. For 8th and 10th graders, N is one-half of N indicated.

Source: The Monitoring the Future Survey of 8th, 10th, and 12th Grade Students, Institute for Social Research, University of Michigan.

Table B-6. Trends in harmfulness of drugs as perceived by eighth, tenth, and twelfth graders, 1991-1993

	Percentage saying "great risk"*											
	8th Grade				10th Grade				12th Grade			
Drug	1991	1992	1993	'92-'93 Change	1991	1992	1993	'92-'93 Change	1991	1992	1993	'92-'93 Change
How much do you think people risk harming themselves (physically or in other ways), if they . . .												
• Try marijuana once or twice	40.4	39.1	36.2	-2.9sss	30.0	31.9	29.7	-2.2s	27.1	24.5	21.9	-2.6
• Smoke marijuana occasionally	57.9	56.3	53.8	-2.5ss	48.6	48.9	46.1	-2.8ss	40.6	39.6	35.6	-4.0s
• Smoke marijuana regularly	83.8	82.0	79.6	-2.4ss	82.1	81.1	78.5	-2.6ss	78.6	76.5	72.5	-4.0s
• Try crack once or twice	62.8	61.2	57.2	-4.0sss	70.4	69.6	66.6	-3.0sss	60.6	62.4	57.6	-4.8ss
• Try crack occasionally	82.2	79.6	76.8	-2.8ss	87.4	86.4	84.4	-2.0ss	76.5	76.3	73.9	-2.4
• Try cocaine powder once or twice	55.5	54.1	50.7	-3.4sss	59.1	59.2	57.5	-1.7s	53.6	57.1	53.2	-3.9s
• Try cocaine powder occasionally	74.3	74.3	71.8	-2.5s	82.2	80.1	79.1	-1.0	69.8	70.8	68.6	-2.2
Approximate N	17,437	18,662	18,366		14,719	14,808	15,298		2,549	2,684	2,759	

Note: Level of significance of '92-'93 difference: s = .05, ss = .01, sss = .001. Any apparent inconsistency between the '92-'93 change estimate and the respective prevalence estimates is due to rounding error.

* Answer alternatives were: (1) No risk, (2) Slight risk, (3) Moderate risk, (4) Great risk, and (5) Can't say, drug unfamiliar.

Source: The Monitoring the Future Survey of 8th, 10th, and 12th Grade Students, Institute for Social Research, University of Michigan.

DRUG USE CONSEQUENCES AND TREATMENT

Table B-7. Trends in drug-related emergency room episodes and selected drug mentions, 1988-1992

Emergency Room Episodes and Drug Mentions	1988	1989	1990	1991	1992
Total drug episodes (person cases)	403,578	425,904	371,208	393,968	433,493
Total drug mentions	668,153	713,392	635,460	674,861	751,731
Total cocaine mentions	101,578	110,013	80,355	101,189	119,843
Total heroin mentions	38,063	41,656	33,884	35,898	48,003
Total marijuana mentions	19,962	20,703	15,706	16,251	23,997

Source: Drug Abuse Warning Network, National Institute on Drug Abuse (1988-1991), and Substance Abuse and Mental Health Services Administration (1992).

Table B-8. Drug abuse treatment capacity and utilization, 1989-1995

National Estimate

Treatment Capacity and Utilization	1989	1990	1991	1992	1993	1994	1995[1]
Treatment equivalent slots	556,000	559,000	563,000	560,000	566,000	565,000	596,000
Number of persons served	1,557,000	1,509,000	1,491,000	1,455,000	1,443,000	1,412,000	1,444,000

[1] Does not include treatment from resources provided by the Crime Bill.

Sources: Department of Health and Human Services.

CRIMINAL JUSTICE

Table B-9. Total crime, violent crime, and property crime and drug arrests, 1988-1992

Crime Category	1988	1989	1990	1991	1992
Total crime index	13,923,100	14,251,400	14,475,613	14,872,883	14,438,191
Total crime rate[1]	5,664.0	5,741.0	5,820.3	5,897.8	5,660.2
Violent crime index	1,566,220	1,646,040	1,820,127	1,911,767	1,932,274
Violent crime rate[1]	637.2	663.7	731.8	758.1	757.5
Total murder victims	18,269	18,954	20,273	21,505	22,540
Murders related to narcotic drug laws	1,027	1,402	1,367	1,344	1,291
Property crime	12,356,900	12,605,400	12,655,486	12,961,116	12,505,917
Property crime rate[1]	5,027.1	5,077.9	5,088.5	5,139.7	4,902.7
Arrests for drug abuse violations	1,155,200	1,361,700	1,089,500	1,010,000	1,066,400

[1] Rates per 100,000 population.

Source: Uniform Crime Reports, Federal Bureau of Investigation.

Table B-10. Federal and State prison and local jail inmate populations, 1988-1992

Prison/Jail	1988	1989	1990	1991	1992
State prisons	577,672	653,193	706,943	752,525	803,334
Federal prisons	49,928	59,171	67,432	71,608	80,259
Total State and Federal prisons	627,600	712,364	774,375	824,133	883,593
Percent of Federal prisoners who are drug offenders	44.8	49.9	52.3	57.0	59.6
Local jails	343,569	395,553	405,320	426,479	444,584

Sources: Survey of State and Federal Prisons and Survey of Local Jails (population data), Bureau of Justice Statistics; Bureau of Prisons (drug offender percentage), Department of Justice.

DRUG SUPPLY

Table B-11. Federal-wide cocaine, heroin, and cannabis seizures, FY 1989-1993

Drug	1989	1990	1991	1992	1993[1]
Cocaine (metric tons)	99.2	107.3	111.7	137.8	108.0
Heroin (kilograms)	1,095.2	815.0	1,374.4	1,157.2	1,517.2
Cannabis (pounds)	—	500,411	677,280	787,392	769,380

— Data not available

[1] Data are preliminary and subject to change.

Source: Federal-wide Drug Seizure System, Drug Enforcement Administration.

Table B-12. Total U.S. expenditures on illicit drugs, 1988-1991 (in billions)

Drug	1988	1989	1990	1991
Cocaine	$26.5	$30.0	$26.9	$29.7
Heroin	9.7	9.4	8.2	8.9
Marijuana	9.5	8.5	7.5	7.7
Other drugs	3.2	2.8	2.3	2.4
Total	48.9	50.7	44.9	48.6

Source: Abt Associates, Inc., "What America's Users Spend on Illegal Drugs," 1988-1991, February 1993.

Table B-13. Trends in U.S. cocaine availability, 1989-1991 (in metric tons unless otherwise noted)

	1989	1990	1991
Coca leaf crop	295,072	305,893	331,140
Maximum potential cocaine HCl produced[1]	826	858	930
Seized in foreign countries	70	152	199
Shipped to the United States	377-544	361-525	382-550
Seized by Federal authorities	99	107	108
Available for consumption in the United States	278-445	254-418	274-442
Retail value in the United States (in billions of dollars)	$38-$60	$45-$74	$42-$68

[1] This is the amount of cocaine HCl (hydrochloride) that could have been produced had there been no seizures, consumption, or losses at any stage of production.

Source: Abt Associates, Inc.

Table B-14. Retail prices per pure gram for cocaine and heroin, 1987-1992

	1987	1988	1989	1990	1991	1992
Cocaine						
High price	$167	$171	$184	$324	$297	$234
Low price	111	71	51	65	59	23
Heroin[1]						
High price	$595	$500	$1,047	$1,364	$1,216	$1,395
Low price	548	225	186	152	108	233

[1] Retail prices are for heroin powder.

Source: Adapted from *Price/Purity Report*, Drug Enforcement Administration.

Note: Data in this table are derived from information collected through purchases and seizure of cocaine and heroin in selected cities. The purity of the samples is determined through chemical analysis. For cocaine, the price per pure gram is calculated by dividing the price by the purity percentage of the samples. For heroin, the price per pure gram is calculated by dividing the price by the average purity percentage for seized and purchased samples.

Table B-15. Worldwide potential net production, 1989-1992 (metric tons)

Country	1988	1989	1990	1991	1992
Opium					
Afghanistan[1]	750	585	415	570	640
Iran	300	300	300	300	300
Pakistan	205	130	165	180	175
Total SW Asia	**1,255**	**1,015**	**880**	**1,050**	**1,115**
Burma	1,280	2,430	2,255	2,350	2,280
Laos	255	380	275	265	230
Thailand	25	50	40	35	24
Total SE Asia	**1,560**	**2,860**	**2,570**	**2,650**	**2,534**
Colombia				27	—
Lebanon	na	45	32	34	—
Guatemala	8	12	13	17	—
Mexico	67	66	62	41	40
Total Above	**75**	**123**	**107**	**119**	**40**
Total Opium	**2,890**	**3,998**	**3,557**	**3,819**	**3,689**
Coca Leaf					
Bolivia	78,400	77,600	76,800	78,400	80,300
Colombia	27,200	33,900	32,100	30,000	32,000
Peru	187,700	186,300	196,900	222,700	223,900
Ecuador	400	270	170	40	100
Total Coca Leaf	**293,700**	**298,070**	**305,970**	**331,140**	**336,300**
Marijuana					
Mexico	5,655	30,200	19,715	7,775	7,795
Colombia	7,775	2,800	1,500	1,500	1,500
Jamaica	405	190	825	641	
Belize	120	65	60	49	50
Others	3,500	3,500	3,500	3,500	3,500
Total Marijuana	**17,455**	**36,755**	**25,600**	**13,465**	**12,845**
Hashish					
Lebanon	700	905	100	545	—
Pakistan	200	200	200	200	—
Afghanistan	300	300	300	300	—
Morocco	85	85	85	85	—
Total Hashish	**1,285**	**1,490**	**685**	**1,130**	—

[1] DEA believes, based upon foreign reporting and human sources, that opium production in Afghanistan may have exceeded 900 metric tons in 1992.

Source: *International Narcotics Control Strategy Report*, 1993, Department of State.

Appendix C: Acknowledgements

Section 1005 of the Anti-Drug Abuse Act of 1988 requires the President to develop and annually submit to Congress a National Drug Control Strategy. The law also requires the Director of the Office of National Drug Control Policy to help formulate the Strategy in consultation with a wide array of experts and officials, including the heads of the National Drug Control Program agencies, the Congress, State and local officials, and members of the private sector.

The consultation process began in August 1993. Over 850 letters were sent to members of the Cabinet, senior Federal officials, and department and agency heads; each United States Senator and Representative; directors and executives of public interest groups and private individuals; the Governor of each State and Territory; and local officials.

In addition to the individual requests for views and recommendations, the Director of the Office of National Drug Control Policy convened five separate panels of drug abuse prevention, treatment, research, and criminal justice experts to discuss various aspects of the illicit drug problem and solicit the views and recommendations of the panel members.

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The following groups and their executive officers, staff, and members have been especially helpful in the formulation of this Strategy:

Abt Associates, Inc.

American Bar Association

American Correctional Association

American Federation of Government Employees, AFL-CIO

American Federation of Labor and Congress of
Industrial Organizations

American Methadone Treatment Association, Inc.

American Society of Addiction Medicine

American Pharmaceutical Association

The BOTECH Corporation

Center for Science in the Public Interest

Conference of State Attorneys General

Congress of National Black Churches

Congressional Black Caucus

Council of State Governments

Criminal Justice Statistics Association

CSR, Incorporated

Drugs Don't Work Partnership

Elks Drug Awareness Program

Employee Assistance Professionals Association, Inc.

Fraternal Order of Police

Georgia Legislative Black Caucus

ImpactDesign, Inc.

International Association of Chiefs of Police

International Association of Lions Clubs

International City Managers Association

International Drug Strategy Institute

Kansas City Crime Commission

Los Angeles Alliance for a Drug-Free Community

Metro Atlanta Crime Commission

Milton Eisenhower Foundation

Mothers Against Drunk Driving

National Alliance of State Drug Enforcement Agencies

National Association for Perinatal Addiction Research and Education

National Association for the Advancement of Colored People

National Association of Alcoholism and Drug Abuse Counselors

National Association of Attorneys General

National Association of Black Narcotics Agents

National Association of Counties

National Association of Criminal Justice Planners

National Association of Elementary School Principals

National Association of Housing and Redevelopment Officials

National Association of Manufacturers

National Association of Pre-Trail Services

National Association of Social Workers, Inc.

National Association of State Alcohol and Drug Abuse Directors, Inc.

National Association of State Boards of Education

National Association of Towns and Townships

National Black Prosecutors Association

National Center for Neighborhood Enterprise

National Center for State Courts

National Coalition for Youth

National Commission on African American Males

National Conference of Black Mayors

National Conference of State Legislatures

National Consortium of TASC Programs

National Council of LaRaza

National Council on Alcoholism and Drug Dependence, Inc.

National Council on Crime and Delinquency

National Crime Prevention Council

National Criminal Justice Association

National District Attorneys Association

National Family Partnership

National Federation of State High School Associations

National Governors' Association

National Guard Association

National League of Cities

National Legal Aid and Defender Association

National Network of Runaway and Youth Services, Inc.

National Organization of Black Law Enforcement Executives

National Pan Hellenic Council

National Research Council

National Sheriffs Association

National Troopers Coalition

National Urban League

Partnership For A Drug-Free America

Police Executive Research Form

Police Foundation

RAND Corporation

Robert Wood Johnson Foundation

Rotary International

Southern Christian Leadership Conference

The Twentieth Century Fund

Therapeutic Communities of America

United States Conference of Mayors

United Way of America

U.S. Chamber of Commerce

YMCA of the USA